

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Jim Robinson
10/07/08

Operator: License # 6009
 Name: Double Eagle Exploration, Inc.
 Address: 221 S. Broadway, #310
 City/State/Zip: Wichita, Kansas 67202
 Purchaser: SemCrude, L.P.
 Operator Contact Person: Jim Robinson
 Phone: (316) 264-0422
 Contractor: Name: American Eagle Drilling, LLC
 License: 33493
 Wellsite Geologist: Mike Engelbrecht
 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. _____

<u>7-17-08</u>	<u>7-23-08</u>	<u>9-11-08</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

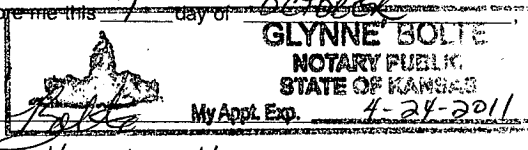
API No. 15 - 167-23520-0000
 County: Russell
 N/2 SE SE Sec. 17 Twp. 14 S. R. 12 East West
990 feet from (S) N (circle one) Line of Section
660 feet from (E) W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE (SE) NW SW
 Lease Name: Hlad B Well #: 1
 Field Name: Mahoney
 Producing Formation: _____
 Elevation: Ground: 1765 Kelly Bushing: 1772
 Total Depth: 3280 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 9fts. 8 5/8" @ 390 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 A1 + I NR
 (Data must be collected from the Reserve Pit) 11-18-08
 Chloride content _____ ppm Fluid volume _____ bbls
 Dewatering method used Evaporation
 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: Jim Robinson
 Title: Representative Date: 10-07-08
 Subscribed and sworn to before me this 7th day of OCTOBER
 20 08
 Notary Public: Glynn Bolte My Appl. Exp. 4-24-2011
 Date Commission Expires: 4-24-2011



KCC Office Use ONLY

Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

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OCT 08 2008

Operator Name: Double Eagle Exploration, Inc. Lease Name: Hlad B Well #: 1
 Sec. 17 Twp. 14 S. R. 12 East West County: Russell

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 Yes No
 (Attach Additional Sheets)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy)
 List All E. Logs Run:

Log Formation (Top), Depth and Datum Sample
 Name Top Datum
 Heebner 2829-1057
 Lansing 2907-1135
 BKC 3195-1423
 Congl. 3242-1470
 LTD 3278

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"	23#	390'	Com	225	3%CC 2%gel
Production	7 7/8	4 1/2" OD	10.5#	3284	ASC	145	10% salt 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 (Amount and Kind of Material Used)	Depth
4	2938-2940 (2')	None	

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TUBING RECORD		Size	Set At	Packer At	Liner Run
99 jts		2 3/8" OD	EUE	3231	0
Date of First, Resumerd Production, SWD or Enhr.		Producing Method			
9-12-08		<input type="checkbox"/> Flowing <input checked="" 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
	25		0		36

Disposition of Gas Vented Sold Used on Lease (If vented, Submit ACO-18.)
 METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled
 Production Interval Other (Specify)



ALLIED

CEMENTING CO., LLC
Cementing & Acidizing Services

24 S. Lincoln Street
P.O. Box 31
Russell, KS 67665-2906

Voice: (785) 483-3887
Fax: (785) 483-5566

COPY

INVOICE

Invoice Number: 115151
Invoice Date: Jul 17, 2008
Page: 1

Bill To:

Double Eagle Expl., Inc.
221 S. Broadway #310
Wichita, KS 67202

Customer ID	Well Name# or Customer P.O.	Payment Terms	
DoubE	Hlad #B-1	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2	Russell	Jul 8, 2000	8/16/08

Quantity	Item	Description	Unit Price	Amount
225.00	MAT	Class A Common	13.50	3,037.50
4.00	MAT	Gel	20.25	81.00
8.00	MAT	Chloride	51.50	412.00
237.00	SER	Handling	2.25	533.25
1.00	SER	Minimum Handling Mileage Charge	300.00	300.00
1.00	SER	Surface	1,286.50	1,286.50
8.00	SER	Mileage Pump Truck	7.50	60.00
1.00	EQP	Wooden Plug	110.00	110.00

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CONSERVATION DIVISION
WICHITA, KS

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1 1/2% CHARGED
THEREAFTER. IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF

\$ 582.02

ONLY IF PAID ON OR BEFORE

Aug 16, 2008

Subtotal	5,820.25
Sales Tax	265.76
Total Invoice Amount	6,086.01
Payment/Credit Applied	
TOTAL	6,086.01



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CEMENTING CO., LLC
Cementing & Acidizing Services

24 S. Lincoln Street
P.O. Box 31
Russell, KS 67665-2906
Voice: (785) 483-3887
Fax: (785) 483-5566

COPY

INVOICE

Invoice Number: 115275
Invoice Date: Jul 23, 2008
Page: 1

Bill To:
Double Eagle Expl., Inc. 221 S. Broadway #310 Wichita, KS 67202

Customer ID	Well Name# or Customer P.O.	Payment Terms	
DoubE	Hlad #B-1	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2	Russell	Jul 23, 2008	8/22/08

Quantity	Item	Description	Unit Price	Amount
3.00	MAT	Gel	20.25	60.75
160.00	MAT	ASC Class A	16.70	2,672.00
15.00	MAT	Salt	21.25	318.75
500.00	MAT	WFR-2	1.10	550.00
178.00	SER	Handling	2.25	400.50
1.00	SER	Minimum Handling Mileage Charge	300.00	300.00
1.00	SER	Production String	1,957.00	1,957.00
8.00	SER	Mileage Pump Truck	7.50	60.00
1.00	EQP	Guide Shoe	165.00	165.00
1.00	EQP	Insert	247.00	247.00
1.00	EQP	Plug	71.00	71.00
6.00	EQP	Centralizers	49.00	294.00
1.00	EQP	Basket	165.00	165.00

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CONSERVATION DIVISION
WICHITA, KS

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1 1/2% CHARGED
THEREAFTER. IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF

\$ 226.10

ONLY IF PAID ON OR BEFORE

Aug 22, 2008

Subtotal	7,261.00
Sales Tax	331.68
Total Invoice Amount	7,592.68
Payment/Credit Applied	
TOTAL	7,592.68