

*Ken
12/30/08*

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 # 32711

Name: Mike Becker

Address 1: 15135 Broadmoor

Address 2: _____

City: Stanley State: KS Zip: 66223 + _____

Contact Person: Mike Becker

Phone: (913) 271-7631 or 913-271-5179

CONTRACTOR: License # 32711

Name: Mike Becker

Wellsite Geologist: Mike Becker

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.: _____

12-27-2007 12-30-2007 2-2-2008

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - 037-21937-0000

Spot Description: _____

SE NW NE SW Sec. 19 Twp. 30 S. R. 22 East West

2210 Feet from North / South Line of Section

1740 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Crawford

Lease Name: Amershek Well #: 3

Field Name: Unknown

Producing Formation: Bartlesville

Elevation: Ground: unknown Kelly Bushing: unknown

Total Depth: 300 ft. Plug Back Total Depth: 297 ft.

Amount of Surface Pipe Set and Cemented at: 20 feet 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 P+A A4 I NR
(Data must be collected from the Reserve Pit) 1-13-09

Chloride content: n/a ppm Fluid volume: n/a bbls

Dewatering method used: n/a

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: Mike Becker

Title: Operator Date: Dec-14-08

Subscribed and sworn to before me this 18 day of December, 20 08.

Notary Public: Tiffany Bates

Date Commission Expires: 9-4-12

NOTARY PUBLIC - State of Kansas
TIFFANY BATES
My Appt. Exp. 9-4-12

KCC Office Use ONLY

Letter of Confidentiality Received

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

RECEIVED

KANSAS CORPORATION COMMISSION

DEC 22 2008

CONSERVATION DIVISION
WICHITA, KS

Operator Name: Mike Becker Lease Name: Amershek Well #: 3
 Sec. 19 Twp. 30 S. R. 22 East West County: Crawford

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 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 checked="" type="checkbox"/> No (Submit Copy) List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Dry hole
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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
surface	10 inch	7 inch	14 lbs. to ft	20 feet	Portland	5	100% portland

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

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 checked="" type="checkbox"/> Other (Specify) <u>Plugged</u>	PRODUCTION INTERVAL: _____ _____
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202 RECEIVED
KANSAS CORPORATION COMMISSION

DEC 22 2008

CONSERVATION DIVISION
WICHITA, KS

Sutherland Lumber Co
2110 Broadway Ave
Parsons, KS 67357
620-423-3910

AmerShek #3

OPERATOR 511 BASIC SALE

76822600014/6338594 42x 7.39 310.38
00014 AG PORTLAND CEMENT 92 6LB

SUBTOTAL 310.38
TAX1 (0.07550) 23.43
TOTAL 333.81
CHECK TENDER 333.81
CHANGE DUE 0.00

Thank You For
Shopping Sutherlands
www.sutherlands.com

02-02-2008 11:58:31
001681 02 511 7803

FOR DEPOSIT ONLY
SUTHERLANDS 7803
ACCT# 0023418

DL# K01245823
Check Amount (S): 333.81
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