

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 # 34055
Name: H & M Petroleum Corporation
Address 1: 13570 Meadowgrass Drive
Address 2: Suite 101
City: Colorado Springs State: CO Zip: 80921 +
Contact Person: David Allen
Phone: (719) 590-6060
CONTRACTOR: License # 33575
Name: WW Drilling, LLC
Wellsite Geologist: Richard Bell
Purchaser: N/A

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.: _____
12/13/2008 12/19/2008 12/19/2008
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-065-23519-00-00
Spot Description: _____
W2 E2 NW SE Sec. 5 Twp. 8 S. R. 23 East West
1980 Feet from North / South Line of Section
1615/1815 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Graham
Lease Name: Sand Creek Well #: 4
Field Name: _____
Producing Formation: N/A
Elevation: Ground: 2302' Kelly Bushing: 2307'
Total Depth: 3835' Plug Back Total Depth: 1978'
Amount of Surface Pipe Set and Cemented at: 5 jts @ 218 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 1978 Feet
If Alternate II completion, cement circulated from: 1978'
feet depth to: Surface w/ 370 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 1000 ppm Fluid volume: 200 bbls
Dewatering method used: Evaporation
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: _____
Title: Office Manager Date: 06/03/2009

Subscribed and sworn to before me this 3rd day of June,

20 09.

Notary Public: _____

Date Commission Expires: 4/13/2013

ALEASHAMITCHEK
NOTARY PUBLIC
STATE OF COLORADO
My Commission Expires 04/13/2013

KCC Office Use ONLY
 Letter of Confidentiality Received
 If Denied, Yes No Date: 6/09/09
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

RECEIVED

JUN 05 2009

KCC WICHITA

Operator Name: H & M Petroleum Corporation Lease Name: Sand Creek Well #: 4
 Sec. 5 Twp. 8 S. R. 23 East West County: Graham

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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Micro, DI, CN/DP	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Anhydrite</td> <td>1961</td> <td>+346</td> </tr> <tr> <td>Topeka</td> <td>3320</td> <td>-1013</td> </tr> <tr> <td>Heebner Shale</td> <td>3530</td> <td>-1223</td> </tr> <tr> <td>Lansing</td> <td>3572</td> <td>-1265</td> </tr> <tr> <td>Muncie Creek Shale</td> <td>3680</td> <td>-1373</td> </tr> <tr> <td>Stark Shale</td> <td>3746</td> <td>-1439</td> </tr> <tr> <td>Kansas K Zone</td> <td>3755</td> <td>-1448</td> </tr> </table>	Name	Top	Datum	Anhydrite	1961	+346	Topeka	3320	-1013	Heebner Shale	3530	-1223	Lansing	3572	-1265	Muncie Creek Shale	3680	-1373	Stark Shale	3746	-1439	Kansas K Zone	3755	-1448
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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 1/4"	8 5/8"	24#	218'	Common	165	3% CC/2% Gel

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing <input checked="" type="checkbox"/> Plug Back TD _____ Plug Off Zone	1978'	60/40 POZ	205	4% Gel/4# flo-seal

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

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. N/A		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
Estimated Production Per 24 Hours	Oil Bbbs. 0	Gas Mcf 0
	Water Bbbs. 0	Gas-Oil Ratio N/A
		Gravity N/A

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 type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: N/a
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Formations

Name	Top	Datum
Base/Kansas City	3778	-1471

06/03/2009

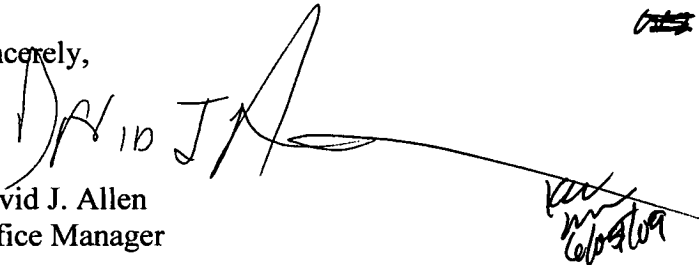
API #: 15-065-23519-000

I would like to request the maximum confidentiality of 2 years before releasing information on side two of the Sand Creek #4 Well Completion Form. Thank you.

Sincerely,

~~05~~ 5/8 5/23W

David J. Allen
Office Manager



Handwritten signature of David J. Allen, including initials 'DA 10' and 'JA'.

RECEIVED
JUN 05 2009
KCC WICHITA

