

ORIGINAL

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

OPERATOR: License # 33874
Name: Custer Oil & Gas, LLC
Address 1: Post Office Box 628
Address 2: _____
City: Barnsdall State: OK Zip: 74002 + 0628
Contact Person: Norma Standridge
Phone: (918) 847-2531
CONTRACTOR: License # 5989
Name: Finney Drilling Company
Wellsite Geologist: Paul Phillips
Purchaser: Coffeyville Resources

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.)

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.: _____
10-27-08 10-29-08 11-1-08
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 125-31810-0000
Spot Description: _____
NE NW NE SE Sec. 12 Twp. 34 S. R. 13 East West
2495 Feet from North / South Line of Section
800 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Montgomery
Lease Name: Fobian Well #: 08-33
Field Name: Wayside Havana
Producing Formation: Wayside, Pennsylvania coals, Bartlesville, Miss Chat
Elevation: Ground: 768 Kelly Bushing: _____
Total Depth: 768 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 20.92 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 20.92
feet depth to: surface w/ 10 ^{sq cmt}
Alt 2-Dig - 10/6/09

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: _____ ppm Fluid volume: _____ bbls
Dewatering method used: _____
Location of fluid disposal if hauled offsite: _____
Operator Name: Rick's Tank Truck Service
Lease Name: Sheet Lease License No.: 159972
Quarter NE Sec. 11 Twp. 28N S. R. 13E East West
County: Washington, OK Docket No.: 35-147-08717-0000

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: Paul Phillips
Title: Agent Date: 9-30-09
Subscribed and sworn to before me this 30th day of September,
20 09.

NORMA J. STANDRIDGE
Standridge
Date Commission Expires: 9-19-13 05008764
NOTARY PUBLIC
STATE OF OKLAHOMA

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

RECEIVED
OCT 02 2009
KCC WICHITA

Operator Name: Custer Oil & Gas, LLC Lease Name: Fobian Well #: 08-33
 Sec. 12 Twp. 34 S. R. 13 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 <i>(Attach Additional Sheets)</i> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: High Resolution Compensated Density Sidewall Neutron Log Dual Induction LL3/GR log Gamma Ray Cement Bond Log CCL VDL	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Wayside 708-726
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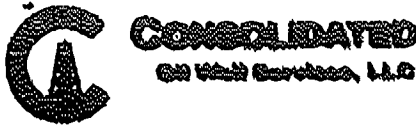
CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
surface	12 1/4	7"	19	20.92	reg	10	
Production	5 7/8	2 7/8	6.5	762	class A	110	200# 2% gel, 100# Cact.2 1%

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
36	708-726		

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. 11-1-08		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 Bbbs. 1.5	Gas Mcf trace	Water Bbbs. 55
			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: _____ _____
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TICKET NUMBER 20328
 LOCATION EUREKA
 FOREMAN Kevin McCoy

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
11-1-08	6314	Foblan # 33				ME
CUSTOMER Performance Group			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 628			445	Justin		
CITY Barnsdall			515	JERRID		
STATE OK			431	Jim		
ZIP CODE						

JOB TYPE Logging HOLE SIZE 5 7/8 HOLE DEPTH 765' CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 7/8 Set @ 760' OTHER _____
 SLURRY WEIGHT 14.5 # SLURRY VOL 26 BBL WATER gal/sk 6.5 CEMENT LEFT in CASING 0'
 DISPLACEMENT 4.4 BBL DISPLACEMENT PSI 500 ~~MAX~~ PSI 900 Shut in RATE _____

REMARKS: Safety Meeting. Rig up to 2 7/8 Tubing. Break Circulation w/ 5 BBL Fresh water. Pump 3 sks Gel Flush, 5 BBL water Spacer. Mixed 110 sks Class "A" Cement w/ 2% Gel 1% CaCl2 @ 14.5 #/gal. Shut down. Wash out Pump & Lines, Drop 2 Plugs. Displace w/ 4.4 BBL Fresh water. Final Pumping Pressure 500 PSI. Shut in @ 900 PSI. Good Cement Returns to Surface. Job Complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	925.00	925.00
5406	0	MILEAGE in Field	0	0
1104 S	110 SKS	Class "A" Cement	13.50	1485.00
1118 A	200 #	Gel 2%	.17 #	34.00
1102	100 #	CaCl2 1%	.75 #	75.00
5407	4.73 TONS	Ton Mileage BULK TRUCK	18/c	315.00
5502 C	3 HRS	80 BBL VAC TRUCK	100.00	300.00
1118 A	150 #	Gel Flush	.17 #	25.50
4402	2	2 7/8 Top Rubber Plugs	23.00	46.00
			RECEIVED	
			OCT 02 2009	
			KCC WICHITA	
			Sub Total	3205.50
			SALES TAX 5.3%	88.28
			ESTIMATED TOTAL	3293.78

Rayln 2/3/7

AUTHORIZATION witnessed by PAUL TITLE Partner DATE _____