

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

Operator: License # 03194
 Name: Tri United Inc.
 Address: 950 270th Ave
 City/State/Zip: Hays, Ks 67601
 Purchaser: Plains
 Operator Contact Person: Eugene Leiker
 Phone: (785) 628-3670
 Contractor Name: W W Drilling, LLC
 License: 33575
 Wellsite Geologist: Eugene Leiker
 Designate Type of Completion:
 New Well Re-Entry Workover QWWO
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)
 If Workover/Re-entry: Old Well Info as follows:
 Operator: Cook & Galloway ETAL
 Well Name: Vine "C" #1
 Original Comp. Date: 9-22-59 Original Total Depth: 3673
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back Plug Back Total Depth
 Commingled Docket No.
 Dual Completion Docket No.
 SWD Other (SWD or Enhr.?) Docket No.
 10-3-07 10-4-07 11-19-07
 Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 051-00325-00-01
 County: Ellis
SE NW SE Sec. 26 Twp. 11 S. R. 19 East West
1650' feet from S N (circle one) Line of Section
1650' feet from E W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Vine "C" Well #: 1
 Field Name: Solomon Southeast
 Producing Formation: SWD (Cedar Hills)
 Elevation: Ground: 2094 Kelly Bushing: 2099
 Total Depth: 1471 Plug Back Total Depth: 1430
 Amount of Surface Pipe Set and Cemented at 189 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from 1471'
 feet depth to Surface w/ 335 sks _____ sx cmt.

Drilling Fluid Management Plan OWWO - AH II NR
 (Data must be collected from the Reserve Pit) 1-15-09
 Chloride content 24,000 ppm Fluid volume 400 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: Eugene E Leiker
 Title: President Date: 11-26-07
 Subscribed and sworn to before me this 26th day of Nov.
 20 07
 Notary Public: Roberta Angell
 Date Commission Expires: 10-24-08

ROBERTA ANGELL
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. _____

KCC Office Use ONLY

Letter of Confidentiality Received
 If Denied, Yes Date: _____

Wireline Log Received
 Geologist Report Received
 UIC Distribution

RECEIVED
 KANSAS CORPORATION COMMISSION
NOV 28 2007
 CONSERVATION DIVISION
 WICHITA, KS

copy to UIC

LAHORO

Operator Name: Tri United, Inc. Lease Name: Vine "C" Well #: 1
 Sec. 26 Twp. 11 S. R. 19 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 |
|-------------|------|-------|
| Anhydrite | 1432 | 1477 |
| Dakota | 672 | 908 |
| Cedar Hills | 908 | 1310 |

List All E. Logs Run: None

| 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 |
| Prod | 7 7/8 | 5 1/2 | 15# | 1471' | 60/40 Poz | 335sks | 6%gel |
| Surface | 13 1/4 | 8 5/8 | 20# | 189' | common | 135sks | |

| 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 |
|----------------|--|--|-------|
| 1 per Ft | From 1103' to 1133' | | |
| | | | |
| | | | |
| | | | |

TUBING RECORD Size 2 3/8 Set At 1034 Packer At 1038' Liner Run Yes No

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

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

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

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

Production Interval _____

ALLIED CEMENTING CO., INC.

25398

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

API-15-051-00325-00-01 Russell

| | | | | | | | |
|--------------------------------|-----------------|--|-----------------|------------|---------------------|-------------------------|--------------------------|
| DATE <u>10-4-07</u> | SEC. <u>26</u> | TWP. <u>11</u> | RANGE <u>19</u> | CALLED OUT | ON LOCATION | JOB START <u>3:00pm</u> | JOB FINISH <u>3:30pm</u> |
| LEASE <u>Vine C</u> | WELL # <u>1</u> | LOCATION <u>Hays & Buckeye Rd 4W4N</u> | | | COUNTY <u>Ellis</u> | STATE <u>KS</u> | |
| OLD OR <u>NEW</u> (Circle one) | | <u>3/4W N Into</u> | | | | | |

CONTRACTOR WW#8
 TYPE OF JOB Production String
 HOLE SIZE _____ T.D. 1490
 CASING SIZE 5 1/2 14# + 17# DEPTH 1471
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 40.02
 CEMENT LEFT IN CSG. 40.02
 PERFS. _____
 DISPLACEMENT 33bl - 35bl

OWNER _____
 CEMENT
 AMOUNT ORDERED 350 60/40 6% Gel
1/4# Flt

| | | | | |
|---------------|-------------------|---|--------------|----------------|
| COMMON | <u>210</u> | @ | <u>11.10</u> | <u>2331.00</u> |
| POZMIX | <u>40</u> | @ | <u>6.20</u> | <u>868.00</u> |
| GEL | <u>18</u> | @ | <u>16.65</u> | <u>299.70</u> |
| CHLORIDE | | @ | | |
| ASC | | @ | | |
| | | @ | | |
| <u>FLOEAL</u> | <u>88#</u> | @ | <u>2.00</u> | <u>176.00</u> |
| | | @ | | |
| | | @ | | |
| | | @ | | |
| | | @ | | |
| | | @ | | |
| HANDLING | <u>368</u> | @ | <u>1.90</u> | <u>699.20</u> |
| MILEAGE | <u>94/SK/M.IE</u> | | | <u>1324.80</u> |
| TOTAL | | | | <u>5698.70</u> |

REMARKS:

Rehole 15-sk Cement Circulated!
Plug landed 1500psi Held. Released
DRY
State Rep on Location
(Rich Williams)
Thanks!

SERVICE

| | | | |
|----------------------|-----------|---|---------------------------|
| DEPTH OF JOB | | | |
| PUMP TRUCK CHARGE | | | <u>1610.00</u> |
| EXTRA FOOTAGE | | @ | |
| MILEAGE | <u>40</u> | @ | <u>6.00</u> <u>240.00</u> |
| MANIFOLD | | @ | |
| | | @ | |
| TOTAL <u>1850.00</u> | | | |

PLUG & FLOAT EQUIPMENT

| | | | |
|-----------------------------|--|---|---------------|
| <u>1.5 1/2 RFU In Sert</u> | | | <u>260.00</u> |
| <u>1' Solid Rubber Plug</u> | | @ | <u>60.00</u> |
| <u>1 Conductor</u> | | @ | <u>170.00</u> |
| <u>1 Basket</u> | | @ | <u>165.00</u> |
| | | @ | |
| TOTAL <u>655.00</u> | | | |

To Allied Cementing Co., Inc.
 You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TAX _____
 TOTAL CHARGE _____
 DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE Rich Williams

PRINTED NAME