

Handwritten signature/initials

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 3553
Name: Citation Oil & Gas Corp.
Address: P.O. Box 690688
City/State/Zip: Houston, TX 77269-0688
Purchaser: _____
Operator Contact Person: Mercedes Ponzio
Phone: (281) 517-7528
Contractor: Name: Excell Services, Inc.
License: 8273

RECEIVED
KANSAS CORPORATION COMMISSION
JAN 23 2009
CONSERVATION DIVISION
WICHITA, KS

API No. 15 - 051-25721-0001
County: Ellis
NE SW SE Sec. 1 Twp. 13 S. R. 16 East West
885' 920' feet from (S) N (circle one) Line of Section
1590' 1675' feet from (E) W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE (SE) NW SW
Lease Name: Wieland Well #: 6-9

Handwritten notes:
For Gas
1/20/08
ka
m

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: Citation Oil and Gas
Well Name: Wieland 6-9
Original Comp. Date: 5/8/2008 Original Total Depth: 3450
 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. E10416.27

3/4/2008 3/9/2008 11/26/2008
Spud Date or Date Reached TD Completion Date or Recompletion Date

Field Name: Fairport
Producing Formation: _____
Elevation: Ground: 1942 Kelly Bushing: _____
Total Depth: 3450 Plug Back Total Depth: 3434'
Amount of Surface Pipe Set and Cemented at _____ 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.

Handwritten note: wo - dg - 7/22/09

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content 28,482 ppm Fluid volume 160 bbls
Dewatering method used Trucking Out
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: Mercedes Ponzio
Title: Permitting Assistant Date: 1/19/2009
Subscribed and sworn to before me this 19 day of January,
2009.
Notary Public: Nathanian R. Algawad
Date Commission Expires: 3-22-2009

NATHANIAN R. ALGAWAD
Notary Public, State of Texas
My Commission Expires
March 22, 2009

KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution (JK/16)

Operator Name: Citation Oil & Gas Corp. Lease Name: Wieland Well #: 6-9
 Sec. 1 Twp. 13 S. R. 16 East West County: Ellis

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 checked="" type="checkbox"/> No (Attach Additional Sheets) 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Submit Copy) List All E. Logs Run: *No logs were ran with this workover.	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input checked="" 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"	24#	1001		500	AS ALL CASING/TUBING/PER. INFO FROM ORIG. WELL COMPTN. FOR 11/26/09
Production	7 7/8"	5 1/2"	15.5#	3447		200	

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
4 spf	LKC (3172-3340)	Acidized w/ 4500 gal 15% NEFE acid	3172-3340

TUBING RECORD		Size <u>2 3/8"</u>	Set At <u>3144</u>	Packer At <u>3150</u>	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. <u>11/26/2008</u>		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 _____