

ORIGINAL cc-Lindy-HK

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
September 1999
Form Must Be Typed

Operator: License # 33245
Name: CROSS BAR ENERGY, LLC
Address: 100 S. MAIN, SUITE 400
City/State/Zip: WICHITA, KS 67202
Purchaser: HIGH SIERRA CRUDE OIL & MARKETING
Operator Contact Person: ALBERT BRENSING
Phone: (316) 239-6151
Contractor: Name: HURRICANE SERVICES, INC.
License: 32006
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: FRANKLIN D. GAINES OIL TRUSTWell Name: F-7Original Comp. Date: 1920's Original Total Depth: 2136'

____ 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. E-818 1500818.2

Spud Date or
Recompletion Date _____ Date Reached TD _____ Completion Date or
Recompletion Date 04-02-2008

API No. 15-073-90981-00County: GREENWOOD

NE NE Sec. 26 Twp. 23 S. R. 10 ☒ East ☐ West
4703 feet from (S) N (circle one) Line of Section
1641 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE (SE) NW SWLease Name: BURKETT F Well #: FW-7Field Name: BURKETTProducing Formation: BARTLESVILLEElevation: Ground: 1263' Kelly Bushing: _____Total Depth: 2136' Plug Back Total Depth: _____Amount of Surface Pipe Set and Cemented at 161 FeetMultiple Stage Cementing Collar Used? ☐ Yes ☐ No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan OWWD-AH II NR

(Data must be collected from the Reserve Pit)

9-26-08

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License No.: _____

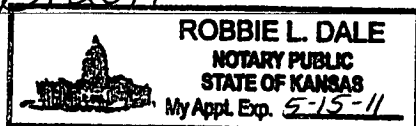
Quarter _____ Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West

County: _____ Docket No.: _____

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: MANAGING MEMBER Date: 07-03-2008Subscribed and sworn to before me this 3rd day of July20 08Notary Public: Robbie L DaleDate Commission Expires: May 15, 2011

KCC Office Use ONLY

✓

Letter of Confidentiality Received

If Denied, Yes ☐ Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

RECEIVED

JUL 03 2008

CONSERVATION DIVISION
WICHITA, KS

Operator Name: CROSS BAR ENERGY, LLC Lease Name: BURKETT F UNIT Well #: FW-7
 Sec. 26 Twp. 23 S. R. 10 ☒ East ☐ West County: GREENWOOD

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:

☐ Log Formation (Top), Depth and Datum ☐ Sample

Name Top Datum
 BARTLESVILLE 2087 -824

CASING RECORD ☐ New ☒ 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" | | 161' | | UN | |
| PRODUCTION | | 5 1/2" | | 2087' | REG. | 100 | |
| LINER | | 4 1/2" | | 2046' | 60/40 POZ | 120 | GEL 4% |

ADDITIONAL CEMENTING / SQUEEZE RECORD

| Purpose: | Depth Top Bottom | Type of Cement | #Sacks Used | Type and Percent Additives |
|--------------------|------------------|----------------|-------------|----------------------------|
| ___ Perforate | | | | |
| ___ Protect Casing | | | | |
| ___ Plug Back TD | | | | |
| ___ 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 |
|----------------|---|---|-------|
| | | | |
| | | | |
| | | | |
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 KANSAS CORPORATION COMMISSION

JUL 03 2008

| TUBING RECORD | Size | Set At | Packer At | Liner Run | Conservation Division WICHITA, KS |
|--|---|---------|-------------|---|--------------------------------------|
| | 2/38" | 2007' | 2010' | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Date of First, Resumerd Production, SWD or Enhr. | 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 Bbls. | Gas Mcf | Water Bbls. | Gas-Oil Ratio | Gravity |

Disposition of Gas

METHOD OF COMPLETION

Production Interval

☐ Vented ☐ Sold ☐ Used on Lease
 (If vented, Submit ACO-18.)

☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled
☐ Other (Specify)