

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 # 33937
Name: Meridian Energy Inc.
Address: 1475 Ward Cr.
City/State/Zip: Franktown, CO 80116
Purchaser: Plains Marketing LLC
Operator Contact Person: Neal LaFon
Phone: (303) 688-4022
Contractor: Name: Alliance Well Service
License: 34082

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: Cities Service Oil Co.
Well Name: Davignon #4
Original Comp. Date: 7/29/50 8/16/50 Original Total Depth: 3819 3824
 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. _____
9/16/08 9/19/08 9/19/08
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 065-01449 - 0001
County: Graham
se - ne - nw - Sec. 20 Twp. 9 S. R. 21 East West
990 feet from S / (N) (circle one) Line of Section
2970 feet from E / (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE (NW) SW
Lease Name: Davignon Well #: 4
Field Name: Morel
Producing Formation: Arbuckle
Elevation: Ground: 2294 Kelly Bushing: 2299
Total Depth: 3829 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at _____ 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 0000- AIT I MK
(Data must be collected from the Reserve Pit) 5-29-09
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.

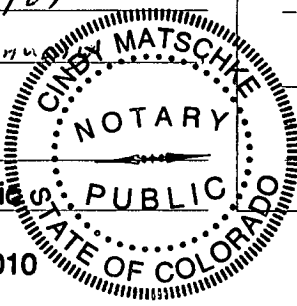
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: Neal LaFon

Title: President Date: 1/21/09

Subscribed and sworn to before me this 27th day of Janu
20 09

Notary Public: Cindy Matschke
Date Commission Expires: _____
Cindy Matschke, Notary Public
State of Colorado
My Commission Expires 9/6/2010



KCC Office Use ONLY

N Letter of Confidentiality Received
If Denied, Yes Date: _____
Wireline Log Received
Geologist Report Received **RECEIVED**
UIC Distribution **KANSAS CORPORATION COMMISSION**
JAN 30 2009

CONSERVATION DIVISION
WICHITA, KS

Operator Name: Meridian Energy Inc. Lease Name: Davignon Well #: 4
 Sec. 20 Twp. 9 S. R. 21 East West County: Graham

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)

List All E. Logs Run:

Log Formation (Top), Depth and Datum Sample
 Name Top Datum

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
liner		4 1/2	10.5	3818	60/40 poz	200	6% gel/flowseal

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
	Arbuckle open hole 3818-3829	acid 3000 gal 20% HCL	
		4160 bbl polymer	

RECEIVED
 KANSAS CORPORATION COMMISSION
 JAN 30 2009

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 3/8	3800	3800	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

CONSERVATION DIVISION
 WICHITA, KS

Date of First, Resumerd Production, SWD or Enhr.	Producing Method
1/24/09	<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
	15	0	110	0	

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 _____