

CONFIDENTIAL

ORIGINAL

4/01/10

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

OPERATOR: License # 30076

Name: A & A PRODUCTION

Address 1: PO BOX 100

Address 2: _____

City: HILL CITY State: KS Zip: 67642 + _____

Contact Person: ANDY ANDERSON

Phone: (785) 421-6266

CONTRACTOR: License # 33237

Name: ANDERSON DRILLING

Wellsite Geologist: MARK TORR

Purchaser: _____

Designate Type of Completion:

- New Well _____ Re-Entry _____ Workover
- _____ Oil _____ SWD _____ SIOW
- _____ 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: _____

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.: _____

03-17-09 03-03-23-09 03-25-09

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

API No. 15 5179-21226-00-00

Spud Description: _____

NW SW Sec. 16 Twp. 9 S. R. 26 East West

1220 1220 Feet from North / South Line of Section

1605 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: SHERIDAN

Lease Name: SIMON Well #: 1

Field Name: N/A

Producing Formation: _____

Elevation: Ground: 2679 Kelly Bushing: _____

Total Depth: 4135 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 303 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/ _____ sx cmt.

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: Andy Anderson

Title: OPERATOR Date: 4/01/09

Subscribed and sworn to before me this 1 ST day of APRIL

20 09

Notary Public: Rita Anderson

NOTARY PUBLIC
STATE OF KANSAS
My Comm. Expires JANUARY 21, 2012
My Act. Exp. 1-21-12

KCC Office Use ONLY

- Letter of Confidentiality Received
- If Denied, Yes Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution

APR 02 2009
CONFIDENTIAL DIVISION
WICHITA, KS