

*\*Amend\**

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

*\*Amend\**

Form ACO-1  
September 1999  
Form Must Be Typed

**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Operator: License # 32887  
Name: Endeavor Energy Resources, LP  
Address: PO Box 40  
City/State/Zip: Delaware, OK 74027  
Purchaser: Seminole Energy Services *\*A*  
Operator Contact Person: Joe Driskill  
Phone: (918) 467-3111  
Contractor: Name: Well Refined Drilling  
License: 33072  
Wellsite Geologist: NA

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. \_\_\_\_\_

10-20-08	10-21-08	5-29-09
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 125-31669-0000

County: Montgomery

SE SE NE Sec. 9 Twp. 34 S. R. 17  East  West

2310 feet from S N (circle one) Line of Section

330 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Bill White Well #: 9-4

Field Name: Coffeyville

Producing Formation: Lexington, Summit, Mulky *\*A*

Elevation: Ground: 756.4 Kelly Bushing: \_\_\_\_\_

Total Depth: 980 Plug Back Total Depth: 976

Amount of Surface Pipe Set and Cemented at 22.7 Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from 22.7

feet depth to surface w/ 50 sx cmt.

Drilling Fluid Management Plan AH II MR 9-11-09  
(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: \_\_\_\_\_

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: Joe Driskill

Title: Operations Superintendent Date: 7-31-09

Subscribed and sworn to before me this 31 day of July

20 09

Notary Public: Stephanie Lakey

Date Commission Expires: April 18, 2013

STEPHANIE LAKEY  
NOTARY PUBLIC-STATE OF OKLAHOMA  
NOWATA COUNTY  
MY COMMISSION EXPIRES 4-18-13  
COMMISSION # 05 003715

**KCC Office Use ONLY**

Letter of Confidentiality Received

If Denied, Yes  Date: \_\_\_\_\_

Wireline Log Received

Geologist Report Received

UIC Distribution

Operator Name: Endeavor Energy Resources, LP Lease Name: Bill White Well #: 9-4  
 Sec. 9 Twp. 34 S. R. 17  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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i>  List All E. Logs Run:  Compensated Density - Neutron Porosity, Deep Induction * Cement Bond Log	<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:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Summit</td> <td>406</td> <td>350</td> </tr> <tr> <td>Mulky</td> <td>442</td> <td>314</td> </tr> <tr> <td>Squirrel</td> <td>478</td> <td>278</td> </tr> <tr> <td>Weir</td> <td>658</td> <td>98</td> </tr> <tr> <td>Rowe</td> <td>832</td> <td>-76</td> </tr> <tr> <td>Mississippi</td> <td>952</td> <td>-196</td> </tr> </table>	Name	Top	Datum	Summit	406	350	Mulky	442	314	Squirrel	478	278	Weir	658	98	Rowe	832	-76	Mississippi	952	-196
Name	Top	Datum																				
Summit	406	350																				
Mulky	442	314																				
Squirrel	478	278																				
Weir	658	98																				
Rowe	832	-76																				
Mississippi	952	-196																				

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	12.250	8.625	24#	22' 7"	Portland	50	
Production	6.75	4.5	11.6#	976	Class A	110	

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, Gravel, etc. (Amount and Kind of Material Used)	Depth
1	306 - 308	500 gal 15% HCL	
1	406 - 409		
1	442 - 445		

TUBING RECORD		Size <u>2 3/8</u>	Set At <u>460</u>	Packer At <input checked="" type="checkbox"/>	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. <u>6-9-09</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.	Gas Mcf <u>5</u>	Water Bbls. <u>20</u>	Gas-Oil Ratio	Gravity

Disposition of Gas  Vented  Sold  Used on Lease *(If vented, Submit ACO-18.)*

METHOD OF COMPLETION  Open Hole  Perf.  Dually Comp.  Commingled  Other (Specify) \_\_\_\_\_

Production Interval \_\_\_\_\_

RECEIVED  
AUG - U 3 2009  
KCC WICHITA



**Well Refined Drilling Company, Inc.**  
 4230 Douglas Road - Thayer, KS 66776  
 Contractor License # 33072  
 620-839-5581/Office; 620-432-6170/Jeff Cell; 620-839-5582/FAX

HAVE RIG  
 WILL DIG  
 Rig # 5

Rig #:	5	Lic # 32887
API #:	15-125-31669-0000	
Operator:	Endeavor Energy Resources LP	
Address:	PO Box 40	

S9	T34S	R17E
Location	SE, SE, NE	
County	Montgomery	

Well #:				Gas Tests			
Well #:	Lease Name:	Depth	Øz.	Office	flow	MCF	
9-4	Bill White	205					No Flow
330	FEL	305					No Flow
Spud Date:	10/20/2008	330	5	1/2"	7.98		
Date Completed:	10/21/2008	TD: 980					Gas Check Same
Driller:	Josiah Kephart	530					Gas Check Same
Casing Record		630					Gas Check Same
Hole Size	12 1/4"	6 3/4"	655				Trace
Casing Size	8 5/8"		705				Trace
Weight			755				Trace
Setting Depth	22' 7"		805				Trace
Cement Type	Portland		830				Trace
Sacks	Service Company		855				Trace
Feet of Casing			905				Trace
			930				Trace
Note:			955				Trace
			980				Trace

