

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Form ACO-1
September 1999
Form Must Be Typed

ORIGINAL

Operator: License # 8391
 Name: Jon M. McCoy
 Address: 614 North Main Street
 City/State/Zip: Erie, KS 66733
 Purchaser: _____
 Operator Contact Person: Jon M. McCoy
 Phone: (620) 244-3282
 Contractor: Name: Winder-Oil-Company
 License: 6403
 Wellsite Geologist: _____

API No. 15 - 133-27514-0000
 County: Neosho (NO)
 SE NE SE SE1/4 Sec. 20 Twp. 28 S. R. 20 East West
1,685 feet from (S) N (circle one) Line of Section
295 feet from (E) W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE (SE) NW SW
 Lease Name: Smith 5 Well #: 1A
 Field Name: ERIE

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

Producing Formation: Bartlesville
 Elevation: Ground: NA 880 Kelly-Bushing 883'
 Total Depth: 540 Plug Back Total Depth: 540
 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 top
 feet depth to 522 w/ 60 sx cmt.

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. _____
3/20/09 4/23/09 4/24/09
 Spud Date or Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan Air II nr 10-7-09
 (Data must be collected from the Reserve Pit)
 Chloride content 0 ppm Fluid volume _____ bbis
 Dewatering method used spread on lease road
 Location of fluid disposal if hauled offsite: _____
 Operator Name: _____ **AUG 12 2009**
 Lease Name: _____ License No. **RECEIVED**
 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: Jon McCoy
 Title: Owner Date: 7/7/09
 Subscribed and sworn to before me this 7th day of July, 2009.
 Notary Public: Claudia Obenhaus
 Date Commission Expires: 12-29-12

CLAUDIA OBENHAUS
 Notary Public - State of Kansas
 My Appl. Expires 12-29-12

KCC Office Use ONLY

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

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*KCC
DMP
8/12/09*

Operator Name: Jon M. McCoy Lease Name: Smith 25 Well #: 1A
 Sec. 20 Twp. 28 S. R. 20 East West County: Neosho (NO)

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 checked="" type="checkbox"/> Yes <input 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 (Submit Copy) List All E. Logs Run: <u>3</u> <i>OK</i> None	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Bartlesville</td> <td>522</td> <td>540</td> </tr> </table>	Name	Top	Datum	Bartlesville	522	540
Name	Top	Datum					
Bartlesville	522	540					

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
<i>Pumping string</i>	5 1/8	2 3/8	4	522	Portland	60	0

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose: ___ Perforate ___ Protect Casing ___ Plug Back TD ___ Plug Off Zone	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives

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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

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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.		Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	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 _____

McCoy Services

614 North Main Street
 Erie, KS 66733
 1-620-244-3282

Date	Customer #	Customer Req #	Section	Twp	Range	Well # & Farm	Place or Destination
			20	28	20	Smiths -1A	
Charge to:			Owner				County
Mailing Address			McCoy Oil				NEOSHO
City & State			Contractor				State
			McCoy Ser				KS
							Owner, Operator or His Agent (Sign Here)
							<i>John McCoy</i>

Cementing Service Data

TYPE OF JOB	CASING	HOLE DATA	PLUGS AND HEAD	PRESSURE	CEMENT LEFT IN CASING
Surface	New <input checked="" type="checkbox"/>	Bore Size 5 7/8	Bottom	Circulating <input checked="" type="checkbox"/>	Requested
Production	Used <input type="checkbox"/>	Total Depth 522	Top	Minimum <input checked="" type="checkbox"/>	Necessity
Squeeze	Size 2 7/8	Cable Tool	Head	Maximum <input checked="" type="checkbox"/>	Measured
Pumping	Weight	Rotary <input checked="" type="checkbox"/>	Float Equipment	Sacks Cement 60 SK	
Other	Depth 522			Type & Brand	
	Type			Admixes	
Remarks					

INVOICE SECTION

Base Charge	471.00	
Sand		RECEIVED
Others		JUL 09 2009
		KCC WICHITA
Sales Tax	7.55 35.56	
TOTAL	506.56	