

ORIGINAL

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 # 8914
Name: H & C Oil Operating, Inc.
Address: P.O. Box 86
City/State/Zip: Plainville, KS 67663
Purchaser: _____
Operator Contact Person: Charles R. Ramsay
Phone: (785) 434-7434
Contractor: Name: American Eagle Drilling, LLC
License: 33493
Wellsite Geologist: Marc Downing

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: _____
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>7-25-08</u>	<u>8-2-08</u>	<u>8-2-08</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 065-23452-00-00
County: Graham
SW SW SE Sec. 9 Twp. 7 S. R. 23 East West
330 feet from S N (circle one) Line of Section
2310 feet from E W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Mills Well #: 9-1
Field Name: Wildcat
Producing Formation: Lansing Kansas City
Elevation: Ground: 2457 Kelly Bushing: 2457
Total Depth: 3975 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 323 Feet
Multiple 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 P+A AIT I MR
(Data must be collected from the Reserve Pit) 9-22-08
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: Charles R. Ramsay
Title: President Date: 8-22-08

Subscribed and sworn to before me this 22nd day of August,
2008.

Notary Public: Irene Zellhoefer
Date Commission Expires: April 4, 2011

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

NOTARY PUBLIC - State of Kansas
IRENE FELLHOELTER
My Appt. Expires 4/4/11

RECEIVED
KANSAS CORPORATION COMMISSION

AUG 27 2008

CONSERVATION DIVISION
WICHITA, KS

Operator Name: H & C Oil Operating, Inc. Lease Name: Mills Well #: 9-1
 Sec. 9 Twp. 7 S. R. 23 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 <i>(Attach Additional Sheets)</i>	<input checked="" type="checkbox"/> Yes <input 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	Topeka	3495 -1033
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Heebner	3697 -1235
List All E. Logs Run:		Lansing Kansas City	3740 -1278

Microresistivity Log, Dual Compensated Porosity Log,
Dual Induction Log, Borehole Compensated Sonic Log

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 1/4"	8 5/8"	20#	323	Common	195	3% c.c & 2% Gel

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 <i>(Amount and Kind of Material Used)</i>	
			Depth

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WICHITA, KS

TUBING RECORD	Size	Set At	Packer At	Liner Run <input 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 Vented Sold Used on Lease *(If vented, Submit ACO-18.)*

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

ALLIED CEMENTING CO., LLC. 34530

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: Russell

DATE <u>8-2-08</u>	SEC <u>9</u>	TWP. <u>7</u>	RANGE <u>23</u>	CALLED OUT	ON LOCATION	JOB START <u>2:00pm</u>	JOB FINISH <u>2:30pm</u>
LEASE <u>Mills</u>		WELL # <u>9-1</u>		LOCATION <u>Hill City 8 N 30 35</u>		COUNTY <u>Craig</u>	STATE <u>KS</u>
OLD OR NEW (Circle one) <u>NEW</u>				<u>14E Bnto</u>			

CONTRACTOR American Eagle
 TYPE OF JOB Rotary Plug
 HOLE SIZE _____ T.D. 39.75
 CASING SIZE _____ DEPTH _____
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE 4 1/2 x H DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT _____

OWNER _____
 CEMENT AMOUNT ORDERED 205 6/40 490 Gcl
14 #40
 COMMON 123 @ 13.50 1660.50
 POZMIX 82 @ 7.55 619.10
 GEL 7 @ 20.35 141.75
 CHLORIDE @ _____
 ASC @ _____
F10 Seal SI @ 2.45 124.95
 @ _____
 @ _____
 @ _____
 @ _____
 @ _____
 @ _____
 @ _____
 HANDLING 212 @ 2.25 477.00
 MILEAGE SK/mi/10 954.00
 TOTAL ~~3977.30~~ 3977.30

EQUIPMENT

PUMP TRUCK CEMENTER Craig
 # 366 HELPER Matt
 BULK TRUCK
 # 345 DRIVER Mike
 BULK TRUCK
 # _____ DRIVER _____

REMARKS:
1st 2170 255K
2nd 1400 1005K
3rd 380 405K
4th 40' 105K
Rotary 305K

Thanks!

