

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33937

Name: Meridian Energy Inc.

Address 1: 1475 N. Ward Cr.

Address 2: _____

City: Franktown State: CO Zip: 80116 + _____

Contact Person: Neal LaFon

Phone: (303) 688-4022

CONTRACTOR: License # 34082

Name: Alliance Well Service Inc.

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

____ New Well Re-Entry _____ Workover

____ Oil _____ SWD _____ SIOW

____ Gas _____ ENHR _____ SIGW

____ CM (Coal Bed Methane) _____ Temp. Abd.

____ Dry _____ Other _____
(Core, WSW, Expl., Cathodic, etc.)

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

Operator: Cities Service Oil Co.

Well Name: Seefeld #2

Original Comp. Date: 6/9/50 5/30/50 Original Total Depth: 3793

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.: _____

6/6/08 6/19/08 7/14/08

Spud Date or _____ Date Reached TD _____ Completion Date or _____
Recompletion Date _____ Recompletion Date

API No. 15 - 065-01428-00-01

Spot Description: _____

nw se ne _____ Sec. 18 Twp. 9 S. R. 21 East West

3630 _____ Feet from North / South Line of Section

990 _____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Graham

Lease Name: Seefeld Well #: #2

Field Name: Morel

Producing Formation: Arbuckle

Elevation: Ground: 2277 Kelly Bushing: _____

Total Depth: 3809 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: 3759

feet depth to: surface w/ 200 _____ sx cmt.

Drilling Fluid Management Plan owwo- Alt II ncr
(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 A. LaFon

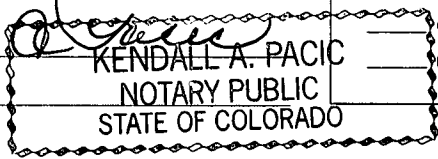
Title: President Date: 12/29/08

Subscribed and sworn to before me this 5th day of January

20 09

Notary Public: Kendall A. Pacific

Date Commission Expires: _____
My Commission Expires 07/26/2010



KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
RECEIVED
KANSAS CORPORATION
JAN 12 2009

CONSERVATION DIVISION
WICHITA, KS

Operator Name: Meridian Energy Inc. Lease Name: Seefeld Well #: #2
 Sec. 18 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

sk - old well from 1950+ recently per SB

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
4 1/2" liner		4.5"		3759	120com/80poz	200	

Small no above 1000 ft 11/2/09

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 completion	acidized w. 3000 gal HCL. 5120 bbls polymer.	

RECEIVED
KANSAS CORPORATION COMMISSION

JAN 12 2009

CONSERVATION DIVISION
WICHITA, KS

TUBING RECORD: Size: Set At: Packer At: Liner Run: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or Enhr. 8/9/08	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. 15 Gas Mcf Water Bbls. 150 Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	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: 3778-3809
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