

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

ORIGINAL

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 MORIS

Phone: ( 417 ) 438-7921

CONTRACTOR: License # COMPANY TOOLS

Name: SAME 99998

Wellsite Geologist: NONE

Purchaser: PACE

Designate Type of Completion:

- New Well  Re-Entry  Workover
- Oil  SWD  SLOW
- 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: N-A

Well Name: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

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.: \_\_\_\_\_

Spud Date or Recompletion Date \_\_\_\_\_ Date Reached TD \_\_\_\_\_ Completion Date or Recompletion Date 2/18/09

API No. 15 - 037-01432-0000  
OLD WELL, NOT ON RECORD

Spot Description: \_\_\_\_\_

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

4410 Feet from  North /  South Line of Section

3828 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE  NW  SE  SW

County: CRAZFORD

Lease Name: SAMP Well #: SAM-47

Field Name: McCUNE

Producing Formation: CATTLEMAN

Elevation: Ground: 900 Kelly Bushing: \_\_\_\_\_

Total Depth: 225 Plug Back Total Depth: GROUND

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/ 12 feet

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

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.: \_\_\_\_\_

PA-DG-7/2/09 <sup>sx.cmt.</sup>

**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: [Signature]

Title: OWNER Date: 3-3-09

Subscribed and sworn to before me this 31 day of March

20 09

Notary Public: Patricia J. Tavernaro

Date Commission Expires: 6-12-10

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-47  
 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 N-A OLD WELL, PLUGGED
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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	10"	6.5 OD	N-A	20'	PORTLAND	4	NONE
OLD WELL							

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	225'	PORTLAND	12	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	NONE	SQUEEZED TO 400 PSI, AND SHUT-IN.	

TUBING RECORD: Size: <u>2"</u> Set At: <u>190' ?</u> Packer At: _____ Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>KCC WICHITA</b>
Date of First, Resumed Production, SWD or Enhr. <b>PLUGGED</b>	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>

*Handwritten signature/initials*

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 checked="" type="checkbox"/> Other (Specify) <u>PLUGGED</u>	PRODUCTION INTERVAL: _____ _____
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**CHEYENNE BUILDING MATERIALS, INC.**

2110 BROADWAY AVENUE TELE: 620-423-3910  
PARSONS, KANSAS 67357-2742

ORDER 599 BASIC SALE MAT  
TICKET NUMBER: 034521

007314119401276338594  
00 PORTLAND CEMENT 92 6  
60 8.99 539.60  
000425654455277667355  
CHECK DUCK BROWN LA  
GR 57.95 54.00

THIS TICKET MUST BE PRESENTED WHEN RETURNING MERCHANDISE

CODE	QTY. ORDER	QTY. LOADED	PRICE	DESCRIPTION
6338594	60		8.99	Portland Cement

SUBTOTAL ..... 566.09  
TAX (0.0755%) ..... 42.50  
TOTAL ..... 608.59  
CASH TENDER ..... 608.58  
CHANGE DUE ..... 0.01  
01-17-2009 15:11:49  
102092 01 599 7804  
\*28030102092090171511\*

580<sup>13</sup>

800

Sold to \_\_\_\_\_ Tkt. By SF

Address \_\_\_\_\_ Date \_\_\_\_\_ No. **034521**

License No. \_\_\_\_\_ Loaded By \_\_\_\_\_

CUSTOMER COPY

RECEIVED  
APR 20 2009  
KCC WICHITA