

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 32887
 Name: Endeavor Energy Resources, LP
 Address: PO Box 40
 City/State/Zip: Delaware, OK 74027
 Purchaser: Seminole Energy Services
 Operator Contact Person: Joe Driskill
 Phone: (918) 467-3111
 Contractor: Name: Well Refined Drilling
 License: 33072
 Wellsite Geologist: NA
 Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW 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. _____

1-23-08	1-24-08	5-13-08
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 099-24255-0000
 County: Labette
W2 - SW - SE Sec. 6 Twp. 34 S. R. 18 East West
660 feet from S / N (circle one) Line of Section
2310 feet from E / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE NW SW
 Lease Name: Mark Muller Well #: 6-2
 Field Name: Coffeyville
 Producing Formation: Riverton
 Elevation: Ground: 756 Kelly Bushing: _____
 Total Depth: 880 Plug Back Total Depth: 867
 Amount of Surface Pipe Set and Cemented at 21 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from 880
 feet depth to surface w/ 100 sx cmt.
AIT 2-Dlg 7/9/08

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: _____
 Operator Name: _____
 Lease Name: _____ License No.: _____
 Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
 County: _____ 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: Joe Driskill
 Title: Operations Superintendent Date: 5-16-08

Subscribed and sworn to before me this 16 day of May, 2008.

Notary Public: Stephanie Lakey
 Date Commission Expires: Apr. 18, 2009

STEPHANIE LAKEY
 NOTARY PUBLIC-STATE OF OKLAHOMA
 NOWATA COUNTY
 MY COMMISSION EXPIRES APRIL 18, 2009
 COMMISSION #05003715

KCC Office Use ONLY

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

RECEIVED
 KANSAS CORPORATION COMMISSION
 MAY 19 2008

CONSERVATION DIVISION
 WICHITA, KS

Operator Name: Endeavor Energy Resources, LP Lease Name: Mark Muller Well #: 6-2
 Sec. 6 Twp. 34 S. R. 18 East West County: Labette

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 Yes No
 (Attach Additional Sheets)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy)

Log Formation (Top), Depth and Datum Sample
 Name Top Datum
 Oswego 274 482
 Riverton 800 -44
 Mississippi 815 -59

List All E. Logs Run:

Compensated Density / Neutron
 Gamma Ray / Neutron, CBL

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	12.250	8.625	24	21	Portland	4	
Production	6.750	4.5	11.60	867	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 (Amount and Kind of Material Used)	Depth
4	801.5 - 803	500 gal 15% HCL	803

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2.375	825		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.			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.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas Vented Sold Used on Lease (If vented, Submit ACO-18.)
 METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____
 Production Interval _____

RECEIVED
 KANSAS CORPORATION COMMISSION

MAY 19 2008

CONSERVATION DIVISION
 WICHITA, KS

CONSOLIDATED OIL WELL SERVICES, INC.
 P.O. BOX 884, CHANUTE, KS 66720
 626-431-9210 OR 800-467-8676

TICKET NUMBER **11550**
 LOCATION Berksville
 FOREMAN Jason BCL

**TREATMENT REPORT & FIELD TICKET
 CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-25-08		Mack Nutter 6-2	Sec. 6	34s	18E	Lab.
CUSTOMER <u>Endevore</u>						
MAILING ADDRESS						
CITY						
STATE						
ZIP CODE						
TRUCK #	DRIVER	TRUCK #	DRIVER			
492	Tim					
486	Shawn M					
403 T117	James K					

JOB TYPE L.S. HOLE SIZE 6 3/4 HOLE DEPTH 880 CASING SIZE & WEIGHT _____
 CASING DEPTH 867 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 13.4 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Ran 6 sks of gel & broke circulation. Ran 100 sks of cement. Shut down
 washed up behind plug. Pumped plug to bottom circulated cement to
 surface and shut in and cleaned up.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	775	875.00
5406	50	MILEAGE		172.50
5407	1	Bulk Truck		300.00
5402	867	Protag		164.23
5501c	4 hrs	Transport		416.00
1104	100525/9400#	Class A	*	1316.00
1107A	80#	Phond	*	87.20
1110	900#	Gilsonite	*	450.00
1118B	500#	Gel	*	80.00
1123	4600 gal	City Water	*	61.18
4404	1	4 1/2 rubber Plug	*	42.00
RECEIVED KANSAS CORPORATION COMMISSION MAY 19 2008 CONSERVATION DIVISION CHANUTE, KS				
		6.55 #	SALES TAX	133.39
			ESTIMATED TOTAL	4098.00

219974

AUTHORIZATION _____ TITLE _____ DATE _____