

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

Handwritten initials and date:
Ked
9/22/09

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5386
Name: Production Drilling Inc
Address 1: P O Box 680
Address 2: _____
City: Hays State: Ks Zip: 67601 + _____
Contact Person: Aven Weaverling
Phone: (785) 625 1189
CONTRACTOR: License # 32128
Name: Western Well Service
Wellsite Geologist: none
Purchaser: Coffeyville Res

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

Handwritten note:
Part of
operator
well

If Workover/Re-entry: Old Well Info as follows:
Operator: Production Drilling Inc
Well Name: Dean #2
Original Comp. Date: 5-21-50 Original Total Depth: 3470
 Deepening ____ Re-perf. ____ Conv. to Enhr. ____ Conv. to SWD
____ Plug Back: _____ Plug Back Total Depth _____
____ Commingled Docket No.: _____
____ Dual Completion Docket No.: _____
____ Other (SWD or Enhr.?) Docket No.: _____

<u>9-15-08</u>	<u>12-11-08</u>	<u>1-19-09</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 051-04875-00-01
Spot Description: _____
SW NE NW Sec. 22 Twp. 11 S. R. 18 East West
4290 Feet from North / South Line of Section
3630 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Ellis
Lease Name: Dean Well #: 2
Field Name: Bemis
Producing Formation: Arb K KC
Elevation: Ground: 1921 Kelly Bushing: 1921
Total Depth: 3473 Plug Back Total Depth: 3473
Amount of Surface Pipe Set and Cemented at: 133 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/ _____ sx cmt.

Drilling Fluid Management Plan OWWO - Alt II NCR
(Data must be collected from the Reserve Pit) 5-14-09
Chloride content: 30,000 ppm Fluid volume: 100 bbls
Dewatering method used: Hauled to lease SWD
Location of fluid disposal if hauled offsite: _____
Operator Name: Production Drilling Inc
Lease Name: Dean License No.: 5386
Quarter NW Sec. 22 Twp. 11 S. R. 18 East West
County: Ellis Docket No.: _____

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: Aven Weaverling
Title: Production Foreman Date: 2-19-09
Subscribed and sworn to before me this 19 day of Feb
2009
Notary Public: Debrah K McKune
My Appt. Expires: 10-3-09

KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
RECEIVED
KANSAS CORPORATION COMMISSION
FEB 23 2009

Operator Name: Production Drilling Inc Lease Name: Dean Well #: 2
 Sec. 22 Twp. 11 S. R. 18 East West County: Ellis

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 checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Cement Bond CCI Log	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Arb</td> <td>3458</td> <td></td> </tr> </table>	Name	Top	Datum	Arb	3458	
Name	Top	Datum					
Arb	3458						

CASING RECORD <input checked="" 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 pipe	12 1/4	8 5/8	NA	133		NA	
Long string	7 7/8	5 1/2	NA	3468		NA	
Liner	4 7/8	4 1/2	10.5	3464	60/40 4%	150	

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 (Amount and Kind of Material Used)	Depth
4	3458-3468 OPEN HOLE 3468-3473	3000 gal 15%	

TUBING RECORD: Size: <u>2 3/8</u> Set At: <u>3452</u> Packer At: <u>none</u> Liner Run: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or Enhr. <u>2-4-09</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
Estimated Production Per 24 Hours	Oil Bbls. <u>2</u> Gas Mcf <u>120</u> Water Bbls. <u>120</u> Gas-Oil Ratio <u>22</u> Gravity <u>22</u>

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>3458-3473</u>
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