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KANSAS CORPORATION COMMISSION

Form ACO-1
September 1999
Form Must Be Typed

JUL 23 2007

ORIGINAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

CONSERVATION DIVISION
WICHITA, KS

7/19/09

Operator: License # 31251
Name: Wabash Energy Corp.
Address: P.O. Box 595
City/State/Zip: Lawrenceville, IL 62439
Purchaser: SemCrude
Operator Contact Person: E. L. Whitmer, Jr.
Phone: (618) 943-6451
Contractor: Name: Professional Pulling Service LLC
License: 32810
Wellsite Geologist: E. L. Whitmer, Jr.

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:
Operator: Wabash Energy Corporation
Well Name: Townsend OWWO 1-9
Original Comp. Date: 08-25-2000 Original Total Depth: 4610'
 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. _____
06-30-2007 07-01-2007
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 101-21,619-00-002
County: Lane
W/2 W/2 NW Sec. 9 Twp. 19 S. R. 29 East West
1451 feet from S (circle one) Line of Section
360 feet from E (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE (NW) SW
Lease Name: Townsend OWWO Well #: 1-9

Field Name: _____
Producing Formation: Lansing "H" "I" "J", Marmaton "B", Cherokee Lime
Elevation: Ground: 2831 Kelly Bushing: 2839
Total Depth: 4610' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at _____ Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 2180 Feet
If Alternate II completion, cement circulated from _____
feet depth to surface w/ 235 sx cmt.

Drilling Fluid Management Plan REN 10609
(Data must be collected from the Reserve Pit)
Chloride content 11000 ppm Fluid volume 180 bbls
Dewatering method used Evaporation
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: [Signature]
Title: President Date: 7-5-07
Subscribed and sworn to before me this 5 day of July,
2007.
Notary Public: Laura Buher
Date Commission Expires: _____

"Official Seal"
LAURA BUHER
Notary Public, State of Illinois
My Commission Expires: 03/27/2011

KCC Office Use ONLY

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

Operator Name: Wabash Energy Corp. Lease Name: Townsend OWWO Well #: 1-9
 Sec. 9 Twp. 19 S. R. 29 East West County: Lane

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Anhydrite Base	2198	645
Electric Log Run <i>(Submit Copy)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Oread	3859	-1016
List All E. Logs Run:		Heebner	3917	-1074
		Lansing	3962	-1119
		Base Kansas City	4327	-1484
		Marmaton	4376	-1533
		Pawnee	4445	-1602
		Cherokee	4489	-1646

CASING RECORD <input type="checkbox"/> New <input checked="" 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
Production St.	7 7/8	5 1/2	14	4607	EA/2	150	
			Port Collar	2180			

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 <i>(Amount and Kind of Material Used)</i>	Depth
4	4156 - 4160	Acidize with 250 Gallon 15% MCA	
4	4198 - 4202	Acidize with 250 Gallon 15% MCA	
4	4220 - 4223	Acidize with 250 Gallon 15% MCA	
4	4401 - 4403	Acidize with 250 Gallon 15% MCA	
4	4561.5 - 4564.5	Acidize with 500 Gallon 15% MCA	

TUBING RECORD	Size Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	2 3/8 EUE	4276	

Date of First, Resumerd Production, SWD or Enhr. 07-01-2007	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	53	-	18		

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) _____