

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

** Ok to accept. about
dt. signed since
Noting is correct.*

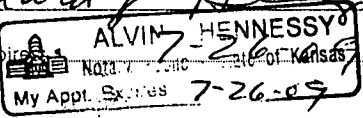
Operator: License # 33685
Name: Jesseph Oil Well Ser.
Address: 22963 Reno Rd.
City/State/Zip: Buffalo, Ks. 66717
Purchaser: Crude Marketing
Operator Contact Person: HENRY JESSEPH
Phone: (620) 537-2003
Contractor: Name: MOKAT
License: 5831
Wellsite Geologist: No
Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 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./SWD
_____ Plug Back _____ Plug Back Total Depth
_____ Commingled _____ Docket No. _____
_____ Dual Completion _____ Docket No. _____
_____ Other (SWD or Enhr.?) _____ Docket No. _____
8-7-2008 _____ 8-8-2008 _____ 8-13-2008 _____
Spud Date or _____ Date Reached TD _____ Completion Date or _____
Recompletion Date _____ Recompletion Date _____

API No. 15 - 099-24494-0000
County: Labette
SW-SE-SWNE 1/4 Sec. 18 Twp. 33 S. R. 18 East West
2805' feet from S N (circle one) Line of Section
1815' feet from E W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Petersen Well #: 1
Field Name: Canada
Producing Formation: Bartlesville
Elevation: Ground: 1000' Kelly Bushing: _____
Total Depth: 600' Plug Back Total Depth: _____
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 Top
feet depth to 600' w/ 100 sx cmt.

Drilling Fluid Management Plan Air II nr
(Data must be collected from the Reserve Pit) 11-19-08
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used Drilled with air
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: Henry Jesseph
Title: _____ Date: _____
Subscribed and sworn to before me this 4 day of October
20 08.
Notary Public: Alvin J. Hennessy
Date Commission Expires _____


KCC Office Use ONLY

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

RECEIVED
KANSAS CORPORATION COMMISSION
OCT 07 2008

CONSERVATION DIVISION
WICHITA, KS

ORIGINAL

Side Two

Operator Name: Jesseph Oil Well Ser. Lease Name: Petersen Well #: 1
Sec. 18 Twp. 33 S. R. 18 East West County: Labette

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)

Log Formation (Top), Depth and Datum Sample
Name Bartlesville Top 542' Datum 550'

List All E. Logs Run:
Drillers Log
Electric Log

CASING RECORD New 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	8 5/8"	7"	30	20'	Portland 6	6	None
Long String	6 1/4"	2 7/8"		601'	Portland	100	50/50PPoz

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 (Amount and Kind of Material Used)	Depth
2	17 Shots 542' to 550'	Not done yet	

TUBING RECORD Size Set At Packer At Liner Run Yes No

Date of First, Resumerd Production. SWD or Enhr. Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours Oil Bbls. Gas Mcf Water Bbls. Gas-Oil Ratio Gravity

Disposition of Gas METHOD OF COMPLETION Production Interval
 Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
(If vented, Submit ACO-18.) Other (Specify)



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 18003

LOCATION Boothsville, OK

FOREMAN Kirk Sanders

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
8-13-08	4246	Robeson #1				LeFlore
CUSTOMER Joseph Oil Well Serv.			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 22963 Teno Rd.			398	John		
CITY Buffalo			486	Willie		
STATE KS			463	764	James K	
ZIP CODE 66717						

JOB TYPE LS HOLE SIZE 6 1/4 HOLE DEPTH 610 CASING SIZE & WEIGHT _____
 CASING DEPTH 601 DRILL PIPE _____ TUBING 2 7/8 OTHER _____
 SLURRY WEIGHT 14.7 SLURRY VOL 1.45 WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 3.4 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Run gel/11cm to establish cice, ran 1000 of OWC Cement / Washed out pump & lines / dropped plug & disp to set shoe. Shut down & washed up.

