

*KCC
8/26/09*

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
October 2008
Form Must Be Typed

ORIGINAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33853

Name: James A. Ferguson

Address 1: RR 2

Address 2: Box 202F

City: Coffeyville State: Ks Zip: 67337

Contact Person: James A. Ferguson

Phone: (620) 252 0690

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

____ New Well ____ Re-Entry ____ Workover

Oil ____ SWD ____ SLOW

____ Gas ____ ENHR ____ SIGW

____ CM (Coal Bed Methane) ____ Temp. Abd.

____ Dry ____ Other _____

(Core, WSW, Expl., Cathodic, etc.)

If Workover/Re-entry: Old Well Info as follows:

Operator: Allenergy, INC.

Well Name: Ferguson #1

Original Comp. Date: 4-27-06 Original Total Depth: 1266.5

____ Deepening ____ Re-perf. ____ Conv. to Enhr. ____ Conv. to SWD

Plug Back: 950 Plug Back Total Depth

____ Commingled Docket No.: _____

____ Dual Completion Docket No.: _____

____ Other (SWD or Enhr.?) Docket No.: _____

7-8-09 7-8-09

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 125-30872-0000

Spot Description: _____

NW NE SW Sec. 3 Twp. 35 S. R. 17 East West

2460 Feet from North / South Line of Section

3390 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Montgomery

Lease Name: Ferguson Well #: 1

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: 1266.5 Plug Back Total Depth: 950

Amount of Surface Pipe Set and Cemented at: 43 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 Set Bridge Plug in 4 1/2"
(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: 0.000 - AH II NR 8-12-09 bbls

Dewatering method used: _____

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: [Signature]

Title: Owner/Operator Date: 7-26-09

Subscribed and sworn to before me this 27 day of July

09

Notary Public: [Signature]

Date Commission Expires: _____

JANET S. SMITH
Notary Public - State of Kansas
My Appt. Expires 2-16-2010

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

KANSAS CORPORATION COMMISSION

JUL 28 2009

RECEIVED

Operator Name: James A. Ferguson Lease Name: Ferguson Well #: 1
 Sec. 3 Twp. 35 S. R. 17 East West County: Montgomery

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

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	11"	8 5/8"		43'	Portland#1	12	
Production	6 3/4"	4 1/2"		1265	Portland#1	195	

ADDITIONAL CEMENTING / SQUEEZE RECORD None				
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	Wireline Cast Iron Bridge Plug @ 950' 883'-886' 13 shots	300 Gallons 20% HCL Acid 1Gallon Inhibitor	

TUBING RECORD:				Liner Run:	
Size:	Set At:	Packer At:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
None					
Date of First, Resumed Production, SWD or Enhr. 7-20-09		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Swabbed Dry)			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	0	0	0	0-0	

DISPOSITION OF GAS:	METHOD OF COMPLETION:	PRODUCTION INTERVAL:
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify)	_____ 883'-886' _____