

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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: _____
Wellsite Geologist: ROBERT HOPKINS

Designate 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: FOSTER TRUST 1A

Original Comp. Date: 9/21/2004 Original Total Depth: 2113
____ Deepening ____ Re-perf. ____ Conv. to Enhr./SWD
 Plug Back 2000 Plug Back Total Depth
____ Commingled Docket No. _____
____ Dual Completion Docket No. _____
Other (SWD or Enhr.?) Docket No. _____

<u>8/21/2004</u>	<u>8/24/2004</u>	<u>12/4/2008</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 019-26647-0201
County: CHAUTAUQUA
SE SE SE SE Sec. 32 Twp. 32 S. R. 9 East West
220 feet from S N (circle one) Line of Section
165 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: FOSTER TRUST Well #: 1A
Field Name: RICH NW
Producing Formation: LAYTON
Elevation: Ground: 1101 Kelly Bushing: _____
Total Depth: 2113 Plug Back Total Depth: 2000
Amount of Surface Pipe Set and Cemented at 42 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 2113
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.: _____

wo-Dlg-7/8/04

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. Harker
Title: MANAGING PARTNER Date: 12-4-2008
Subscribed and sworn to before me this 4th day of December,
2008.
Notary Public: Susan L. Grosser
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

SUSAN L. GROSSER
Notary Public - State of Kansas
My A. Exp. Expires 1-19-2009

DEC 08 2008

CONSERVATION DIVISION
WICHITA, KS

Operator Name: ROBERT HOPKINS OPERATIONS LLC Lease Name: FOSTER TRUST Well #: 1A
 Sec. 32 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 1354
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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"	19	42	PORTLAND	30	3% CACL2
PRODUCTION	6.75"	4.5"	9.5	2113	POZMIX	260	GEL

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	2060-70	500 GAL 10% ACID	2060-70
		15000# SD + 425 BBL GEL H20	2060-70
BRIDGE PLUG	2000		
2	1354-1370 OA	NONE	

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		2.375	1400			
Date of First, Resumerd Production, SWD or Enhr. 12-4-2008 SIGW			Producing Method			
			<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain) SIGW			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity	
	TRACE	10	TRACE			

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

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled 1362-1370 OA

Production Interval: 1362-1370 OA

Other (Specify) _____

SIGW - awaiting gas connection

RECEIVED
KANSAS CORPORATION COMMISSION

DEC 08 2008