

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 ~~15-125-91172~~ ? N/A

OPERATOR: License # 33946
Name: Core Energy, LLC
Address 1: 4520 California Ave., Suite 200,
Address 2: _____
City: Bakersfield State: CA Zip: 93308 + _____
Contact Person: Julie Blake
Phone: (661) 399-3494

CONTRACTOR: License # Drilled in 1973
Name: Dodson Drilling Co.
Wellsite Geologist: N/A
Purchaser: Pacer Energy
Designate Type of Completion:

New Well Re-Entry Workover
 Oil SWD SLOW
 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: Dodson Production Co.
Well Name: Sheldon
Original Comp. Date: 1973 Original Total Depth: 970
 Deepening Re-perf. Conv. to Enhr. Conv. to SWD
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Docket No.: _____
 Dual Completion Docket No.: _____
 Conv. back to producer Docket No.: _____
 Other (SWD or Enhr.?) Docket No.: _____
3/28/08 3/28/08
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 125-20487 ~~2~~ ⁰⁰⁰² ~~Correct #~~
Spot Description: _____
NE _SE_ _SW_ Sec. 13 Twp. 31 S. R. 16 East West
1178 ⁶⁸⁵ ~~09~~ Feet from North / South Line of Section
2810 ⁵⁻²⁹ Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Montgomery
Lease Name: Sheldon Well #: 4
Field Name: Neodesha
Producing Formation: Bartlesville
Elevation: Ground: 880 Kelly Bushing: _____
Total Depth: 970 Plug Back Total Depth: N/A
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: 970
feet depth to: Surface w/ Unknown sx cmt.

Drilling Fluid Management Plan owwo - AIT II NCR
(Data must be collected from the Reserve Pit) 8-7-09
Chloride content: _____ ppm Fluid volume: _____ bbls
Dewatering method used: _____
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: Authorized agent Date: 6-4-09
Subscribed and sworn to before me this 4 day of June
20 09.
Notary Public: Connie D Davis
Date Commission Expires: 2-25-2013

KCC Office Use ONLY

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

RECEIVED
JUN 05 2009

CONNIE D. DAVIS
Notary Public - State of Kansas
My Next Expires 2-25-2013

KCC WICHITA

Operator Name: Core Energy, LLC Lease Name: Sheldon Well #: 4
 Sec. 13 Twp. 31 S. R. 16 East West County: Montgomery

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 (Attach Additional Sheets) 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 (Submit Copy) List All E. Logs Run: Gamma Ray Neutron	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Bartlesville 927 939
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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
Surface		7"		20'			
Production		2 7/8"		970			
					<i>No Cement Records</i>		

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
4 SPF	929' to 932'	None	929 to 932
4 SPF	936' to 939'	None	936 to 939

TUBING RECORD: Size: <u>2 7/8"</u> Set At: <u>970'</u> Packer At: <u>N/A</u>		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or Enhr. <u>3/28/2008</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>.5</u>	Gas Mcf <u>0</u>	Water Bbls. <u>.5</u> Gas-Oil Ratio <u>50/50</u> Gravity <u>30</u>

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 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>929' to 939'</u> <div style="text-align: center; border: 1px solid black; padding: 5px;">RECEIVED</div>
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

JUN 05 2009
KCC WICHITA