

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 # 33167  
 Name: Mid-America Resources LLC  
 Address 1: 7313 Ayesbury Circle  
 Address 2: \_\_\_\_\_  
 City: Wichita State: Ks Zip: 67226 + \_\_\_\_\_  
 Contact Person: Sal Mazzullo  
 Phone: (316) 617-5931  
 CONTRACTOR: License # 30606  
 Name: Murfin Drilling Co  
 Wellsite Geologist: Terry McLeod  
 Purchaser: \_\_\_\_\_  
 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.: \_\_\_\_\_  
8-10-08 \_\_\_\_\_ 8-18-09 \_\_\_\_\_  
 Spud Date or \_\_\_\_\_ Date Reached TD \_\_\_\_\_ Completion Date or \_\_\_\_\_  
 Recompletion Date \_\_\_\_\_ Recompletion Date \_\_\_\_\_

API No. 15 - 135-24794-00-00  
 Spot Description: NE NW NW  
NE-NW-NW Sec. 29 Twp. 20 S. R. 21  East  West  
330 Feet from  North /  South Line of Section  
990 Feet from  East /  West Line of Section  
 Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
 County: Ness  
 Lease Name: Beltz Well #: 1  
 Field Name: Mt. Carmel  
 Producing Formation: \_\_\_\_\_  
 Elevation: Ground: 2227' Kelly Bushing: 2232  
 Total Depth: 4403' Plug Back Total Depth: \_\_\_\_\_  
 Amount of Surface Pipe Set and Cemented at: 0-222' Feet  
 Multiple Stage Cementing Collar Used?  Yes  No  
 If yes, show depth set: \_\_\_\_\_ Feet  
 If Alternate II completion, cement circulated from: \_\_\_\_\_  
 feet depth to: \_\_\_\_\_ w/ \_\_\_\_\_

**RECEIVED**  
**SEP 08 2009**

**KCC WICHITA**

PA-Dig-9/10/09 <sup>sx cmt.</sup>

**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: \_\_\_\_\_  
 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: Salvatore Mazzullo  
 Title: Partner Date: 9-4-09  
 Subscribed and sworn to before me this 4th day of September,  
 2009  
 Notary Public: Lonnie E. Stout  
 Date Commission Expires: 11-4-10

**KCC Office Use ONLY**

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

**LONNIE E. STOUT**  
 Notary Public - State of Kansas  
 My Appt. Expires 11-4-10  
 Co. of SG.

Operator Name: Mid-America Resources Lease Name: Beltz Well #: 1  
 Sec. 29 Twp. 20 S. R. 21  East  West County: Ness

**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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy)  List All E. Logs Run: <u>Radiation Guard log</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> Log</td> <td>Formation (Top), Depth and Datum</td> <td><input type="checkbox"/> Sample</td> </tr> <tr> <td>Name</td> <td>Top</td> <td>Datum</td> </tr> <tr> <td><u>Anhydrite</u></td> <td><u>1417'</u></td> <td><u>+815</u></td> </tr> <tr> <td><u>Heebner shale</u></td> <td><u>3738</u></td> <td><u>-1506</u></td> </tr> <tr> <td><u>Lansing</u></td> <td><u>3784</u></td> <td><u>-1552</u></td> </tr> <tr> <td><u>Fort Scott</u></td> <td><u>4293</u></td> <td><u>-2061</u></td> </tr> <tr> <td><u>Miss (Osage)</u></td> <td><u>4382</u></td> <td><u>-2150</u></td> </tr> </table>	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample	Name	Top	Datum	<u>Anhydrite</u>	<u>1417'</u>	<u>+815</u>	<u>Heebner shale</u>	<u>3738</u>	<u>-1506</u>	<u>Lansing</u>	<u>3784</u>	<u>-1552</u>	<u>Fort Scott</u>	<u>4293</u>	<u>-2061</u>	<u>Miss (Osage)</u>	<u>4382</u>	<u>-2150</u>
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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
<u>Surface</u>	<u>12 1/4"</u>	<u>8 5/8"</u>	<u>23</u>	<u>0-222'</u>	<u>Common</u>	<u>170</u>	<u>3% CC and 2% gel</u>

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
		<div style="border: 2px solid black; padding: 10px; transform: rotate(-5deg);">                             RECEIVED                              SEP 08 2009                              KCC WICHITA                         </div>	

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: <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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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