KANSAS CORPORATION COMMISSION

KANSAS CORPORATION DIVISION OIL & GAS CONSERVATION DIVISION

Form ACO-1 September 1999 Form Must Be Typed

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

Name: JO-ALLYN GIL CO INC Actiress: P.O. BOX 446 Soc	Operator: License # 35514	API No. 15 - 009-24981-000
Address: P.O. BOX 446 Chy/State/2p; LAVERNE OK 73848 Chy/State	Name: JO-ALLYN OIL CO INC	
City/State/Zip: LAVERNE OK 73848 Purchaser: PLAINS MARKETING Poreator Contact Person: ALEN BARBY Phone: (\$50) 921-3396 Poreator Contact Person: PLAINS MARKETING Contractor: Name LANDMARK DRILLING LLC License: 33549 Person: Laver Lav	Address: P.O. BOX 446	
Purchaser. PLAINS MARKETING Operator Contact Person. ALLEN BARBY Phone: (_380) _ 321-3356 Contractor: Name. LANDMARK DRILLING LLC License: _33549 Wellsite Geologist: Designate Type of Compitation:		1200
Contractor: Name: LANDMARK PRILLING LLC		
Phone: (_980)	Operator Contact Person: ALLEN BARBY	
Contractor: Name: LANDMARK DRILLING LLC Licenses: 35549 Wellstile Geologist: Designate Type of Completion: New Well Re-Entry Workover Oil SWD SIOW Temp. Abd. Gas ENHR SIGW Temp. Abd. Dry Other (Core, WSW, Expl., Cathodic, etc) If Workover/Re-entry: Old Well Info as follows: If Workover/Re-entry: Old Well Info as follows: Well Name: Completion: Despending Re-perf. Corn: to Entri/SWD Plug Back Plug Back Total Depth: Dodignat Comp. Date: Original Total Depth: Docket No. Dual Completion Docket No. Date Completion Docket No. Date Completion Docket No. Date Completion Date Reached TD Completion Date or Recompletion Date Recompletion Date 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 or confidential for a period of 12 months in requested in writing and submitted for Equation of a well. Rule 823-105 and 823-106 and 823-107 apply. 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 823-106 and 823-107 apply. 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 or a well. Rule 823-106 and 823-107 apply. INSTRUCTIONS: An original and two copies of law in the form (see rule 823-107 for confidentiality a recess 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		<u> </u>
Wellstie Geologies:	Contractor: Name: LANDMARK DRILLING LLC	
Wellsite Geologist: Designate Type of Completion: New Well	License: 33549	Field Name: CARROLL
Designate Type of Completion: New Well Re-Entry Workover New Well Re-Entry Workover SWD SIOW Temp. Abd. Gas ENHR SIGW Multiple Stage Cementing Collar Used?	Wellsite Geologist:	Producing Formation: LANSING KANSAS CITY- ARBUCKLE
New Well	Designate Type of Completion:	
Amount of Surface Pipe Set and Cemented at 685' Feet Multiple Stage Cementing Collar Used? Tyes No Multiple Stage Cementing Collar Used? Tyes Tyes No Multiple Stage Cementing Collar Used? Tyes Tyes No Multiple Stage Cementing Collar Used? Tyes No Multiple Stage Cementing Collar Used? Tyes No Multiple Stage Cementing Collar Used? Tyes Tyes No Multiple Stage Cementing Collar Used? Tyes T	New Well Re-Entry Workover	1
If yes, show depth set	Oil SWD SIOW Temp. Abd.	
If Norkover/Re-entry: Old Well Info as follows: Operator: Well Name: Driginal Comp. Date: Original Comp. D	Gas ENHR SIGW	Multiple Stage Cementing Collar Used?
Departor:	Dry Other (Core, WSW, Expl., Cathodic, etc)	If yes, show depth setFeet
Well Name: Original Comp. Date: Original Total Depth: Original Comp. Date: Original Comp. Date: Original Total Depth: Original Comp. Date: Original Comp. Date: Original Comp. Date: Original Total Depth: Original Comp. Date: Original Comp. Date: Original Total Depth: Original Comp. Date: Original Comp. Date Plug Back Total Depth Dewatering method used EVAPORATION Double Completion Docket No. Original Completion Date or Recompletion Date or Recomp	If Workover/Re-entry: Old Well Info as follows:	If Alternate II completion, cement circulated from
Original Comp. Date:Original Total Depth:	Operator:	feet depth tow/sx cmt.
Original Comp. Date:	Well Name:	
Plug Back	Original Comp. Date: Original Total Depth:	· · · · · · · · · · · · · · · · · · ·
Dewatering method used _EVAPORATION Dewatering method used _EVAPORATION	Deepening Re-perf Conv. to Enhr./SWD	Chloride content ppm Fluid volume bbls
Commingled Docket No. Dual Completion Docket No. Other (SWD or Enhr.?) Docket No. Og. 30-06 10-09-06 Date Reached TD Completion Date or Recompletion Date North Recompletion Date Docket No.: Docket No.: Completion Date or Recompletion Date County: Docket No.: Docket No.: Lease Name: Lease Name: Lease Name: Location of fluid disposal if hauled offsite: Operator Name: Lease Name: Location of fluid disposal if hauled offsite: Operator Name: Lease Name: Location of fluid disposal if hauled offsite: Operator Name: Lease Name: Lease Name: Location of fluid disposal if hauled offsite: Operator Name: Lease Name: Location of fluid disposal if hauled offsite: Operator Name: Lease Name: Location of fluid disposal if hauled offsite: Operator Name: Lease Name: Location of fluid disposal if hauled offsite: Operator Name: Lease Name: Location of fluid disposal if hauled offsite: Operator Name: Lease Name: Location of fluid disposal if hauled offsite: Operator Name: Lease Name: Location of fluid disposal if hauled offsite: Operator Name: Lease Name: Location Name: Lease Name: Location of fluid disposal if hauled offsite: Operator Name: Lease Name: Location Name: Lease Name: Lease Name: Location Name: Lease Name: Location of fluid disposal if hauled offsite: Operator Name: Lease Name: Lease Name: Lease Name: Lease Name: Lease Name: Location of fluid disposal if hauled offsite: Operator Name: Lease Name: Location of fluid disposal if hauled offsite: Operator Name: Lease Name: Lease Name: Lease Name: Lease Name: Lease Name: Location of fluid disposal if hauled offsite: Operator Name: Lease Name: Lease Name: Lease Name: Lease Name: Lease Name: Location of fluid disposal in the least oble. County: Docket	Plug BackPlug Back Total Depth	
Other (SWD or Enhr.?) Other (SWD or Enhr.?) Obcket No. Other (SWD or Enhr.?) Obcket No. Og. 30-06 10-09-06 Date Reached TD Completion Date or Recompletion Date or Recompletion Date or Recompletion Date 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. KCC Office Use ONLY PRESIDENT Date: State of Oklahoma Total Reserved If Denied, Yes Date: Wireline Log Received Geologist Report Received UIC Distribution	Commingled Docket No	'
Dose to the completion Date Dose to the specific point Dose to the spe	Dual Completion Docket No	
OB-30-06 10-09-06 Date Reached TD Date Reached TD Date Recompletion Date or Recompletion Date Quarter Sec. Twp. S. R. East West Spud Date or Recompletion Date 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. KCC Office Use ONLY Notation Not	Other (SWD or Enhr.?) Docket No	
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KCC Office Use ONLY Notary Public: Signature:	Kansas 67202, within 120 days of the spud date, recompletion, workov Information of side two of this form will be held confidential for a period of 107 for confidentiality in excess of 12 months). One copy of all wireline logs	rer or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. 12 months if requested in writing and submitted with the form (see rule 82-3-s and geologist well report shall be attached with this form. ALL CEMENTING
Notary Public: PRESIDENT Date:	All requirements of the statutes, rules and regulations promulgated to regulation are complete and correct to the best of my knowledge.	ate the oil and gas industry have been fully complied with and the statements
Subscribed and sworn to before me this	Signature: allysarly	KCC Office Use ONLY
State of Oklahoma Notary Public: State of Oklahoma Wireline Log Received Geologist Report Received KANSAS CORPORATION COMMISSION UIC Distribution	Title: PRESIDENT Date:	Letter of Confidentiality Received
Notary Public: Commission #03001819- UIC Distribution RECEIVED Commission #03001819- UIC Distribution Commission Commiss		If Denied, Yes Date:
Notary Public: Commission #03001819 UIC Distribution Geologist Report Received RECEIVED		Wireline Log Received
	(() [NOTARY) Toresa Braswell	Geologist Report Received RECEIVED KANSAS CORPORATION COMMISSION UIC Distribution
	Date Commission Expires: 3 /6 / 11	

