

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 # 32642
Name: Nicholas L. Brown
Address 1: 2481 110th Road
Address 2: _____
City: Iola State: KS Zip: 66749 + _____
Contact Person: Jessica Brown
Phone: (620) 228-3510
CONTRACTOR: License # 32642
Name: Nick Brown Drilling
Wellsite Geologist: None
Purchaser: Coffeyville Resources
Designate Type of Completion:
 New Well _____ Re-Entry _____ Workover _____
 Oil _____ SWD _____ SLOW _____
_____ 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.: _____
10-21-2008 10-28-2008 10-29-2008
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 001-29875-00-00
Spot Description: _____
_____ NW NW SE Sec. 23 Twp. 25 S. R. 17 East West
2200 Feet from North / South Line of Section
2180 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Allen
Lease Name: Works Well #: 3-08
Field Name: Humboldt-Chanute
Producing Formation: Squirrel
Elevation: Ground: _____ Kelly Bushing: None
Total Depth: 778 Plug Back Total Depth: 753
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: 753
feet depth to: Surface w/ 90 *ATZ-DG - 11/6/09*

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: Fresh Water ppm Fluid volume: _____ 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: Jessica Brown
Title: Owner Date: 11-3-09
Subscribed and sworn to before me this 3rd day of November,
20 09.
Notary Public: Patricia J. Schuster
Date Commission Expires: December 31st, 2009

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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Operator Name: Nicholas L. Brown Lease Name: Works Well #: 3-08
 Sec. 23 Twp. 25 S. R. 17 East West County: Allen

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 <i>(Attach Additional Sheets)</i> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Squirrel
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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"	7"	17	20'	Portland	8	
Longstring	5 5/8"	2 7/8"	6.7	753	Portland	90	

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	NA	NA	NA	NA

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
	Open Hole	1100 Sand	

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. 11-7-2008		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. .50	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 <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input checked="" 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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NICHOLAS L. BROWN #32642 DRILL LOG
2481 110th
Iola, Kansas 66749

Works #3-08
API # 15-001-29875-00-00
SEC. 23, T25S, R17E
Allen CO. KS

2-10	Dirt & Clay
10-62	Shale
62-88	Lime
88-99	Shale
99-109	Lime
109-151	Shale
151-156	Sand
156-220	Shale
220-226	Lime
226-253	Shale
253-261	Lime
261-295	Shale
295-305	Lime
305-348	Shale
348-352	Lime
352-356	BL. Shale
356-391	Lime
391-538	Shale
538-548	Lime
548-558	Shale
558-569	Lime
569-572	BL. Shale
572-596	Shale
596-600	Lime
600-605	Shale
605-614	Lime
614-643	Shale
643-674	Lime
674-676	BL. Shale
676-698	Shale
698-713	Lime
713-735	Shale
735-745	Lime
745-754	Shale
754-768	Little Oil Show
768-778	Shale

10/21/08 Drilled 12" hole and set
20' of 7" surface casing,
with 8 sx Portland Cement.
10/22/08 Started drilling 5 5/8" hole.
10/28/08 Finished drilling to T.D. 778'

T.D.778'

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W & W Production Company

1150 Highway 39
 Chanute, Kansas 66720-5215
 Mobile: 620-431-5970
 Phone: Office/Home 620-431-4137

Invoice

DATE	INVOICE NO.
12/8/2008	43761

BILL TO
Nick Brown 1437 180th Road Yates Center, Kansas 66783

Well # <i>3-08 WORKS</i> Allen County, Kansas
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SERVICED	ITEM	DESCRIPTION	QTY	RATE	AMOUNT
10/29/2008	Pump Truck Cement	Pump Charge Cement long string from packer to surface	1 90	400.00 8.00	400.00T 720.00T
<i>PD 12-11-08 # 4939</i>			RECEIVED NOV 05 2009 KCC WICHITA		
				Sales Tax (6.3%)	\$70.56
				Total	\$1,190.56

Fax #	Fed. I.D. 48-0843238
620-431-3183	carolwimsett4@yahoo.com



CONSOLIDATED
WICHITA, KS

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 45202
FIELD TICKET REF # _____
LOCATION Thayer
FOREMAN Gayle White

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-10-09	1291	Wicks 308				KL
CUSTOMER <u>Nick Brown</u>			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
			DRIVER			
			TRUCK #			
			DRIVER			

WELL DATA

CASING SIZE <u>2 1/2</u>	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE <u>151-70-8</u>
PERFS & FORMATION	

TYPE OF TREATMENT
Stim fracture (Retrac)

CHEMICALS

<u>City Water</u>	<u>3000</u>
<u>2% Gel Sub</u>	<u>1.5</u>
<u>20% Gel / Brack</u>	
<u>Brack</u>	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
<u>1st</u>	<u>15</u>	<u>16</u>				BREAKDOWN -
<u>2nd</u>			<u>.5 .75</u>	<u>500</u>		START PRESSURE
<u>3rd</u>			<u>.75-1.5</u>	<u>2000</u>		END PRESSURE
<u>4th 10% Brack Salt</u>						BALL OFF PRESS
<u>5th 20% Brack Salt</u>						ROCK SALT PRESS <u>1100 / 400</u>
<u>6th</u>			<u>1-1.5</u>	<u>2500</u>		ISIP <u>475</u>
<u>7th</u>	<u>10</u>					5 MIN
						10 MIN
						15 MIN
						MIN RATE
<u>Total</u>	<u>131</u>			<u>5000</u>		MAX RATE
						DISPLACEMENT <u>4.7</u>

REMARKS: Mix 1st 2nd 3rd 4th 5th 6th 7th - injected to open hole and stage

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AUTHORIZATION _____ TITLE _____ DATE _____