

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 33095
Name: Oil Partners LLC
Address: P.O. Box 1851
City/State/Zip: Salina, KS 67402
Purchaser: _____
Operator Contact Person: Morrie Soderberg
Phone: (785) 452-0061
Contractor: Name: _____
License: _____
Wellsite Geologist: _____

Designate Type of Completion:
____ New Well ____ Re-Entry ____ Workover
____ Oil X SWD ____ SIOW ____ Temp. Abd.
____ Gas ____ ENHR ____ SIGW
____ Dry ____ Other (Core, WSW, Expl., Cathodic, etc)

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

Operator: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
____ Deepening ____ Re-perf. ____ Conv. to Enhr./SWD
____ Plug Back ____ Plug Back Total Depth
____ Commingled Docket No. _____
____ Dual Completion Docket No. _____
X Other (SWD or Enhr.?) Docket No. D-04348

12-2006 Spud Date or Date Reached TD 12-2006 Completion Date or Recompletion Date

API No. 15-113-01615-00-01
County: McPherson
N2-NW-SW Sec. 17 Twp. 17 S. R. 3 East West
2367 feet from (S) N (circle one) Line of Section
4564 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Farmers State Bank Well #: 2
Field Name: N/A
Producing Formation: N/A

Elevation: Ground: _____ Kelly Bushing: _____
Total Depth: 3630 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 371 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ ^{6x cmt.}

wo-Dig-6/23/09

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.: _____

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: Morrie Soderberg
Title: Member Date: 01-05-2007
Subscribed and sworn to before me this 16th day of January, 2007.
Notary Public: Pat Hecker
Date Commission Expires: October 30, 2010

PAT HECKER
Notary Public - State of Kansas
My Appt. Expires 10/30/2010

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

RECEIVED

JAN 17 2007

CONSERVATION DIVISION
WICHITA, KS

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

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

| 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 |
| Conductor | | 12 | | 170 | | | |
| Surf | | 8.625 | | 371 | | | |
| Prod | | 4.5 | | 3630 | | | |

| 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 |
|----------------|---|--|---|--|-------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| TUBING RECORD | | Size | Set At | Packer At | Liner Run |
|--|-----------|---------|--|---------------|---|
| | | 2 7/8 | | 3292 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Date of First, Resumerd Production, SWD or Enhr. | | | Producing Method | | |
| 12-19-2006 | | | <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) | | |
| Estimated Production Per 24 Hours | Oil Bbls. | Gas Mcf | Water Bbls. | Gas-Oil Ratio | Gravity |
| | N/A | | N/A | | |

Disposition of Gas Vented Sold Used on Lease (If vented, Submit ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

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KANSAS CORPORATION COMMISSION

JAN 17 2007

CONSERVATION DIVISION
TULSA, OK

Oil Partners LLC . . . P.O. Box 1851 . . . Salina, KS 67402

Kansas Corporation Commission
Conservation Division
130 South Market
Room 2078
Wichita, KS 67202

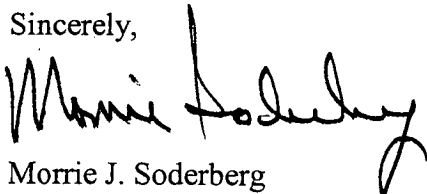
Tuesday, January 16, 2007

To Whom It May Concern:

Please find enclosed the completed forms (ACO-1, U-8, and U-1) that were required, as we have completed the installation of a 4½" liner in the Farmers State Bank salt water disposal well. This project was completed December 19, 2006, and the well passed the integrity test that same day.

If you have any questions or need additional information, please feel free to contact me at 785-826-8216.

Sincerely,



Morrie J. Soderberg
Member

MJS/ts

Enclosures

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KANSAS CORPORATION COMMISSION
JAN 17 2007
CONSERVATION DIVISION
WICHITA, KS