Operator Name: JO-ALLYN OIL CO INC				Lease Name: FREDRICK DIRREEN			REEN	Well #: 1-20			
Sec. 20 Twp. 1	7 S. R. 14	. 🗌 Eas	t 🗹 West		y: BART						
INSTRUCTIONS: Si tested, time tool oper temperature, fluid red Electric Wireline Log	n and closed, flowin covery, and flow rate	g and shu s if gas to	t-in pressures, surface test, a	whether s llong with	hut-in pre	essure reached	static level, hydr	ostatic pressui	res, bottom hole		
Drill Stem Tests Take	• •	₽ Y	′es □ No	Log Formation (Top), Dept			on (Top), Depth :	th and Datum Sample			
Samples Sent to Geo	,	П	′es ✔No		Name			Top Datum			
Cores Taken	g	 □ Y	_		SC SC			857'	+1025'		
Electric Log Run		✓ Y	_		TOPEKA		T.	887' 2522'	+995' -940'		
(Submit Copy)					НВ	LIVA		3055'	-940 -1173'		
ist All E. Logs Run:					BL			3120'	-1173 -1238'		
				LANSING			1	3131'	-1249'		
					B/KS			3337'	-1455'		
						UCKLE		3368'	-1486'		
		· · · · · · · · · · · · · · · · · · ·	CASING	RECORD	□ Ne						
		Repo	rt all strings set-c	onductor, s	_	ermediate, product	ion, etc.				
Purpose of String	Size Hole Drilled		ze Casing t (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives		
SURFACE	12 1/4"	8 5/8"		24#		685'	3%CC 400		2% GEL		
PRODUCTION		5 1/25"		15.50#		3369'	3% CC	90			
			ADDITIONAL	CEMENT	NC / SOI	IEEZE DECORD					
Purpose: Perforate	Depth Top Bottom	Type of Cement		#Sacks Used		Type and Percent Additives					
Protect Casing Plug Back TD Plug Off Zone											
Ob - 4 - D F 4	PERFORATI	ON RECOR	RD - Bridge Plug	s Set/Tyne		Acid Frac	ture Shot Camen	t Saugeze Booo			
Shots Per Foot	Specify	Footage of	Each Interval Per	forated		Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth					
4SPF	3326-3368'								3326-3368		
			7777-1-1		7						
			<u>-</u>								
TUBING RECORD	Size	Set At		Packer /		Liner Run		188114441			
23		•		r donor r	"	i <u> </u>	Yes No				
Date of First, Resumero	d Production, SWD or E	inhr.	Producing Meth	nod	Flowing	Pumpir	g 🔲 Gas Li	ft Oth	er (Explain)		
Estimated Production Per 24 Hours	Oil 15	Bbls.	Gas	Mcf	Wate	er Bt	ols. (Bas-Oil Ratio	Gravity		
Disposition of Gas	METHOD OF C	OMPLETIC	I DN			Production Interv	/al				
Vented Sold	_			[] o- (RECEIVED		
	Used on Lease		Open Hole Other (Special	∠ Perf fy)	. [] [Oually Comp.	Commingled	KANSAS C	ORPORATION COMMIS		

