

* Rec'd in Prod. Dept.
from HLC on 3/31/09.

*Kelly
2/27/09*

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 32116
Name: R.T. Enterprises of Kansas, Inc.
Address: P.O. Box 339
City/State/Zip: Louisburg, KS. 66053
Purchaser: Pacer
Operator Contact Person: Lori Driskell
Phone: (913) 837-8400
Contractor: Name: Town Oilfield Service, Inc.
License: 33715

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: _____

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. _____

1/2/09	1/5/09	2/16/09
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-25418-00-00

County: Franklin

SW - SW - NE - NW Sec. 4 Twp. 16 S. R. 21 East West

4115 feet from (S) N (circle one) Line of Section

3820 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE (SE) NW SW

Lease Name: Lidikay Well #: I-8

Field Name: Paola-Rantoul

Producing Formation: Squirrel

Elevation: Ground: 1010' Kelly Bushing: Not used

Total Depth: 778' Plug Back Total Depth: 28'

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 21.4'

feet depth to surface w/ 4 ^{sx cmt.}

ALTZ-Dlg - 8/3/09

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content 1500-3000 ppm Fluid volume 80 bbls

Dewatering method used on lease

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.

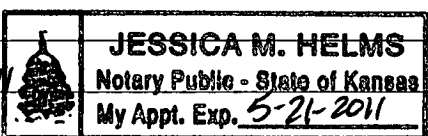
Signature: Lori Driskell

Title: Agent Date: 2/27/09

Subscribed and sworn to before me this 27 day of February, 2009.

Notary Public: J. Helms

Date Commission Expires: 5-21-2011



(AE) stat. by RK 5/5/09
KCC Office Use ONLY

Letter of Confidentiality Received
If Denied, Yes Date: _____

Wireline Log Received
 Geologist Report Received
 UIC Distribution

RECEIVED
MAR 16 2009
KCC WICHITA

Side Two

Operator Name: R.T. Enterprises of Kansas, Inc. Lease Name: Lidikay Well #: I-8
 Sec. 4 Twp. 16 S. R. 21 East West County: Franklin

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 <i>(Attach Additional Sheets)</i> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Gamma Ray/ Neutron/ CCL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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	9'	6 1/4"		21.4'	Portland	4	
Completion	5 5/8"	2 7/8"		750'	Portland	97	50/50 POZ

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
2	709.0-719.0 21 PERFS		

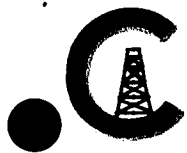
TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.		Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (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 _____

RECEIVED
MAR 16 2009
KCC WICHITA



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 228254

Invoice Date: 01/08/2009 Terms:

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R.T. ENTERPRISES
1207 N. FIRST ST.
LOUISBURG KS 66053
() -

LIDIKAY I-8
4-16-21
19921
01/06/09

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	97.00	9.7500	945.75
1118B	PREMIUM GEL / BENTONITE	282.00	.1700	47.94
1111	GRANULATED SALT (50 #)	227.00	.3300	74.91
1110A	KOL SEAL (50# BAG)	540.00	.4200	226.80
1107A	PHENOSEAL (M) 40# BAG)	27.00	1.1500	31.05
4402	2 1/2" RUBBER PLUG	1.00	23.0000	23.00

Description	Hours	Unit Price	Total
495 CEMENT PUMP	1.00	925.00	925.00
495 EQUIPMENT MILEAGE (ONE WAY)	10.00	3.65	36.50
548 TON MILEAGE DELIVERY	1.00	157.50	157.50

RECEIVED
MAR 16 2009
KCC WICHITA

Parts: 1349.45 Freight: .00 Tax: 91.75 AR 2560.20
Labor: .00 Misc: .00 Total: 2560.20
Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

GILLETTE, WY
307/686-4914

MCALISTER, OK
918/426-7667

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 19921

LOCATION Ottawa KS

FOREMAN Fred Mader

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1/6/09	7010	Lidikay I-8	4	1b	21	FR
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
RT Enterprises MAILING ADDRESS 1207 N. First St. CITY Louisburg STATE KS ZIP CODE 66053			506	Fred		
			495	Casey		
			548	Gerid		

JOB TYPE Logging HOLE SIZE 5 5/8 HOLE DEPTH 760' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 750' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 4.4B DISPLACEMENT PSI _____ MIX PSI _____ RATE 5BPM

REMARKS: Check casing depth w/wiveline. Mix Pump 100# Premium
Gel Flush. Mix Pump 108 SKS 50/50 Poz Mix Cement 2%
Gel 5% salt 5# Kol seal 1/4" Pheno Seal per sack.
Cement to surface. Flush pump + lines clean.
Displace 2 1/2" rubber plug to casing TD w/ 4.4BLS Fresh
water. Pressure to 750# PSI Hold pressure for
30 minute MIT. Release pressure to set float valve
Shut in casing
Customer Supplied H2O Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1 of 2	PUMP CHARGE Cement Pump		925 ⁰⁰
5406	1/2 of 20 mi	MILEAGE Pump Truck		36 ⁵⁰
5407A	1/2 of Minimum	Ton Mileage		157 ⁵⁰
1124	979 SKS	50/50 Poz Mix Cement	RECEIVED	945 ⁷⁵
1118B	282#	Premium Gel	MAR 16 2009	47 ²⁵
1111	227#	Granulated Salt		74 ⁰⁰
1110A	540#	Kol Seal	KCC WICHITA	226 ⁰⁰
1107A	27#	Pheno Seal		31 ⁰⁵
4402	1	2 1/2" Rubber Plug		23 ⁰⁰
		Sub Total		2468 ⁴⁵
		Tax @ 6.8%		91.75
			SALES TAX	
			ESTIMATED	2560.20

Revin 3737

AUTHORIZATION Lance
P

TITLE 228254

DATE 2/11