RECEIVED  
 AUG 03 2009  
 KCC WICHITA

COPY

Well Log								
Top	Bottom	Formation	Top	Bottom	Formation	Top	Bottom	Formation
0	1.5	overburden	306	308	Anna blk shale	483	502	shale
1.5	6	clay	308	311	shale	502	504	coal
6	11	shale	311	313	Lexington coal	504	514	shale
11	14	blk shale	313	316	shale	514	516	lime
		wet	316	318	Lower Lexington coal	516	521	blk shale
14	16	lime	318	335	sand	521	565	shale
16	68	shale	335	340	shale	565	570	Cattleman sand
68	122	lime	340	373	sand	570	573	lime
122	125	shale			oil show	573	577	sand
125	140	lime	373	406	lime	577	584	shale
140	160	shale	406	409	Summit blk shale	584	587	lime
160	207	sand	409	442	lime	587	593	shale
		wet	442	445	Mulky blk shale	593	599	sand
207	285	shale	445	453	lime	599	603	shale
285	303	lime	453	455	shale	603	633	sand
290		added water	455	460	lime	633	658	shale
		oil odor	460	478	shale	658	660	Weir coal
303	306	shale	478	483	Squirrel sand	660	676	shale



API No.  
OTC/OCC Operator No.

**CEMENTING REPORT**  
To Accompany Completion Report

Form 1002C  
(Rev. 2001)

**OKLAHOMA CORPORATION COMMISSION**  
Oil & Gas Conservation Division  
Post Office Box 52000  
Oklahoma City, Oklahoma 73152-2000  
OAC 165-10-3-4(h)

All operators must include this form when submitting the Completion Report. (Form 1002A). The signature on this statement must be that of qualified employees of the cementing company and operator to demonstrate compliance with OAC 165:10-3-4(h). It may be advisable to take a copy of this form to location when cementing work is performed.

**TYPE OR USE BLACK INK ONLY**

\*Field Name \_\_\_\_\_ OCC District \_\_\_\_\_  
 \*Operator Endover OCC/OTC Operator No. \_\_\_\_\_  
 \*Well Name/No. White 14-19 County \_\_\_\_\_  
 \*Location \_\_\_\_\_ Sec \_\_\_\_\_ Twp \_\_\_\_\_ Rge \_\_\_\_\_

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date		10-20-08			10-28-08	
*Size of Drill Bit (Inches)		8 3/4			6 3/4	
*Estimated % wash or hole enlargement used in calculations		50%			30%	
*Size of Casing (inches O.D.)		7			4 1/2	
*Top of Liner (if liner used) (ft.)						
*Setting Depth of Casing (ft.) from ground level		23 ft.			976	
Type of Cement (API Class)		Class B			Class A	
In first (lead) or only slurry						
In second slurry						
In third slurry						
Sacks of Cement Used		50			110 sks	
In first (lead) or only slurry						
In second slurry						
In third slurry						
Vol of slurry pumped (Cu ft)(14.X15.)		59 cuft			174.9 cuft	
In first (lead) or only slurry						
In second slurry						
In third slurry						
Calculated Annular Height of Cement behind Pipe (ft)		Surf			Surf	
Cement left in pipe (ft)		10			0	

RECEIVED  
AUG 03 2009  
KCC WICHITA  
COPY

\* Amount of Surface Casing Required (from Form 1000) \_\_\_\_\_ ft.

\* Was cement circulated to Ground Surface?  Yes  No  
 \* Was Cement Staging Tool (DV Tool) used? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 \* Was Cement Bond Log run? \_\_\_\_\_ Yes  No (If so, Attach Copy) \_\_\_\_\_  
 \* If Yes, at what depth? \_\_\_\_\_ ft.

**CEMENTING COMPANY AND OPERATOR MUST COMPLY WITH THE INSTRUCTIONS ON REVERSE SIDE OF FORM**

\* Designates items to be completed by Operator.  
Items not so designated shall be completed by the Cementing Company.

Remarks

Remarks

**RECEIVED**  
**AUG 03 2009**  
**KCC WICHITA**

**CEMENTING COMPANY**

I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that the cementing of casing in this well as shown in the report was performed by me or under my supervision, and that the cementing data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers cementing data only.

*Jason Bell*  
 Signature of Cementer or Authorized Representative

**OPERATOR**

I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that I have knowledge of the well data and information presented in this report, and that data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers all well data and information presented herein.

*Joe Driskill*  
 Signature of Operator or Authorized Representative

Name & Title Printed or Typed  
*Jason Bell* *Operator*

Cementing Company  
**CONSOLIDATED OIL WELL SERVICES, LLC**

Address  
**278 CR 2706**

City  
**BARTLESVILLE**

State  
**OKLAHOMA**

Zip  
**74003**

Telephone (AC) Number  
**918-338-0808** **FAX 918-338-2210**

Date

Name & Title Printed or Typed  
*Joe Driskill* *Operator*

Operator  
**Endeavor Energy Resources**

Address  
**PO Box 40**

City  
**Delaware**

State  
**OK**

Zip  
**74027**

Telephone (AC) Number  
**918-467-3111**

Date  
**2-24-09 COPY**

**INSTRUCTIONS**

1. A) This form shall be filed by the operator, at the O.C.C. office in Oklahoma City, as an attachment to the Completion Report (Form 1002A) for a producing well or a dry hole.
- B) An original of this form shall be filed as an attachment to the Completion Report, (Form 1002A), for each cementing company used on a well.
- C) The cementing of different casing strings on a well by one cementing company may be consolidated on one form.
2. Cementing Company and Operator shall comply with the applicable portions of OAC 165:10-3-4(h).
3. Set surface casing 50 feet below depth of treatable water to be protected and cement from casing shoe to ground surface or as allowed by OAC 165:10-3-4(h).
4. **IF SETTING ANYTHING OTHER THAN THE FULL AMOUNT OF SURFACE CASING, BE SURE TO FOLLOW CORPORATION COMMISSION RULES.**