

** Amend **

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

** Amend **

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 32887
Name: Endeavor Energy Resources, LP
Address: PO Box 40
City/State/Zip: Delaware, OK 74027
Purchaser: **Seminole Energy Services
Operator Contact Person: Joe Driskill
Phone: (918) 467-3111
Contractor: Name: Well Refined Drilling
License: 33072
Wellsite Geologist: NA

KANSAS CORPORATION COMMISSION

JUL 13 2009

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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: NA

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. _____
 Other (SWD or Enhr.?) Docket No. _____

| | | |
|-----------------------------------|-----------------|---|
| <u>2-20-08</u> | <u>2-22-08</u> | <u>3-19-08</u> |
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - 099-24265-0000
County: Labette
NE - NE - NW Sec. 23 Twp. 34 S. R. 17 East West
330 feet from S / (circle one) Line of Section
2310 feet from E / (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE SW
Lease Name: R. Stevenson Well #: 23-3

Field Name: Coffeyville
Producing Formation: Summit, Mulky, Iron Post
Elevation: Ground: 745.8 Kelly Bushing: _____
Total Depth: 930' Plug Back Total Depth: 925'
Amount of Surface Pipe Set and Cemented at 21' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 925'
feet depth to surface w/ 110 110 sx cmt.

And - Dlg - 7/31/09

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: Joe Driskill
Title: Operations Superintendent Date: 7-8-09

Subscribed and sworn to before me this 8th day of July

Notary Public: Stephanie Lakey
Date Commission Expires: April 18, 2013

STEPHANIE LAKEY
NOTARY PUBLIC-STATE OF OKLAHOMA
NOWATA COUNTY
MY COMMISSION EXPIRES 4-18-13
COMMISSION # DSC03715

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

Operator Name: Endeavor Energy Resources, LP Lease Name: R. Stevenson Well #: 23-3
 Sec. 23 Twp. 34 S. R. 17 East West County: Labette

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:

Compensated Density / Dual Induction
 Gamma Ray / Neutron, CBL

Log Formation (Top), Depth and Datum Sample
 Name Top Datum
 Oswego 264 482
 Mississippi 860 -114

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| 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 |
| Surface | 12.250 | 8.625 | 24# | 21' | Portland | 8 | |
| Production | 6.750 | 4.5 | 11.6# | 925' | Class A | 110 | |
| | | | | | | | |

| 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 | 299-301 | 500 gal 15% HCL | 375 |
| 2 | 331.5 - 334 | | |
| 3 | 365-366 | | |
| 3 | 373-374 | | |

| TUBING RECORD | Size | Set At | Packer At | Liner Run |
|---------------|-------|--------|-----------|---|
| | 2 3/8 | 400 | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| Date of First, Resumed Production, SWD or Enhr. | Producing Method |
|---|---|
| ** 6-4-09 | <input type="checkbox"/> Flowing <input checked="" 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 |
|-----------------------------------|-----------|---------|-------------|---------------|---------|
| | | ** 20 | ** 15 | | |

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

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled

Production Interval Other (Specify)