

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 # 34121
Name: CEC Operations, LLC
Address 1: 800 Main Place, Suite 208
Address 2: _____
City: Winfield State: KS Zip: 67156 + _____
Contact Person: Bruce Satterthwaite
Phone: (620) 221-0700
CONTRACTOR: License # 34190
Name: Vision Oil and Gas Services, LLC
Wellsite Geologist: Dan Johnson
Purchaser: ConocoPhillips
Designate Type of Completion:
 New Well _____ Re-Entry _____
 Oil _____ SWD _____ SIOW _____
 Gas _____ ENHR _____ SIGW _____
_____ CM (Coal Bed Methane) _____ Temp. Abd.
_____ Dry _____ Other _____
(Core, WSW, Expl., Cathodic, etc.)

API No. 15 - 035-24317-00-00
Spot Description: _____
S2 SW NE SE Sec. 30 Twp. 34 S. R. 3 East West
1600 Feet from North / South Line of Section
990 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Cowley
Lease Name: Pete Well #: 1
Field Name: Murphy
Producing Formation: Bartlesville
Elevation: Ground: 1155' Kelly Bushing: 1161'
Total Depth: 3907' Plug Back Total Depth: 3888'
Amount of Surface Pipe Set and Cemented at: 311' 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.

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.: _____
11/7/08 11/17/08 3/25/09
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan AIT I NCR 9-1-09
(Data must be collected from the Reserve Pit)
Chloride content: 600 ppm Fluid volume: 200 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.: _____

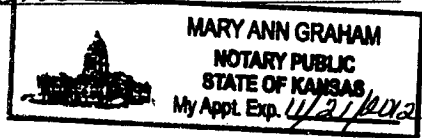
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side 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: Bruce Satterthwaite
Title: Managing Partner Date: 8/20/09
Subscribed and sworn to before me this 20 day of August,
20 09.
Notary Public: Mary Ann Graham
Date Commission Expires: 11/21/2012

KCC Office Use ONLY

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



Operator Name: CEC Operations, LLC Lease Name: Pete Well #: 1
 Sec. 30 Twp. 34 S. R. 3 East West County: Cowley

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 checked="" type="checkbox"/> Yes <input 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: CNL/CDL, DIL, MEL, SCBL, BCSL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>Stalnaker</td> <td>2222</td> <td>(-1061)</td> </tr> <tr> <td>Layton</td> <td>2702</td> <td>(-1541)</td> </tr> <tr> <td>Cleveland</td> <td>3064</td> <td>(-1903)</td> </tr> <tr> <td>Bartlesville</td> <td>3422</td> <td>(-2261)</td> </tr> <tr> <td>Mississippian</td> <td>3462</td> <td>(-2301)</td> </tr> <tr> <td>Simpson</td> <td>3806</td> <td>(-2645)</td> </tr> <tr> <td>Arbuckle</td> <td>3864</td> <td>(-2703)</td> </tr> </table>	Name	Top	Datum	Stalnaker	2222	(-1061)	Layton	2702	(-1541)	Cleveland	3064	(-1903)	Bartlesville	3422	(-2261)	Mississippian	3462	(-2301)	Simpson	3806	(-2645)	Arbuckle	3864	(-2703)
Name	Top	Datum																							
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Simpson	3806	(-2645)																							
Arbuckle	3864	(-2703)																							

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
Conductor	15 1/2	14	55	85	Class "A"	65	2%CaCl
Surface	12 1/4	8 5/8	23	311'	Class "A"	165	2%gel, 3%CaCl
Production	7 7/8	5 1/2	14	3888'	Thicket, 60/40 pozmix	125,150	2%gel, 2%CaCl, Flo-Seal, Kol-Seal

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
4 spf	3836-42, 3830-36	500 gal 15% mca	3830-42
	CIBP @ 3821'	500 gal 15% mca	3806-12'
4 spf	3806-3812'	6,000# 20/40 sand frac	3806-12'
	CIBP @ 3510'	500 gal 15% mca	3390-3428'
4 spf	3390-94', 3422-28'	6,000# 20/40 sand frac	3390-3428'

TUBING RECORD: Size: <u>2 3/8"</u> Set At: <u>3430'</u> Packer At: <u>None</u>		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. <u>3/25/09</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>1</u>	Gas Mcf <u>trace</u> Water Bbls. <u>5</u> Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</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: <u>3390-94', 3422-28'</u> KANSAS CORPORATION COMMISSION
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CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 19631
LOCATION El Dorado #80
FOREMAN Jim Thomas

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-18-08	3135	Pete #	30	345	3E	Carroll
CUSTOMER CFC Operations LLC			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 800 Main St. Ste 303			467	Jeff		
CITY STATE ZIP CODE Windfield Ks 67156			491	Dobby		
			479	John		

JOB TYPE Long String HOLE SIZE 7 7/8" HOLE DEPTH 9903 ft. CASING SIZE & WEIGHT 5 7/8" 14.0 lb
 CASING DEPTH 5902 ft. DRILL PIPE _____ TUBING _____ OTHER None
 SLURRY WEIGHT 14.5-15.15 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 6.19 ft
 DISPLACEMENT 95.78 BBL DISPLACEMENT PSI _____ MIX PSI 1500# RATE 6.5 BBL per min
 REMARKS: Safety meeting Rig up to 5 1/2" Casing Pump Lead 150 sks live weight, tail Thick Set 125 sks, shut down, Wash up Pump & lines, Release Plug, plug & Disp. 95.78 BBL fresh H₂O, Dump Plug at 1500#, Release Plug, Plug held Wash up & rig down.

