

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
October 2008
Form Must Be Typed

ORIGINAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 34110
Name: Teton North America LLC
Address 1: 600 17th St. Suite 1600
Address 2: _____
City: Denver State: CO Zip: 80202 + _____
Contact Person: Steve Godfrey
Phone: (303) 565-4600
CONTRACTOR: License # 5142
Name: Sterling Drilling Company
Wellsite Geologist: Brian Fisher
Purchaser: Plains Marketing, LP
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.: _____
6/30/08 7/9/08 7/29/08
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 009-25222-00-00
Spot Description: _____
SW NW NE _____ Sec. 34 Twp. 17 S. R. 13 East West
840 _____ Feet from North / South Line of Section
1990 _____ Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Barton
Lease Name: Deutsch Well #: 1-34
Field Name: Hoisington Southwest
Producing Formation: LKC -
Elevation: Ground: 1896 Kelly Bushing: 1905
Total Depth: 3505 Plug Back Total Depth: 3437
Amount of Surface Pipe Set and Cemented at: 842 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/ _____

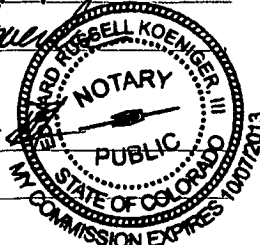
Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 70000 ppm Fluid volume: 1200 bbls
Dewatering method used: Evaporation
Location of fluid disposal if hauled offsite: _____
Operator Name: N/A
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

ALT. Dig. - 11/12/09

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: VP - ops Date: 11/5/09
Subscribed and sworn to before me this 5th day of November
20 09
Notary Public: [Signature]
Date Commission Expires: _____



KCC Office Use ONLY

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

RECEIVED
KANSAS CORPORATION COMMISSION
NOV 11 2009

CONSERVATION DIVISION
WICHITA, KS

Operator Name: Teton North America LLC Lease Name: Deutsch Well #: 1-34
 Sec. 34 Twp. 17 S. R. 13 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: DIL-POR-SON-MEL-Bond	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Tarkio</td> <td>2604</td> <td>-699</td> </tr> <tr> <td>Topeka</td> <td>2825</td> <td>-920</td> </tr> <tr> <td>Toronto</td> <td>3082</td> <td>-1177</td> </tr> <tr> <td>Lansing</td> <td>3166</td> <td>-1261</td> </tr> <tr> <td>Arbuckle</td> <td>3406</td> <td>-1501</td> </tr> </table>	Name	Top	Datum	Tarkio	2604	-699	Topeka	2825	-920	Toronto	3082	-1177	Lansing	3166	-1261	Arbuckle	3406	-1501
Name	Top	Datum																	
Tarkio	2604	-699																	
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Arbuckle	3406	-1501																	

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. / FL	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	12-1/4	8-5/8	23	842	Common	450	2%gel 3%CC
Production	7-7/8	5-1/2	15.5	3500	EA-2	150	none

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 <i>(Amount and Kind of Material Used)</i>	Depth
4	3368-74	Acid with 750 gal 20% mud acid	
4	3293-97	750 gal 20% mud acid	
4	3212-15	1000 gal mud acid	
4	3196-99	750 gal mud acid	
4	3170-72	500 gal mud acid	

TUBING RECORD: Size: <u>2-3/8</u> Set At: <u>3424</u> Packer At: <u>none</u>		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or Enhr. <u>7/31/08</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>70</u>	Gas Mcf <u>0</u>	Water Bbls. <u>4</u> Gas-Oil Ratio <u>40</u> Gravity <u>40</u>

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: _____ _____
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Customer Deutsch	Lease No. 1-34	Date 7-9-08	
Lease Deutsch	Well # 1-34		
Field Order #	Station	Casing 3 1/2	Depth 301
Type Job		Formation	County Barber
			State
			Legal Description

