

CONFIDENTIAL

9-10-09

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 # 5254
Name: MIDCO Exploration, Inc.
Address: 414 Plaza Drive, Suite 204
City/State/Zip: Westmont, IL 60559
Purchaser: ONEOK
Operator Contact Person: Earl J. Joyce, Jr.
Phone: (630) 655-2198
Contractor: Name: Leiker Well Service
License: 30891
Wellsite Geologist: N/A

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: MIDCO Exploration, Inc.
Well Name: Covington #4

Original Comp. Date: 6/16/2005 Original Total Depth: 4370'
* 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. _____

* 6/25/08 6/25/08 7/08/08
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date
from 000D recd.

API No. 15 - 095-21962-0000 0001

County: Kingman
NW NE SW
NE NW SE Sec. 27 Twp. 28 S. R. 8 East West
2310 feet from (S) / N (circle one) Line of Section
1475 feet from (E) / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE (SE) NW SW
Lease Name: Covington Well #: 4

Field Name: Garisch
Producing Formation: Mississippi
Elevation: Ground: 1636' Kelly Bushing: 1647'

Total Depth: 4370' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 268 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/ _____ sx cmt.

Drilling Fluid Management Plan WONH 10-14-08
(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.: _____

* INDICATES NEW INFORMATION

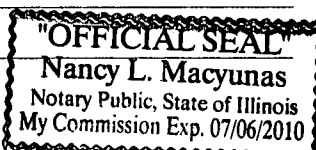
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side 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: [Signature]
Title: Vice-President Date: 9/10/2008

Subscribed and sworn to before me this 10th day of SEPTEMBER,
20 08.

Notary Public: Nancy L. Macyunas
Date Commission Expires: _____



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

RECEIVED
KANSAS CORPORATION COMMISSION

SEP 11 2008

CONSERVATION DIVISION
WICHITA, KS

Operator Name: MIDCO Exploration, Inc. Lease Name: Covington Well #: 4
 Sec. 27 Twp. 28 S. R. 8 East West County: Kingman

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Heebner	3192	-1545
Electric Log Run <i>(Submit Copy)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Toronto	3200	-1553
List All E. Logs Run:		Lansing	3416	-1769
		Hertha	3813	-2166
		Mississippi	4095	-2448

No new logs run

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
Surface	12 1/4"	8 5/8"	23#	268'	60/40 poz	250	3% cc 2% gel
Production	7 7/8"	4 1/2"	10.5#	4215'	ASC	190	3% cc 5# Kolseal

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	4102	A	75	+3% cc

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
2	4096 - 4102' (original)		
4	4096 - 4099 (reperforate)	1350 gallons 15% NEFE; 250 gallons 7.5 NEFE	

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 SEP 11 2008

TUBING RECORD	Size 2 3/8"	Set At 4191	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CONSERVATION DIVISION WICHITA, KS
Date of First, Resumerd Production, SWD or Enhr. 7/08/08	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 Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
		20	50		

Disposition of Gas METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
(If vented, Submit ACO-18.) Other (Specify)

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