

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

KCC
my
8/28/08

Operator: License # 5474
Name: NORTHERN LIGHTS OIL CO., LC
Address: P.O. BOX 164
City/State/Zip: ANDOVER, KS 67002
Purchaser: NCRA
Operator Contact Person: KURT SMITH
Phone: (316) 733-1515
Contractor: Name: QUALITY PLUS OILFIELD SERV.
License: 33755
Wellsite Geologist: _____

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: NORTHERN LIGHTS OIL CO., LC
Well Name: HENRY #1
Original Comp. Date: 9-10-04 *6/01/07* Original Total Depth: 3731
____ Deepening Re-perf. ____ Conv. to Enhr./SWD
____ Plug Back ____ Plug Back Total Depth
____ Commingled Docket No. _____
____ Dual Completion Docket No. _____
____ Other (SWD or Enhr.?) Docket No. _____

<u>7-3-08</u>	<u>7-9-08</u>
Spud Date or Recompletion Date	Date Reached TD Completion Date or Recompletion Date

API No. 15 - 065-22993-0000
County: GRAHAM
ne - se - ne - Sec. 11 Twp. 6 S. R. 22 East West
1680 feet from S (circle one) Line of Section
330 feet from (circle one) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: HENRY Well #: 1
Field Name: MARIE
Producing Formation: Toronto & Topeka & LKC
Elevation: Ground: 2223 Kelly Bushing: 2228
Total Depth: 3731 Plug Back Total Depth: 3728
Amount of Surface Pipe Set and Cemented at 264 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 1890 Feet
If Alternate II completion, cement circulated from 1890
feet depth to SURFACE w/ 300 sx cmf.

Drilling Fluid Management Plan WO - AH II MCK
(Data must be collected from the Reserve Pit) 9-18-08
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.: _____

Per 0007 rec'd

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: MANAGING PARTNER Date: 7-22-08
Subscribed and sworn to before me this 22ND day of JULY,
2008
Notary Public: *[Signature]*
Date Commission Expires: _____



KCC Office Use ONLY

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

RECEIVED
KANSAS CORPORATION COMMISSION
JUL 24 2008

Operator Name: NORTHERN LIGHTS OIL CO., LC Lease Name: HENRY Well #: 1
 Sec. 11 Twp. 6 S. R. 22 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 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 Yes <input checked="" type="checkbox"/> No Electric Log Run Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; text-align: center;">Log</td> <td style="width:60%;">Formation (Top), Depth and Datum</td> <td style="width:20%; text-align: center;">Sample</td> </tr> <tr> <td style="text-align: center;">Name</td> <td style="text-align: center;">Top</td> <td style="text-align: center;">Datum</td> </tr> </table> <div style="text-align: center; margin-top: 20px;"> RECEIVED KANSAS CORPORATION COMMISSION JUL 24 2008 CONSERVATION DIVISION WICHITA, KS </div>	Log	Formation (Top), Depth and Datum	Sample	Name	Top	Datum
Log	Formation (Top), Depth and Datum	Sample					
Name	Top	Datum					

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	28#	264	COMMON	180sx	3%gel2%cc
Production	7 7/8	5 1/2	14#	3728	EA2	150sx	5%caalseal

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
4	3382-86	250 GAL MCA, 750 GAL NE	3382
4	3400-04	250 GAL MCA/750 GAL NE	3400
4	3446-50	250 GAL MCA/750 GAL NE	3446

TUBING RECORD		Size	Set At	Packer At	Liner Run	Yes	<input checked="" type="checkbox"/> No
		2 7/8	3720				
Date of First, Resumed Production, SWD or Enhr.			Producing Method				
7-9-08			Flowing	<input checked="" type="checkbox"/> Pumping	Gas Lift	Other (Explain)	
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity		
	80		90		35		

Disposition of Gas Vented Sold Used on Lease Other (Specify) _____

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled _____

Production Interval _____

(If vented, Submit ACO-18.)