

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

* Amended copy (location)

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5056

Name: F.G. Holl Company, L.L.C.

Address 1: 9431 E. Central, Suite 100

Address 2:

City: Wichita State: KS Zip: 67206

Contact Person: Franklin R. Greenbaum

Phone: (316) 684-8481, Ext. 206

CONTRACTOR: License # 5929

Name: Duke Drilling Company Inc.

Wellsite Geologist: Rene Husted

Purchaser: NCRA

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.:

10/29/2008	11/07/2008	09/29/2009
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 009-25,282-0000

Spot Description: 60' South of

C E/2 E/2 NE Sec. 12 Twp. 20 S. R. 14 East West

* 3900 Feet from North / South Line of Section

* 330 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Barton

Lease Name: INGALLS Well #: 1-12

Field Name: Wildcat

Producing Formation: Lansing-Kansas City

Elevation: Ground: 1870' Kelly Bushing: 1878'

Total Depth: 3675' Plug Back Total Depth:

Amount of Surface Pipe Set and Cemented at: 801 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/ API-Dlg-16/27/09 ^{SX CRT}

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

Chloride content: 21,000 ppm Fluid volume: 200 bbls

Dewatering method used: No free fluids

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: Franklin R. Greenbaum

Title: EXploration Manager Date: 10/13/2009

Subscribed and sworn to before me this 13th day of October 2009

20 State of Kansas; Sedgewick County

Notary Public: Betty H. Spotswood

Date Commission Expires: 04/30/2010

Notary Public - State of Kansas
BETTY H. SPOTSWOOD
My Appointment Expires: 4/30/2010

KCC Office Use ONLY

Letter of Confidentiality Received

If Denied, Yes Date:

Wireline Log Received

Geologist Report Received

UIC Distribution

RECEIVED

OCT 16 2009

KCC WICHITA

Operator Name: F.G. Holl Company, L.L.C. Lease Name: INGALLS Well #: 1-12
 Sec. 12 Twp. 20 S. R. 14 East West County: Barton

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> 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 <i>(Submit Copy)</i> List All E. Logs Run: CDL/CNL ML/BHCS/DIL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum See original
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CASING RECORD <input checked="" type="checkbox"/> New <input checked="" 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#	801'	A-Con	175sx	
					Common	150sx	
Production	7-7/8"	5-1/2"	14#	3674'	60/40 & AA2	25 & 125sx	

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
4 SPF	3362' - 70', 3301' - 05', 3290' - 94'	Spotted 500 gal 10% acetic acid	
		500 gal 28% nefe acid	
		1000 gal 15% nefe acid	

TUBING RECORD: Size: <u>2-3/8"</u> Set At: <u>3606'</u> Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. <u>9/30/2009</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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 type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>3290' - 94', 3301' - 3305' LKC</u> <u>3362' - 3370' LKC</u>
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