JUN 1 1 2007

ALLIED CEMENTING CO., INC.

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RUSS	ELL, KA	NSAS 676	65		221	_	_	Bend
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DATE 10-1-06 Red Nick	20	1//	140	8:30 pm	10:30 AH			126 pm
LEASE DIRRORA	WELL#	1-20	LOCATION 18/4	4 jet 3 mort	The Drivert	COUNTY		STATE '
OLD OR NEW (Ci	rcle one)	100	1	- /				2) 2,
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TUBING SIZE			PTH	320c/c46			A. A. G. S.	, <u>C</u>
DRILL PIPE		DE	PTH					
TOOL		DE	PTH	_	_			_
PRES. MAX		MI	NIMUM	_ COMMON	400	_ @ <i>[0.</i>	65	4260.08
MEAS. LINE			OE JOINT	_ POZMIX		@		
CEMENT LEFT IN	1 CSG.∠	garay L	<u> </u>	GEL	8	<u>_@/6.</u>	65	135,20
PERFS.	- 1 -			_ CHLORIDE _	12	_@ <i>46 •</i>		559.20
DISPLACEMENT	43	ز/313/خ		ASC		@		
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		/			KANSAS CORPORATIO	N COMMISSION	1	
PUMP TRUCK	CEMENT	ER	(k			@		
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BULK TRUCK					CONSERVATION	ONUSION-		
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BULK TRUCK			7			@		
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To Allied Cement	ing Co.,	Inc.			***	@		
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18								

PRINTED NAME

ALLIED CEMENTING CO., INC.

26695

REMIT TO P.O. BOX 31 SERVICE POINT: **RUSSELL, KANSAS 67665** Ux Ba CALLED OUT ON LOCATION JOB FINISH DATE D-8-01 730 PM 9:00 PM STATE COUNTY LOCATION 28124 Tet 30, 20, 15, 20, 5 OLD OR NEW (Circle one) CONTRACTOR Landwerk OWNER Same HOLE SIZE 7%" T.D. 3377 CEMENT CASING SIZE 54" DEPTH 336 AMOUNT ORDERED 90 ALSO TUBING SIZE **DEPTH** DRILL PIPE **DEPTH** TOOL DEPTH PRES. MAX 1300# **MINIMUM COMMON** MEAS. LINE SHOE JOINT 43 **POZMIX** CEMENT LEFT IN CSG. 42 @ 16.65___ PERFS. **CHLORIDE** DISPLACEMENT 79,56 hh/s ASC @ 19.20 115.20 **EQUIPMENT** PUMP TRUCK CEMENTER-OCT 16 2008 @ #181 HELPER **BULK TRUCK** CONSERVATION DIVISIO® #342 **DRIVER BULK TRUCK** DRIVER HANDLING 104 su _@*_1.97*__ MILEAGE 104 ALL 09 REMARKS: TOTAL 1165.11) **SERVICE** DEPTH OF JOB 3319 PUMP TRUCK CHARGE EXTRA FOOTAGE MILEAGE MANIFOLD _ @ @ CHARGE TO: JO - Allyn TOTAL 1748.00 STREET ____` CITY PLUG & FLOAT EQUIPMENT @ 1325.co @_37Sco_ **** @ To Allied Cementing Co., Inc. You are hereby requested to rent cementing equipment **@** and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was TOTAL 1700.00 done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side. TAX_ TOTAL CHARGE __ - IF PAID IN 30 DAYS