

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.)

API No. 15 - 001-29917-00-00
Spot Description: _____
SE _NE _NE _NW Sec. 8 Twp. 24 S. R. 19 East West
495 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 #: 9
Field Name: Iola
Producing Formation: Tucker
Elevation: Ground: 1,082 ft. Kelly Bushing: _____
Total Depth: 1,022 ft. Plug Back Total Depth: 1,009 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: 1,009 ft. w/ 60 sx cm.

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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 2, 2009 July 6, 2009 July 9, 2009
Spud Date or _____ Date Reached TD _____ Completion Date or
Recompletion Date _____ Recompletion Date _____

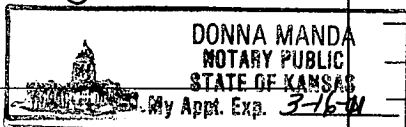
Drilling Fluid Management Plan AH II NCR 8-27-09
(Data must be collected from the Reserve Pit)
Chloride content: n/a ppm Fluid volume: n/a bbls
Dewatering method used: Drilled with fresh water - air dry
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License 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: [Signature]
Date Commission Expires: March 16, 2011



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

Operator Name: Russell Rickerson Lease Name: Trester Well #: 9
 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 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:

Drillers Log

Log Formation (Top), Depth and Datum Sample
 Name Top Datum
 See attached log

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"		1,009'		60 sx	

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

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 (If vented, Submit ACO-18.)	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.
IOLA, KS 66749

INVOICE

Invoice Number: 24116-17,24166-67

Invoice Date: Jul 9, 2009

Page: 1

Duplicate

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Voice: 620-365-5588

Fax:

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

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

Customer ID	Customer PO	Payment Terms	
CASH/C.O.D.	BRASWELL#TRESTOR9,11	C.O.D.	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	TRUCK		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: