

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

*km
m
11/18/09*

037-01431-0080

OPERATOR: License # 33495

Name: Morris Energy

Address 1: PO BOX 305

Address 2: 3625 NE Coal Valley Rd

City: WEIR State: KS Zip: 66781 + 0305

Contact Person: DEREK MORRIS

Phone: (417) 438-7921

CONTRACTOR: License # 33495 (Company tools)

Name: MORRIS ENERGY

Wellsite Geologist: NONE

Purchaser: Crude Marketing / Pace

Designate Type of Completion:

New Well Re-Entry Workover

Oil SWD SIOW

Gas ENHR SIGW

CM (Coal Bed Methane) Temp. Abd.

Dry Other old cable tool hole, plugged
(Core, WSW, Expl., Cathodic, etc.)

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

Operator: MORRIS ENERGY

Well Name: SAM-46

Original Comp. Date: N-A Original Total Depth: 250'

Deepening Re-perf. Conv. to Enhr. Conv. to SWD

Plug Back: 225' to surface Plug Back Total Depth

Commingled Docket No.: _____

Dual Completion Docket No.: _____

Other (SWD or Enhr.?) Docket No.: _____

1-16-09 2-5-09 2-5-09

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

API No. 15 - Old cable tool well, buried, no surface pipe, began leaking

Spot Description: _____

se se nw nw Sec. 7 Twp. 31 S. R. 22 East West

4019 Feet from North / South Line of Section

4133 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Crawford

Lease Name: Samp Well #: sam46

Field Name: McCune

Producing Formation: Cattleman / Bartlesville

Elevation: Ground: 900 Kelly Bushing: 903

Total Depth: 225 Plug Back Total Depth: 225' to surface

Amount of Surface Pipe Set and Cemented at: 8 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: n-a Feet

If Alternate II completion, cement circulated from: old well / plugged

feet depth to: ground level w/ 47 PA-DG-7/2/09 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: n-a ppm Fluid volume: 40 bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: Morris Energy

Lease Name: Samp License No.: 33495

Quarter NW Sec. 7 Twp. 31 S. R. 22 East West

County: CRAWFORD Docket No.: E-17959

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: *Derek Morris*

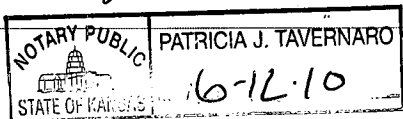
Title: Operator Date: 2-11-09

Subscribed and sworn to before me this 31 day of March

2009

Notary Public: *Patricia J. Tavernaro*

Date Commission Expires: _____



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

RECEIVED

APR 20 2009

KCC WICHITA

Operator Name: Morris Energy Lease Name: Samp Well #: sam46
 Sec. 7 Twp. 31 S. R. 22 East West County: Crawford

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
--	---

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	8.5	8.625"		8	Portland	4	None

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	N-A	N-A	N-A	None

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
None	N-A	N-A	N-A

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or Enhr. N-A Producing Method: Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	0	0	0	0	0

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>N-A</u>
---	---	------------------------------------

RECEIVED
APR 20 2009
KCC WICHITA

