

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL Form ACO-1
October 2008
Form Must Be Typed

Handwritten: KCC
7/29/09

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5970

Name: John A. Elmore

Address 1: 776 HWY 99

Address 2: _____

City: Sedan, State: KS Zip: 67361 + _____

Contact Person: John A. Elmore

Phone: (620) 249-2519

CONTRACTOR: License # 32884

Name: Elmore's Inc.

Wellsite Geologist: None

Purchaser: Coffeyville Resources

Designate Type of Completion:

- New Well _____ Re-Entry _____ Workover _____
- Oil _____ SWD _____ SIOW _____
- _____ 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: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

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

_____ Plug Back: _____ Plug Back Total Depth _____

_____ Commingled _____ Docket No.: _____

_____ Dual Completion _____ Docket No.: _____

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

4-2-09 4-20-09 5-11-09

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

API No. 15 - 019-268940000

Spot Description: _____

_____ -SW -SW ^{NE} Sec. 31 Twp. 33 S. R. 12 East West

2950 Feet from North / South Line of Section

2220 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Chautauqua

Lease Name: Ranch Well #: 206

Field Name: Peru

Producing Formation: Peru

Elevation: Ground: 936 Kelly Bushing: _____

Total Depth: 1160 Plug Back Total Depth: 1160

Amount of Surface Pipe Set and Cemented at: 40' Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 1153

feet depth to: surface w/ 130 sx cmt.

Drilling Fluid Management Plan Att II NR 8-12-09
(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: 80 bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: John A. Elmore

Lease Name: Casement License No.: 5970

Quarter SW Sec. 6 Twp. 34 S. R. 11 East West

County: Chautauqua Docket No.: E-21275

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: John A. Elmore

Title: Owner Date: 7-29-09

Subscribed and sworn to before me this 29th day of July

2009

Notary Public: Patricia McCann

Date Commission Expires: _____

PATRICIA McCANN
Notary Public - State of Kansas
My Appt. Expires 9-15-12

KCC Office Use ONLY

N Letter of Confidentiality Received

If Denied, Yes Date: _____

_____ Wireline Log Received

_____ Geologist Report Received

_____ UIC Distribution

KANSAS CORPORATION COMMISSION

JUL 30 2009

RECEIVED

Operator Name: John A. Elmore Lease Name: Ranch Well #: 206
 Sec. 31 Twp. 33 S. R. 12 East West County: Chautauqua

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>	<input checked="" type="checkbox"/> Log <input type="checkbox"/> Sample Formation (Top), Depth and Datum Name Top Datum Peru 1110 1130
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List All E. Logs Run:
Cornish Radioactivity Loge

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 Pipe	9 1/4	7	25lb	40'	Portland	8	none
Casing	5 5/8	2 7/8	6lb	1153'	Portland	130	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 <i>(Amount and Kind of Material Used)</i>	
			Depth
2	20 shots 1112-1122	100 gal 15% HCl	1136
2	20 shots 1126-1136	8500lb sand	
		dropped 15 balls	

TUBING RECORD: Size: <u>1"</u> Set At: <u>1122</u> Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. <u>5-11-09</u>	Producing Method: <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. <u>4</u>	Gas Mcf <u>none</u>	Water Bbls. <u>50</u>	Gas-Oil Ratio	Gravity <u>32</u>
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-1B.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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STATEMENT

New Well Ranch 206

8219

ELMORE'S INC.
 Box 87 - 776 HWY99
 Sedan, KS 67361
 Cell: (620) 249-2519
 Eve: (620) 725-5538

Date 4-21-09

Customer John Elmore
 Address _____
 City _____ State _____ Zip _____

Qty.	Description	Price	Amount
130	Sks Cement	7.95	1033.50
2	Sks Coel	15.00	30.00
3	hr Cement Pump	100	300.00
3	hr Pulling Unit	95.00	285.00
3	hr Vac Truck	80.00	240.00
1	Bank Tank	80.00	80.00
1	hr Pump Truck	90.00	90.00
			<u>\$2058.50</u>
Ran 2 1/2 Casings To 115.3' 115.3' Cemented To Surface With 130 Sks Cement Coel Hole First Had to Wash 10 Joints Down			

RECEIVED JUL 30 2009

REC'D JUL 1 2009

Thank You -- We appreciate your business!

Rec'd. by _____

TERMS: Account due upon receipt of services. A 1 1/2% Service Charge, which is an annual percentage rate of 18% will be charged to accounts after 30 days.

STATEMENT

Ranch 206

8218

ELMORE'S INC.
 Box 87 - 776 HWY99
 Sedan, KS 67361
 Cell: (620) 249-2519
 Eve: (620) 725-5538

Date 4-22-09

Customer John Elmore
 Address _____
 City _____ State _____ Zip _____

Qty.	Description	Price	Amount
40	1 1/2" Surface	5.00	200.00
8	Sks Cement	7.95	63.60
1	hr Cement Pump	100.00	100.00
1	hr Water Truck	80.00	80.00
			<u>\$443.60</u>
Cemented 40' of 1 1/2" Casing IN New Well			

KANSAS CORPORATION COMMISSION

KANSAS CORPORATION COMMISSION

Thank You -- We appreciate your business!

Rec'd. by _____

TERMS: Account due upon receipt of services. A 1 1/2% Service Charge, which is an annual percentage rate of 18% will be charged to accounts after 30 days.