

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 # 33839
Name: ROBERT HOPKINS OPERATIONS LLC
Address: 709 HAROLD
City/State/Zip: SALINA, KS 67401
Purchaser: PLAINS MARKETING
Operator Contact Person: ROBERT HOPKINS
Phone: (785) 819-2460
Contractor: Name: N/A
License: _____

API No. 15 - 019-26821-0001
County: CHAUTAUQUA
 NW SW NW Sec. 33 Twp. 32 S. R. 9 East West
3420 feet from (S) N (circle one) Line of Section
495 feet from E (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW (SW)
Lease Name: ROBERT HOBART Well #: 1
Field Name: RICH NW
Producing Formation: LAYTON
Elevation: Ground: 1153 Kelly Bushing: _____
Total Depth: 2343 Plug Back Total Depth: 2250
Amount of Surface Pipe Set and Cemented at 40 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 2343
feet depth to 0 w/ 260 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used PITS FILLED (NO PIT NEEDED)
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

Geologist: ROBERT HOPKINS
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: ROBERT HOPKINS OPERATIONS LLC
Well Name: ROBERT HOBART #1
Original Comp. Date: 9/17/2007 Original Total Depth: 2343
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back 2250 Plug Back Total Depth _____
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____
8/2/2007 11/03/08 8/10/2007 11/4/2008
Spud Date or Date Reached TD Completion Date or Recompletion Date

Verified by
selected by
oper. 11/17/09

W- Dig - 7/17/09

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: Robert T. Hobart
Title: MANAGING PARTNER Date: 12-4-2008
Subscribed and sworn to before me this 4th day of December,
2008.
Notary Public: Susan L. Grosse
Date Commission Expires: 19 January 2009

KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
RECEIVED
KANSAS CORPORATION COMMISSION
DEC 08 2008

SUGAN L. GROSSE
Notary Public
1-19-2009

CONSERVATION DIVISION
WICHITA, KS

Operator Name: ROBERT HOPKINS OPERATIONS LLC Lease Name: ROBERT HOBART Well #: 1
 Sec. ³³ Twp. ³² S. R. ⁹ East West County: CHAUTAUQUA

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 (Attach Additional Sheets) 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy) List All E. Logs Run: Previously submitted with original ACO-1	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum LAYTON 1403
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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	12.25"	8.625"	20	40	PORTLAND	15	3% CACL2
PRODUCTION	6.75"	4.5"	10.5	2343	THIX+LIGHT	260	GEL FLOCELE

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
2	2286-96	500 GAL 15% MUD ACID	2286-96
		2000 GAL 15% ACID	2286-96
		2000# SD, 105 BBL GEL H2O	2286-96
BRIDGE PLUG #	2250		
2	1405-15	300 GAL 10% MUD ACID	1405-15

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2.875	1459		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SWD or Enh.	Producing Method	Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
11-20-2008 SIGW	<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain) SIGW		TRACE	10	TRACE		

Position 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 _____

Drilled by other per release that well was not producing. SIGW - awaiting gas contract only.

RECEIVED
 1405-15
 KANSAS CORPORATION COMMISSION

DEC 08 2008