

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 8925
Name: Liberty Operations & Completions, Inc
Address 1: 308 West Mill
Address 2: _____
City: Plainville State: KS Zip: 67663 + _____
Contact Person: Roger L. Comeau
Phone: (785) 434-4686
CONTRACTOR: License # _____
Name: Warren Drilling
Wellsite Geologist: Tony Richarson
Purchaser: Coffeyville Resources
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.: _____
2/14/2008 2/20/2008 2/20/2008
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

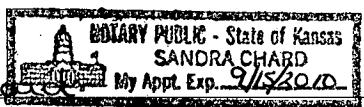
API No. 15 - 163-23688-00-00
Spot Description: 150' W. NE. NW, SW
W2 NE NW SW Sec. 5 Twp. 9S S. R. 17 East West
2970 Feet from North / South Line of Section
840 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Rooks
Lease Name: Thompson Well #: 5
Field Name: Dopita
Producing Formation: Arbuckle
Elevation: Ground: 2001 Kelly Bushing: 2009
Total Depth: 3460 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 222 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 1798' Feet
If Alternate II completion, cement circulated from: 1798'
feet depth to: Surface w/ 450 *1142-Dlg - 11/17/09* ^{sx cm}

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: _____ ppm Fluid volume: _____ bbls
Dewatering method used: _____
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: Roger L. Comeau
Title: Owner Date: 11-11-09
Subscribed and sworn to before me this 11 day of November,
20 09.
Notary Public: Sandra Chard
Date Commission Expires: 9/15/2010



KCC Office Use ONLY
 Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
_____ UIC Distribution
RECEIVED
NOV 16 2009

KCC WICHITA

Operator Name: Liberty Operations & Completions, Inc Lease Name: Thompson Well #: 5
 Sec. 5 Twp. 9s S. R. 17 East West County: Rooks

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 Yes No
 (Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
 (Submit Copy)

List All E. Logs Run:
Rag-SP

FORMATION	LOG	
	TOP	DATUM
Anhydrite	1320	(+690)
Topeka	2990	(-980)
Heebner	3111	(-1101)
Loranto	3130	(-1120)
L/KC A	3151	(-1141)
stark shale	3342	(-1332)
b/kc	3383	(-1373)
Arbuckle	3414	(-1404)

CASING RECORD New 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	20#	222'	Common	150sx	3% gel
Production	7 7/8"	5 1/2"	15.5#	3451'	Common	150sx	2% gel ACS
		DV Tool		1798'	Common	450sx	60/40 poz

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" 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	34 25-29	1000 gal 15% Fz Acid	3425-3429

TUBING RECORD: Size: 2 7/8 Set At: 3430 Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or Enhr. 5-1-2008 Producing Method: Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours: Oil 5 Bbls. Gas 150 Mcf Water 150 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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>3425-3429</u>
------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------