

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 # 33874
 Name: Custer Oil & Gas, LLC
 Address 1: Post Office Box 628
 Address 2: _____
 City: Barnsdall State: OK Zip: 74002 + _____
 Contact Person: Norma Pinney
 Phone: (918) 847-2531
 CONTRACTOR: License # 5831
 Name: M.O.K.A.T. Drilling
 Wellsite Geologist: Harley Gilbert
 Purchaser: Coffeyville Resources
 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.: _____

<u>4-1-08</u>	<u>4-1-08</u>	<u>4-2-08</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

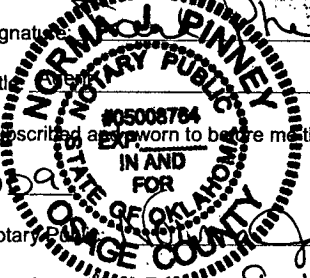
API No. 15 - 125-31568-0000
 Spot Description: _____
 E/2 NW NE Sec. 12 Twp. 34 S. R. 13 East West
330 Feet from North / South Line of Section
2140 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Montgomery
 Lease Name: Fobian Well #: 08-26
 Field Name: Wayside Havana
 Producing Formation: Wayside, Pennsylvania Coals, Bartlesville, Miss Chat
 Elevation: Ground: 776 Kelly Bushing: _____
 Total Depth: 1513 Plug Back Total Depth: 1511
 Amount of Surface Pipe Set and Cemented at: 360' Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set: _____ Feet
 If Alternate II completion, cement circulated from: 360'
 feet depth to: Surface w/ 45 ^{sx cmt.}
AN 2-DIG - 7/20/09

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: Rick's Tank Truck Service
 Lease Name: Sheet Lease License No.: 159972
 Quarter NE Sec. 13E Twp. 28N S. R. 13E East West
 County: Washington, OK Docket No.: 35-147-08717-0000

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: Norma Pinney
 Title: _____ Date: 6-24-09
 Subscribed and sworn to before me this 24th day of June
 2009
 Notary Public: Norma Pinney 05008764
 Date Commission Expires: 9-19-09



KCC Office Use ONLY
 Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 _____ Geologist Report Received
 _____ UIC Distribution
RECEIVED
JUL 09 2009

KCC WICHITA

Operator Name: Custer Oil & Gas, LLC Lease Name: Fobian Well #: 08-26
 Sec. 12 Twp. 34 S. R. 13 East West County: Montgomery

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 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 checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Dual Induction SFL/GR Log <input checked="" type="checkbox"/> Litho Density/Neutron Log <input checked="" type="checkbox"/>	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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	11"	8 5/8		360'	reg	45	
Production	6 3/4	4 1/2"	9.5	1511'	50/50 poz mix	200	

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
			RECEIVED JUL 09 2009 KCC WICHITA

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. 4-2-08	Producing Method: <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. 1.5	Gas Mcf 15
	Water Bbls. 100	Gas-Oil Ratio _____ Gravity _____

DISPOSITION OF GAS: <input checked="" 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: _____ _____
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CONSOLIDATED OIL WELL SERVICES, *llc*
 P.O. BOX 884, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676



ENTERED

TICKET NUMBER 13829
 LOCATION EUREKA
 FOREMAN KEVIN MCCOY

**TREATMENT REPORT & FIELD TICKET
 CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
4-2-08	6314	<i>Johnson # 08-26</i>				ME																
CUSTOMER <i>Performance Group</i>		<i>Reeves well Service</i> <table border="1"> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> <tr> <td>445</td> <td>Justin</td> <td></td> <td></td> </tr> <tr> <td>479</td> <td>SHANNON</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>					TRUCK #	DRIVER	TRUCK #	DRIVER	445	Justin			479	SHANNON						
TRUCK #	DRIVER						TRUCK #	DRIVER														
445	Justin																					
479	SHANNON																					
MAILING ADDRESS <i>P.O. Box 628</i>																						
CITY <i>BARNSDALL</i>	STATE <i>OK</i>	ZIP CODE																				

JOB TYPE Longstring HOLE SIZE 6 3/4 HOLE DEPTH 1513' CASING SIZE & WEIGHT 4 1/2 9.5" N90
 CASING DEPTH 1511' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.9* SLURRY VOL 50 BBL WATER gal/sk 6.1 CEMENT LEFT in CASING 0'
 DISPLACEMENT 24.5 BBL DISPLACEMENT PSI 700 PSI 1200 Bump Plug RATE _____

REMARKS: *Safety Meeting: Rig up to 4 1/2 casing. Break Circulation w/ 30 BBL fresh water. Pump 6 sks Gel flush w/ HULLS, 15 BBL water spacer, 5 BBL Dye water. Mixed 200 sks 50/50 Pozmix Cement w/ 2% Gel, 2% Cacl2, 4" Kel-Seal, 3" CAL-SEAL, 1/4" Floccle 1%. CFL-110 1/4%. CAF-38 @ 13.9*/gal, yield 1.40. Wash out Pump & Lines. Shut down. Release Plug. Displace w/ 24.5 BBL Fresh water. Final Pumping Pressure 700 PSI. Bump Plug to 1200 PSI. Wait 2 minutes. Release Pressure. Float Held. 1/2 BBL Cement Slurry to Pit. Job Complete. Rig down.*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	875.00	875.00
5406	40	MILEAGE	3.45	138.00
1124	200 SKS	50/50 Pozmix Cement	9.30	1860.00
1118 A	340 *	Gel 2%	.16 *	54.40
1102	340 *	Cacl2 2%	.70 *	238.00
1110 A	800 *	Kel-Seal 4"/sk	.40 *	320.00
1101	600 *	CAL-SEAL 3"/sk	.35 *	210.00
1107	50 *	Floccle 1/4"/sk	1.98 *	99.00
1135	84 *	CFL-110 1/4 %	7.15 *	600.60
1146	42 *	CAF-38 1/4 %	7.31 *	306.60
1118 A	300 *	Gel Flush	.16 *	48.00
1105	50 *	HULLS	.37	18.50
5407 A	8.4 TONS	40 miles BULK TRUCK	1.14	388.04
4404	1	4 1/2 Top Rubber Plug	42.00	42.00
			Sub Total	5192.14
			SALES TAX 5.3%	201.24
			ESTIMATED TOTAL	5394.38

RECEIVED
 JUL 17 2009
 KANSAS CORPORATION COMMISSION

Thank You
 201093

AUTHORIZATION Witnessed By PAUL TITLE Partner DATE _____
 5394.38