

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

**ORIGINAL** Form ACO-1  
September 1999  
Form Must Be Typed

**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Operator: License # 32912  
Name: Carroll Energy, LLC  
Address: 200 Arco Place - Suite 230 - Box 149  
City/State/Zip: Independence, KS 67301  
Purchaser: \_\_\_\_\_  
Operator Contact Person: Tim Carroll  
Phone: ( 620 ) 332-1600  
Contractor: Name: Edco Drilling Co.  
License: 5676  
Wellsite Geologist: \_\_\_\_\_

Designate Type of Completion:  
 New Well  Re-Entry  Workover  
 Oil  SWD  SLOW  Temp. Abd.  
 Gas  ENHR  SIGW  
 Dry  Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:

Operator: \_\_\_\_\_  
Well Name: \_\_\_\_\_  
Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_  
 Deepening  Re-perf.  Conv. to Enhr./SWD  
 Plug Back  Plug Back Total Depth  
 Commingled  Docket No. \_\_\_\_\_  
 Dual Completion  Docket No. \_\_\_\_\_  
 Other (SWD or Enhr.?)  Docket No. \_\_\_\_\_  
5/11/1984 5/17/1984 10/29/1987.  
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-019-24553-00-00  
County: Chautauqua  
    NW NE SW Sec. 21 Twp. 32S R. 10E  East  West  
2470 feet from  N (circle one) Line of Section  
3340 feet from  W (circle one) Line of Section

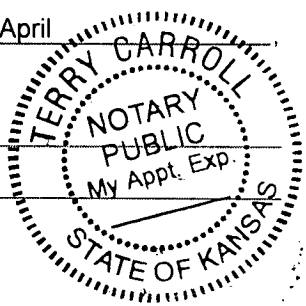
Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE  SE NW SW  
Lease Name: MCALISTER Well #: 1  
Field Name: MCALISTER  
Producing Formation: Arbuckle  
Elevation: Ground: 1064 Kelly Bushing: \_\_\_\_\_  
Total Depth: 2268 Plug Back Total Depth: 2306  
Amount of Surface Pipe Set and Cemented at 79 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from \_\_\_\_\_  
feet depth to \_\_\_\_\_ w/ A1+2 - Dlg - 5/5/09 <sup>sx cmt.</sup>

**Drilling Fluid Management Plan**  
(Data must be collected from the Reserve Pit)  
Chloride content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ bbls  
Dewatering method used \_\_\_\_\_  
Location of fluid disposal if hauled offsite: **RECEIVED**  
**KANSAS CORPORATION COMMISSION**  
Operator Name: \_\_\_\_\_  
Lease Name: \_\_\_\_\_ License No.: **APR 10 2008**  
Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. **CONSERVATION DIVISION**  
County: \_\_\_\_\_ Docket No.: **WICHITA, KS**

**INSTRUCTIONS:** An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: [Signature]  
Title: Vice Operating Manager Date: 4/8/2008  
Subscribed and sworn to before me this 08 day of April  
20 08  
Notary Public: [Signature]  
Date Commission Expires: 10/26/08



**KCC Office Use ONLY**

Letter of Confidentiality Received  
If Denied, Yes  Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution

Operator Name: Carroll Energy, LLC Lease Name: MCALISTER Well #: 1

Sec. 21 Twp. 32S S. R. 10E  East  West County: Chautauqua

**INSTRUCTIONS:** Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i>  List All E. Logs Run:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	11"	8.625	32	79	Common	55	
Production	6 3/4"	5 1/2	15.5	2306	Class A	100	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
		<b>RECEIVED</b> <b>KANSAS CORPORATION COMMISSION</b>  <b>APR 10 2008</b>  CONSERVATION DIVISION WICHITA, KS	

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Tubingless					
Date of First, Resumerd Production, SWD or Enhr. <u>1/11/2007</u>			Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas      **METHOD OF COMPLETION**      Production Interval

Vented    Sold    Used on Lease    Open Hole    Perf.    Dually Comp.    Commingled  
*(If vented, Submit ACO-18.)*       Other (Specify) \_\_\_\_\_