

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

OPERATOR: License # 30370
 Name: Russell Rickerson
 Address 1: 4252 John Brown Road
 Address 2: _____
 City: Rantoul State: KS Zip: 66079 + 9091
 Contact Person: Jim Rickerson
 Phone: (620) 363-4556
 CONTRACTOR: License # 33977
 Name: E.K. Energy, LLC
 Wellsite Geologist: n/a
 Purchaser: n/a
 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.: _____
July 7, 2009 July 9, 2009 July 11, 2009
 Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 001-29918-00-00
 Spot Description: _____
NE SE NE NW Sec. 8 Twp. 24 S. R. 19 East West
825 Feet from North / South Line of Section
2,475 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Allen
 Lease Name: Trester Well #: 11
 Field Name: Iola
 Producing Formation: Tucker
 Elevation: Ground: 1,055 ft. Kelly Bushing: _____
 Total Depth: 1,007 ft. Plug Back Total Depth: 994 ft.
 Amount of Surface Pipe Set and Cemented at: 20 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set: _____ Feet
 If Alternate II completion, cement circulated from: surface
 feet depth to: 994 ft. w/ 55 sx cmt.

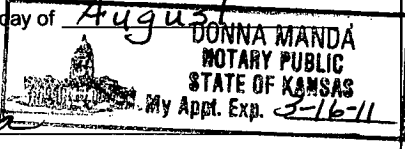
Drilling Fluid Management Plan AH II NCR 8-27-09
 (Data must be collected from the Reserve Pit)
 Chloride content: n/a ppm Fluid volume: n/a bbls
 Dewatering method used: Drilled with fresh water - air dry
 Location of fluid disposal if hauled offsite: _____
 Operator Name: _____
 Lease Name: _____ License 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: Agent for Rickerson Oil Date: August 18, 2009

Subscribed and sworn to before me this 18th day of August
2009
 Notary Public: Donna Manda
 Date Commission Expires: March 16, 2011



KCC Office Use ONLY

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

Operator Name: Russell Rickerson Lease Name: Trester Well #: 11
 Sec. 8 Twp. 24 S. R. 19 East West County: Allen

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: Drillers Log	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum See attached log
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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	12-1/4"	8-5/8"		20'		5 sx	
production		5-5/8"		994'		55 sx	

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	Acid, Fracture, Shot, Cement Squeeze Record	Depth
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	

TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed 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: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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PAYLESS CONCRETE PRODUCTS, INC.

P.O. BOX 664
802 N. INDUSTRIAL RD.
TOLA, KS 66749

INVOICE

Invoice Number: 24116-17,24166-67

Invoice Date: Jul 9, 2009

Page: 1

Duplicate

Voice: 620-365-5588

Fax:

RECEIVED

AUG 19 2009

KCC WICHITA

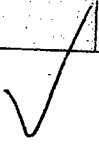
Bill To:
CASH FOR C.O.D.'S
802 N. INDUSTRIAL RD.
TOLA, KS 66749

Ship to:
BRASS OIL CO., INC.
7413 PAGENT
WICHITA, KS 67206

Customer ID CASH/C.O.D.	Customer PO BRASWELL TRESTOR 9.11	Payment Terms C.O.D.	
Sales Rep ID	Shipping Method TRUCK	Ship Date	Due Date 7/9/09

Quantity	Item	Description	Unit Price	Amount
60.00	CEMENT/WATER	CEMENT & WATER PER BAG MIX 7/6/09 TICKET#24116	7.60	456.00
1.25	TRUCKING	TRUCKING CHARGE 7/6/09 TICKET#24116	50.00	62.50
60.00	CEMENT/WATER	CEMENT & WATER PER BAG MIX 7/6/09 TICKET#24117	7.60	456.00
55.00	CEMENT/WATER	CEMENT & WATER PER BAG MIX 7/9/09 TICKET#24166	7.60	418.00
1.25	TRUCKING	TRUCKING CHARGE 7/9/09 TICKET#24166	50.00	62.50
55.00	CEMENT/WATER	CEMENT & WATER PER BAG MIX 7/9/09 TICKET#24167	7.60	418.00
Subtotal				1,873.00
Sales Tax				118.00
Total Invoice Amount				1,991.00
Payment/Credit Applied				
TOTAL				1,991.00

pd 7/29 CR# 1328



Check/Credit Memo No: