

ORIGINAL

Form ACO-1
October 2003
Form Must Be Typed

10/26/10

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS DIVISION

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 32457

Name: Abercrombie Energy, LLC

Address 1: 150 N. Main, Suite 801

Address 2: _____

City: Wichita State: KS Zip: 67220 + 1383

Contact Person: Mark Galyon

Phone: (316) 262-1841

CONTRACTOR: License # 5929

Name: Duke Drilling Co. **CONFIDENTIAL**

Wellsite Geologist: Robert O'Dell **OCT 26 2009**

Purchaser: _____ **KCC**

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.: _____

9/29/2009 10/6/2009 10/6/2009

Spud Date or _____ Date Reached TD _____ Completion Date or
Recompletion Date _____ Recompletion Date

API No. 15 - 05125892 **0000**

Spot Description: _____

SW NW SE NE Sec. 27 Twp. 12 S. R. 18 East West

1,780 Feet from North / South Line of Section

1,140 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Ellis

Lease Name: Joy Well #: 1-27

Field Name: Bemis-Shutts

Producing Formation: N/A

Elevation: Ground: 2143' Kelly Bushing: 2151'

Total Depth: 3729' Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 263' 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
(Data must be collected from the Reserve Pit)

Chloride content: 41,000 ppm Fluid volume: 1000 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: [Signature]

Title: Member Date: 11/9/09

Subscribed and sworn to before me this 9th day of November

20 09

Notary Public: [Signature]

Date Commission Expires 3-1-2012
Notary Public - State of Kansas
My Appt. Expires 3-1-2012

KCC Office Use ONLY

Letter of Confidentiality Received

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

RECEIVED
NOV 10 2009

KCC WICHITA