

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Handwritten initials

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 # COMPANY TOOLS

Name: SAME 99998

Wellsite Geologist: N-A

Purchaser: PACER

Designate Type of Completion:

- New Well
- Re-Entry
- Workover
- Oil
- SWD
- SIOW
- Gas
- ENHR
- SIGW
- CM (Coal Bed Methane)
- Temp. Abd.
- Dry
- Other old well / plug and abandoned
(Core, WSW, Expl., Cathodic, etc.)

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

Operator: N-A

Well Name: N-A

Original Comp. Date: PRE-1967 Original Total Depth: 225'

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.: _____

old well old well 2-17-09

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

API No. 15 - ~~NONE (PRE-1967)~~ 037-01430-0000

Spot Description: _____

NW - NW - NE - NW Sec. 7 Twp. 31 S. R. 22 East West

4958 Feet from North / South Line of Section

3833 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE
- NW
- SE
- SW

County: CRAWFORD

Lease Name: SAMP Well #: SAM-39

Field Name: McCUNE

Producing Formation: CATTLEMAN

Elevation: Ground: N-A Kelly Bushing: N-A

Total Depth: 225 Plug Back Total Depth: 225 TO SURFACE

Amount of Surface Pipe Set and Cemented at: 20' Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: n-a Feet

If Alternate II completion, cement circulated from: 225'

feet depth to: surface w/ 60 ^{sx cmt.}

Alt 2 - Dig - 9/2/09

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: not applicable ppm Fluid volume: not applicable bbls

Dewatering method used: not applicable

Location of fluid disposal if hauled offsite:

Operator Name: (ON SITE)

Lease Name: _____ License No.: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ 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: *Patricia J. Tavernaro*

Title: OWNER/OPERATOR Date: 4-17-09

Subscribed and sworn to before me this 17 day of April

20 09

Notary Public: *Patricia J. Tavernaro*

Date Commission Expires: _____

NOTARY PUBLIC
STATE OF KANSAS
PATRICIA J. TAVERNARO
My Appt. Exp. 6-12-10

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 #: SAM-39
 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 _____ Old well. Plugged and Abandoned.
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CASING RECORD <input type="checkbox"/> New <input checked="" 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 Casing	n-a	6.50"	n-a	20' ?	portland	n-a	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 checked="" type="checkbox"/> Plug Back TD <input checked="" type="checkbox"/> Plug Off Zone	circulated to surface.	portland	60	No additives.

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
		Squeezed cement to 400 psi.	0-225'
		RECEIVED	
		APR 20 2009	
		KCC WICHITA	

TUBING RECORD: Size: <u>none</u> Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or Enhr. <u>n-a</u>		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain)	
Estimated Production Per 24 Hours	Oil Bbls. <u>0</u>	Gas Mcf <u>0</u>	Water Bbls. <u>0</u> Gas-Oil Ratio <u>0</u> Gravity <u>0</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 type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input checked="" type="checkbox"/> Other (Specify) <u>plugged</u>	PRODUCTION INTERVAL: <u>None</u>
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36251
O'BRIEN ROCK CO., INC.
620-421-5127

O'BRIEN ROCK CO., INC.
READY MIX 800-449-2257
Box 217 - St. Paul, Kansas 66771

81139

ORDER NO. _____ DATE 2-11-09

SOLD TO 11100 W. 40th St

ADDRESS 11100 W. 40th St

DELIVER TO 24th St

ADDRESS _____ WEATHER CONDITIONS _____

TRUCK NO _____ DRIVER _____

QTY.	DESCRIPTION	UNIT PRICE	AMOUNT
	CU. YDS <u>4700</u>		
	WATER AUTHORIZED <u>0.00</u>		
	WATER ADDED AT PLANT <u>5.64</u>		<u>564</u>
	FREE MOISTURE		
	ABSORPTION <u>Deepk 417-430</u>		
	WATER ADDED AT JOB SITE <u>7921</u>		
	SAND LBS.		
	ROCK LBS.		
	AIR OZ.		
	POZZOLITE		
		TOTAL	<u>606</u>

JOB TIME	TRUCK TIME
LEFT _____	BACK _____
ARRIVED _____	OUT _____
ELAPSED TIME _____	

NOTICE

We assume no responsibility for damage to sidewalks, buildings, trees, etc. when required to deliver inside of curb. Additional water added to this concrete will reduce its strength. Any water added is at customer's own risk.

CAUTION: Cement may cause irritation or injury to eyes and skin. Avoid contact with skin, either directly or through saturated clothing.

A 2% per month service charge will be added on unpaid balance over 30 days which is a 24% annual percentage rate.

Received the above in good condition. No guarantee or warrant is expressed beyond this.

Buyer agrees in event of suit, to pay all costs of collection and reasonable attorney fees.

Received By: [Signature]

WAITING TIME _____

RECEIVED
APR 20 2009
KCC WICHITA