KANSAS CORPORATION COMMISSION

AUG 21 2009

RECEIVED

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	925.00	925.00
5406	65	MILEAGE	365	23725
1131	150 sks	60/4002 Cement	11.35	1702.50
1126A	125 sks	Thick Set Cement	17.00	2125.00
1178A	1200 lbs	Gel	.17	204.00
1102	150 lbs	Calcium Chloride	.75	112.50
1107	75 lbs	Flo-Seal	2.10	157.50
1110A	1375 lbs	Kol-Seal	.42	577.50
1135	50 lbs	CF-110	7.50	375.00
4104	4	Cement Baskets 5/8	219.00	876.00
4130	8	Centralizer 5/2	46.00	368.00
4159	1	Float Shoe 8 EU 5/2	328.00	328.00
4454	1	Latch Down Plug 5/8	242.00	242.00
5407A	7.05 Tons	65 miles Bulk Del.	1.20	846.00
5407A	5.87 Tons	65 miles Bulk Del.	1.20	704.40
5404	20 hrs	Stand-By	70.00	1400.00
		Subtotal		10897.40
		SALES TAX		409.96
		ESTIMATED TOTAL		11249.37

Ravin 3737

221612

AUTHORIZATION _____

TITLE _____

DATE _____



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 19019
LOCATION El Dorado #80
FOREMAN Jim Thomas

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-457-9676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-10-08	3135	Pete #1	30	345	3E	Cowley

CUSTOMER
CFC Operation LLC
MAILING ADDRESS
800 Main St Suite 303
CITY Windfield STATE Ks ZIP CODE 67156

TRUCK #	DRIVER	TRUCK #	DRIVER
446	Jacob		
442	Darren		

JOB TYPE Surf HOLE SIZE 12 1/4" HOLE DEPTH 330ft CASING SIZE & WEIGHT 8 7/8" 23.0#
CASING DEPTH 311ft DRILL PIPE _____ TUBING _____ OTHER New
SLURRY WEIGHT 150-155 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 20.0 G
DISPLACEMENT 18.5 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting Rig up to 8 7/8" Pump/losses Class A 2% gel 3% cc 1/2" Flo Seal, shut down Release 8 7/8" WRP + Diss. Cement to 291ft + Shut in. Cement did circulate in the cellar. Wash up + rig down.

KANSAS CORPORATION COMMISSION

AUG 21 2009

RECEIVED

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	125.00	125.00
5406	65	MILEAGE	3.65	237.25
11045	1655ks	class A	13.50	2227.50
1118A	300lbs	gel	.17	51.00
1102	500lbs	Calcium Chloride	.75	375.00
1107	821bs	Flo Seal	2.10	172.20
4432	1	8 7/8" Wooden Plug	77.00	77.00
5407A	8.19 Tons	65 miles Bulk Del.	1.20	638.82
		Subtotal		4500.77
		5.8	SALES TAX	168.31
			ESTIMATED TOTAL	4669.08

Form 3737

201399

AUTHORIZATION _____

TITLE _____

DATE _____



CONSOLIDATED
OB Well Services, LLC

ENTERED

TICKET NUMBER 19626
LOCATION Edwards
FOREMAN L...

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-8-08	3135	Aste #1	30	34	3E	Cowley
CUSTOMER LEC Operations LLC			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 800 Main St. Ste 303			446 Jacob			
CITY STATE ZIP CODE Winfield KS 67156			442 Darren			
JOB TYPE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT			
Casement	15 1/2	855	14"			
CASING DEPTH	DRILL PIPE	TUBING	OTHER			
85						
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING			
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE			
REMARKS: Safety meeting - Rigged up to 14" casing - mixed 65 sks cement						

KANSAS CORPORATION COMMISSION

AUG 21 2009

RECEIVED

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	725.00	725.00
5406	65	MILEAGE	3.65	237.25
11045	65	skt Class A	13.50	877.50
1102	180	lbs CMC	.75	135.00
5407	1	Bulk Delivery MPW Bulk	315.00	315.00
5408		WEEKEND		71.93
Subtotal				2147.20
			5.8	51.13
			SALES TAX ESTIMATED	2806.43

227390