

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

RECEIVED
NOV 09 2009

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

KCC WICHITA

ORIGINAL

OPERATOR: License # 33864
Name: Habit Petroleum, LLC
Address 1: 639 280th Ave
Address 2: _____
City: Hays State: KS Zip: 67601 + _____
Contact Person: Irvin E Haselhorst
Phone: (785) 623-1154
CONTRACTOR: License # 32810
Name: Professional Pulling Services LLC
Wellsite Geologist: none
Purchaser: Coffeyville Resources

API No. 15 - 065-21221-00-01
Spot Description: SESENW Quarter
SE SE NW SE Sec. 4 Twp. 10 S. R. 21 East West
2970 Feet from North / South Line of Section
2970 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Graham
Lease Name: Towns B1 Well #: B1
Field Name: Cooper

Producing Formation: Arbuckle
Elevation: Ground: 2300 Kelly Bushing: 2305
Total Depth: 3927 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 259 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: NA Feet
If Alternate II completion, cement circulated from: NA
feet depth to: _____ w/ _____ ^{sq cmt.} 120-Dlg-12/14/09

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 16,000 ppm Fluid volume: 500 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.: _____

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: Bowman Oil Co
Well Name: Towns #1
Original Comp. Date: 4-02-90 Original Total Depth: 3927 3928
 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.: _____
8-17-08 8-30-08 9-21-08
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

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: Irvin E. Haselhorst
Title: President Date: 11-5-09
Subscribed and sworn to before me this 5 day of Nov, 2009.

Notary Public Connie B. Haselhorst
Date Commission Expires: 5/15/2010

NOTARY PUBLIC
CONNIE B. HASELHORST
NOTARY PUBLIC
STATE OF KANSAS
My App. Exp. 5/15/2010

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

Operator Name: Habit Petroleum, LLC Lease Name: Towns B1 Well #: B1
 Sec. 4 Twp. 10 S. R. 21 East West County: Graham

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 checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Arbuckle 3878 1073 1573
---	--

No logs more than in file
 11/10/09

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
Production	7 7/8	5 1/2	15.5	3923	NA		

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
4SPF	3880-3908 28' Expendibles	3,000 gals 15%	80-08
		4,260 brls of polymer	80-08

RECEIVED
 NOV 09 2009
 KCC WICHITA

TUBING RECORD: Size: <u>27/8</u> Set At: <u>3875</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or Enhr. <u>9/21/08</u>		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. <u>8</u>	Gas Mcf	Water Bbls. <u>145</u> Gas-Oil Ratio <u>5%</u> Gravity <u>28</u>

DISPOSITION OF GAS: <input checked="" 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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>3880-3908</u>
---	---	--