CHARGE TO: H+C
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB _____
 PUMP TRUCK CHARGE _____ 991.00
 EXTRA FOOTAGE @ _____
 MILEAGE 45 @ 7.50 337.50
 MANIFOLD @ _____
 @ _____
 @ _____
 TOTAL 1328.50

PLUG & FLOAT EQUIPMENT

185/2 1/2" Hole Plug 39.00
 @ _____
 @ _____
 @ _____
 @ _____
 @ _____
 TOTAL 39.00

To Allied Cementing Co., LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME _____
 SIGNATURE Don Morris

SALES TAX (If Any) _____
 TOTAL CHARGES _____
 DISCOUNT _____ IF PAID IN 30 DAYS

RECEIVED
 KANSAS CORPORATION COMMISSION
AUG 27 2008
 CONSERVATION DIVISION
 WICHITA, KS

ALLIED CEMENTING CO., LLC. 34758

ATTN: P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Russell

DATE: <u>7-26-08</u>	SEC. <u>9</u>	TWP. <u>7</u>	RANGE <u>23</u>	CALLED OUT	ON LOCATION	JOB START <u>5:30am</u>	JOB FINISH <u>6:00am</u>
LEASE <u>Mills</u>	WELL # <u>9-1</u>	LOCATION <u>Hill City BN 3W25</u>			COUNTY <u>GRAHAM</u>	STATE <u>KANSAS</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)				<u>Y2E N INTO</u>			

CONTRACTOR <u>AMERICAN EAGLE Rig #3</u>	OWNER _____
TYPE OF JOB <u>Cement SURFACE</u>	
HOLE SIZE <u>12 1/4</u>	T.D. <u>328</u>
CASING SIZE <u>8 5/8</u>	DEPTH <u>327</u>
TUBING SIZE _____	DEPTH _____
DRILL PIPE _____	DEPTH _____
TOOL _____	DEPTH _____
PRES. MAX _____	MINIMUM _____
MEAS. LINE _____	SHOE JOINT _____
CEMENT LEFT IN CSG. <u>15'</u>	
PERFS. _____	
DISPLACEMENT <u>19 1/2 / 38L</u>	

EQUIPMENT

PUMP TRUCK # <u>398</u>	CEMENTER <u>GARY</u>
BULK TRUCK # <u>378</u>	HELPER <u>GARY</u>
BULK TRUCK # _____	DRIVER <u>BOB</u>
BULK TRUCK # _____	DRIVER _____

CEMENT AMOUNT ORDERED <u>195 sk Com.</u>	
<u>390 CC</u>	
<u>2 3/8 GEL</u>	
COMMON <u>195</u>	@ <u>13.50</u> <u>2632.50</u>
POZMIX _____	@ _____
GEL <u>4</u>	@ <u>20.25</u> <u>81.00</u>
CHLORIDE <u>7</u>	@ <u>51.50</u> <u>360.50</u>
ASC _____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
HANDLING <u>206</u>	@ <u>2.25</u> <u>463.50</u>
MILEAGE <u>110 sk / mile</u>	<u>927.00</u>
	TOTAL <u>4,464.50</u>

REMARKS:

Cement Inc!
THANKS

CHARGE TO: H & C OIL OPERATING INC

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB _____	
PUMP TRUCK CHARGE _____	<u>991.00</u>
EXTRA FOOTAGE _____	@ _____
MILEAGE <u>45</u>	@ <u>7.50</u> <u>337.50</u>
MANIFOLD _____	@ _____
_____	@ _____
_____	@ _____
	TOTAL <u>1328.50</u>

PLUG & FLOAT EQUIPMENT

_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
	TOTAL _____

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PRINTED NAME _____

SIGNATURE Don Morris

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____

IF PAID IN **RECEIVED**
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