

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33491
Name: Rodney L. King
Address 1: 696 D. Fairground. Rd
Address 2: _____
City: Ellis State: KS Zip: 67637 + _____
Contact Person: Rod King
Phone: (785) 726-3498 /cell 785-259-3038
CONTRACTOR: License # 32128
Name: Western Well Service
Wellsite Geologist: Clifford Ottaway
Purchaser: Plains Marketing
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 - 051-25668-0000
Spot Description: SW-SE-NE
SW SE NE Sec. 24 Twp. 13 S. R. 20 East West
2220 Feet from North / South Line of Section
685 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Ellis
Lease Name: King Well #: 1
Field Name: _____
Producing Formation: Marmaton- Lansing
Elevation: Ground: 2157 Kelly Bushing: 2162
Total Depth: 3935 Plug Back Total Depth: 3912
Amount of Surface Pipe Set and Cemented at: 216 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 1512 Feet
If Alternate II completion, cement circulated from: _____
feet depth to: surface w/ 180 SWD sx cmt.

If Workover/Re-entry: Old Well Info as follows:
Operator: Rodney King
Well Name: King # 1
Original Comp. Date: 8-21-07 Original Total Depth: 3935
____ 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.: _____
9-18-08 9-22-08 9-23-08
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan OWWO - AH II NR
(Data must be collected from the Reserve Pit) 8-6-09
Chloride content: N/A ppm Fluid volume: N/A 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: Rodney L. King
Title: operator Date: 1-30-09
Subscribed and sworn to before me this 30th day of January
20 09.
Notary Public: [Signature]
Date Commission Expires: 4-4-10

NOTARY PUBLIC - State of Kansas
RANDALL S. HOMAS
4-4-10 Exp.

KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
____ Geologist Report Received
____ UIC Distribution

Operator Name: Rodney. L. King Lease Name: King Well #: 1
 Sec. 24 Twp. 13 S. R. 20 East West County: Ellis

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 Top Datum
 LKC 3488 -1326
 Marmaton 3783 -1621
 Arbuckle 3848 -1687

RECEIVED
KANSAS CORPORATION COMMISSION
FEB 02 2009
CONSERVATION DIVISION
WICHITA, KS

List All E. Logs Run:
 Sonic, Dual induction, Compensation Density
 Neutron, Micro, Cased Hole Bond 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	23	216	Common	165	
Long String	7 7/8	5 1/2	14	3932	EA 2	150	

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				

See m log

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	3784-3800 (OLD)	None	
4	3646-3650	250 gal. 12% acid 750 Gal. 15% acid	

TUBING RECORD: Size: <u>2 7/8</u> Set At: <u>3903</u> Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. <u>9-23-08</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>30</u> Gas Mcf <u>None</u> Water Bbls. <u>None</u> Gas-Oil Ratio <u>39.0</u> Gravity <u>39.0</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 checked="" type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202