Cice Cement to Seal

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE (Long String)		925 ⁰⁰
5406	65 x 2	MILEAGE (Each Charge for Pump)		474 ⁵⁰
5407A	5.19 Ton	Tan Mixture		404 ⁰⁰
5402	601'	Footage		120 ⁰⁰
5501C	3.5 hrs.	Transport		392 ⁰⁰
1126	100 x	Thick Set (OUC)		1700 ⁰⁰
1107A	25 x 80	Plugged		92 ⁰⁰
1118B	35 x 150	Premium Gel		25 ⁵⁰
1123	100 bbl / 4200 gal	City Water		58 ⁰⁰
4402	1	2 7/8 Rubber Plug		29 ⁰⁰
RECEIVED KANSAS CORPORATION COMMISSION				
OCT 07 2008				
CONSERVATION DIVISION WICHITA, KS				
			SALES TAX	124 ⁴¹
			ESTIMATED TOTAL	4,340 ²³

AUTHORIZATION _____

Joseph

TITLE _____

224779

DATE _____

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see *Exempt From Backup Withholding* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or single-owner LLC	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one). If you are a sole proprietor, IRS encourages you to use your SSN.

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules regarding partnerships* on page 1.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 18003

LOCATION Boothsville, OK

FOREMAN Kirk Sanders

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8878

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-13-08	4246	Roberson #1				LeFlore
CUSTOMER Joseph Oil Well Serv.			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 22963 Tano Rd.			398	John		
CITY Buffalo			486	Willie		
STATE KS			463 T&Y	James K		
ZIP CODE 66717						

JOB TYPE L3 HOLE SIZE 6 1/4 HOLE DEPTH 610 CASING SIZE & WEIGHT _____
 CASING DEPTH 601 DRILL PIPE _____ TUBING 2 7/8 OTHER _____
 SLURRY WEIGHT 14.7 SLURRY VOL. 1.45 WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 3.4 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Ran gel/11cm to establish cicc., ran 100 gal of OWC Cement / Washed out pump & lines / dropped plug & disp to set shoe. Shut down & washed up.

Cicc. Cement to Seal.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE (Long String)		925.00
5406	65 x 2	MILEAGE (Earlier Charge for Pump)		474.50
5407A	5.19 Ton	Tan Mixture		484.82
5402	601'	Footage		120.00
5501C	3.5 hrs.	Transport		392.00
1126	100 x	Thick Set (OWC)	\$17.00	1700.00
1107A	25 x 80	Plugged	\$3.68	92.00
1118B	35 x 150	Premium Gel	\$0.75	25.50
1123	100 bbl / 4200 gal	City Water	\$0.58	58.00
4402	1	2 7/8 Rubber Plug	\$23.00	23.00
RECEIVED KANSAS CORPORATION COMMISSION				
OCT 07 2008				
CONSERVATION DIVISION WICHITA, KS				
				6.5581
				SALES TAX
				ESTIMATED
				TOTAL
				124.41
				4,340.23

AUTHORIZATION

[Signature]

TITLE

224779

DATE



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 18003

LOCATION Bartholomew, OK

FOREMAN Kirk Sanders

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8678

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-13-08	4246	Robeson #1				Labette
CUSTOMER			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE						

Jessup Oil Well Svcs.
22963 Reno Rd.
Burlington KS 66717

JOB TYPE LS HOLE SIZE 6 3/4 HOLE DEPTH 610 CASING SIZE & WEIGHT _____
 CASING DEPTH 601 DRILL PIPE _____ TUBING 2 7/8 OTHER _____
 SLURRY WEIGHT 14.7 SLURRY VOL. 1.45 WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 3.4 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Run gel / 100m to establish circ., run 100m of OWC cement / Washed out pump & lines / dropped plug & disp to set shoe. Shut down & washed up.

