

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM

COPY
AMENDED

WELL HISTORY - DESCRIPTION OF WELL & LEASE
Form ACC-1 September 1999 Form Must Be Typed

cont'd
5/1/08
KCC

Operator: License # 3150 33365 Layne
Name: COIT ENERGY, INC. LAYNE ENERGY
Address: P. O. BOX 388 OPERATING, LLC
City/State/Zip: IOLA, KS 66749
Purchaser: ONEOK
Operator Contact Person: DENNIS KERSHNER
Phone: (620-365-3111)
Contractor Name: MCPHERSON DRILLING
License: 5675
Wellsite Geologist: JIM STEGEMAN
Designate Type Of Completion:
 New Well ReEntry Workover
 Oil SWD SLOW Temp Abd
 Gas ENHR SIGW
 Dry Other (Cure, 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 Entr/SWD
Plug Back _____ Plug Back Total Depth _____
Cemented _____ Docket No. _____
Dual Completion _____ Docket No. _____
Other (SWD or Entr.?) _____ Docket No. _____
11-19-2001 11-21-2001 3-22-02
Spud Date or Completion Date Date Reached TD Completion Date or Recompletion Date

API No. 15-125-30,067-0000
County: MONTGOMERY
AP SE-NW-NW-NW Sec. 9 Twp. 31 S. R. 17 X E
4780 feet from S Line of Section
4880 feet from E Line of Section
Footages Calculated from Nearest Outside Section Corner:
Circle one SE
Lease Name: JD FRIESS Well #: 9-1WDW
Field Name: CHERRYVALE-COFFEYVILLE
Producing Formation: ARBUCKLE
Elevation: Ground: UNKNOWN Kelly Bushing: _____
Total Depth: 1457 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 20' Feet
Multiple Staging Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II Completion, cement circulated from 1307
feet depth to SURFACE w/ 216 100 cement.

Drilling Fluid Management Plan (Data Collected From Pit)
Chloride Content 1000 ppm Fluid Volume 80 bbls
Dewatering method used PUMPED OUT PUSH IN
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ E _____ W
County: _____ Docket No.: _____

EIH 7-23-02

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market, Room 2076, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule K2-3-130, K2-3-106 and K2-3-107 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with this form (see rule K2-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well reports shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 with all temporary 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: Dennis Kershner
Title: OFFICE MANAGER Date: 4-04-02
Subscribed and sworn to before me this 5th day of April
2002
Notary Public: Shirley A. Stotler
Date Commission Expires: 1-20-2004

KCC Office Use Only
 Letter of Confidentiality Attached
 If Docketed, Yes _____ Date _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

SHIRLEY A. STOTLER
Notary Public - State of Kansas
My Comm. Expires 1-20-2004

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KANSAS CORPORATION COMMISSION

APR 23 2008

** TOTAL PAGE.001 **

CONSERVATION DIVISION
WICHITA, KS

Operator Name COLT ENERGY, INC. Lease Name JD FRIESS Well # 9-1WDW
 Sec. 9 Twp. 31 S. R. 17 East West County MONTOOMERY

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy) List All E. Logs Run:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum SEE ATTACHED DRILLERS LOG
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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	11"	8 5/8	24	20	PORTLAND	4	
PRODUCTION	6 3/4	4 1/2	10.5	1307	50/50 POZMIX	216	

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/F	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	
	OPEN HOLE - Arbuckle 1307'-1457'	500GAL 15% HCL	1307'-1457'

TUBING RECORD		Set At	Picker At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First SWD	SWD 3-22-02	Producing Method:	<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input checked="" type="checkbox"/> Gas Lift		
Estimated Production/24hrs	Oil	Bbls	Gas Mcf	Water	BRLS Gas:Oil Ratio Gravity

Disposition Of Gas	METHOD OF COMPLETION		Production Interval:
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <input checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf	<input type="checkbox"/> Daily Compl. <input type="checkbox"/> Commingled		
(If vented Submit ACO-18)	Other (Specify)		

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