Circ. Cement to Surf.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE (Long String)		925.00
5406	65 x 2	MILEAGE (Earliest Charge for Pump)		474.50
5407A	5.19 Ton	Tan Mixture		404.82
5402	601'	Footage		120.20
5501C	3.5 hrs.	Transport		392.00
1126	100 x	Thick Set (OWC)	17.00	1700.00
1107A	2 sq / 80'	Pleasant	92.00	92.00
1118B	3 sq / 150'	Premium Gal	25.50	25.50
1123	100 bbl / 400 gal	City Water	58.00	58.00
4402	1	2 7/8 Rubber Plug	29.00	29.00

RECEIVED
KANSAS CORPORATION COMMISSION

OCT 07 2008

CONSERVATION DIVISION
WICHITA, KS

SALES TAX 124.41
ESTIMATED TOTAL 4,342.23

AUTHORIZATION

J. Jessup

TITLE

DATE

224779

KWS, LLC
 19245 Ford Road
 Chanute, KS 66720

Invoice

Date	Invoice #
9/23/2008	872

Bill To
Jesseph Oil Well Service 22963 Reno Road Buffalo, KS 66717

Peterson #2
 18-33-18
 Labette County

Quantity	Description	Rate	Amount
	Fill from 600' to surface with 92 sacks of cement.		
1	Pump Charge	400.00	400.00
4	Vacuum Truck	85.00	340.00
92	Cement	8.00	736.00
	Sales Tax	6.55%	0.00

RECEIVED
 KANSAS CORPORATION COMMISSION
 OCT 07 2008
 CONSERVATION DIVISION
 WICHITA, KS

Total	\$1,476.00
--------------	------------

Air Drilling
Specialist
Oil and Gas Wells



M.O.K.A.T. DRILLING
Office Phone: (620) 879-5377



P.O. Box 590
Caney, KS 67333

Operator JESSEPH OIL WELL SERVICE		Well No. 2	Lease PETERSON	Loc.	1/4	1/4	1/4	Sec. 18	Twp. 33	Rge. 18		
County LABETTE		State KS		Type/Well	Depth 610'	Hours	Date Started 8/8/08	Date Completed 8/12/08				
Job No.	Casing Used 25' 4" 7"	Bit Record				Coring Record						
Driller JASON SWEARINGEN	Cement Used 4	Bit No.	Type	size	From	To	Bit No.	type	Size	From	To	% Rec.
Driller	Rig No.			6 1/4"								
Driller	Hammer No.											

Formation Record

From	To	Formation	From	To	Formation	From	To	Formation	From	To	Formation
0	1	DIRT	406	407	COAL						
1	3	LIME	407	430	SHALE						
3	5	SHALE	430	433	BLACK SHALE						
5	7	BLACK SHALE	433	435	COAL						
7	20	LIME	435	500	SHALE						
20	52	SHALE	500	502	BLACK SHALE						
52	78	SAND	502	505	SHALE						
78	157	SHALE	505	506	COAL						
157	177	LIME	506	516	SAND						
177	180	SHALE	516	539	SHALE						
180	182	BLACK SHALE	539	543	SAND						
182	183	COAL	543	546	SAND (OIL ODOR)						
183	234	SHALE	546	549	SAND						
234	259	LIME	549	551	SAND (SLIGHT OIL ODOR)						
259	262	SHALE	551	559	SAND						
262	265	BLACK SHALE	559	570	SHALE						
265	266	SHALE	570	571	COAL						
266	283	LIME	571	594	SHALE						
283	285	BLACK SHALE	594	595	COAL						
285	287	SHALE	595	610	SHALE						
287	299	SAND									
299	357	SHALE									
357	359	COAL			T.D. 610'						
359	374	SAND									
374	375	COAL									
375	378	SAND									
378	392	SANDY SHALE									
392	394	BLACK SHALE									
394	396	SHALE									
396	397	COAL									
397	406	SHALE									

RECEIVED
KANSAS CORPORATION COMMISSION
OCT 07 2008
CONSERVATION DIVISION
WICHITA, KS