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft	Acid	Pre Pad	RATE	PRESS	ISIP	
		From	To	Max			5 Min.	
Depth	Depth	From	To	Pad	Min		10 Min.	
Volume	Volume	From	To	Frac	Avg		15 Min.	
Max Press	Max Press	From	To	HHP Used			Annulus Pressure	
Well Connection	Annulus Vol.	From	To	Flush	Gas Volume		Total Load	
Plug Depth	Packer Depth	From	To					

Customer Representative	Station Manager	Treater
Service Units	Driver Names	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
11:00					On line... 12:29... 1:00... 1:30... 2:00... 2:30... 3:00... 3:30... 4:00... 4:30... 5:00... 5:30... 6:00... 6:30... 7:00... 7:30... 8:00... 8:30... 9:00... 9:30... 10:00... 10:30... 11:00
			200	5	
			10	5	
			3	4	
			39	5	
			0	7	
			100	6	
			70	5	
			804	4	

RECEIVED
KANSAS CORPORATION COMMISSION
NOV 11 2009
CONSERVATION DIVISION
WICHITA, KS

ALLIANCE CEMENTING CO., LLC. 32928

Federal Tax I.D.#

LOCATED TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Great Bend

DATE <u>7-1-08</u>	SEC. <u>34</u>	TWP. <u>17S</u>	RANGE <u>13W</u>	CALLED OUT <u>2:00 pm</u>	ON LOCATION <u>3:30 pm</u>	JOB START <u>5:00 pm</u>	JOB FINISH <u>6:30 pm</u>
LEASE <u>Deutsch</u>		WELL# <u>1-34</u>		LOCATION <u>Hoisington, 1/4 east, 1 north,</u>		COUNTY <u>Barton</u>	STATE <u>KS</u>
OWNER <u>(NEW) Circle one)</u>		<u>1/2 east, 5 into</u>					

CONTRACTOR Sterling Rig# 1

OWNER Teton

TYPE OF JOB <u>Surface</u>	
PIPE SIZE <u>12 1/4</u>	TD. <u>842'</u>
PIPE SIZE <u>8 5/8</u>	DEPTH <u>841.54'</u>
PIPE SIZE	DEPTH
PIPE SIZE <u>4 1/2</u>	DEPTH
PIPE SIZE	DEPTH
FEET MAX	MINIMUM
FEET MIN	SHOE JOINT <u>40 ft</u>
FEET LEFT IN CSG. <u>40 ft</u>	

CEMENT
AMOUNT ORDERED 450 sq Common 3% cc
2% gel

WATER Fresh water

COMMON	<u>450 sq @ 13.50</u>	<u>6075.00</u>
POZMIX	@	
GEL	<u>9 gal @ 20.25</u>	<u>182.25</u>
CHLORIDE	<u>14 gal @ 51.50</u>	<u>721.00</u>
ASC	@	

EQUIPMENT

TRUCK	CEMENTER <u>Tyler W</u>
<u>20</u>	HELPER <u>Alvin Dwayne</u>
TRUCK	DRIVER <u>Raymond medicine lodge</u>
<u>368</u>	DRIVER

HANDLING	<u>473 gal @ 2.25</u>	<u>1064.25</u>
MILEAGE	<u>413-10-12</u>	<u>567.60</u>
TOTAL		<u>8616.10</u>

REMARKS:

2 1/2 in bottom, break circulation, pump
5 sq common 3% cc 2% gel, shutdown,
2 1/2 in plug, displace with 5/66's Fresh
water, cement did circulate, shut in,
2 1/2 in

SERVICE

DEPTH OF JOB	<u>842</u>	
PUMP TRUCK CHARGE		<u>991.00</u>
EXTRA FOOTAGE	<u>542' @ .75</u>	<u>416.50</u>
MILEAGE	<u>12 @ 7.00</u>	<u>84.00</u>
MANIFOLD	@	
<u>HEAD RENTAL</u>	@ <u>110.00</u>	<u>110.00</u>

Teton

TOTAL 1591.50

STATE _____ ZIP _____

Thank You

PILE & FLOAT EQUIPMENT

<u>PILE & FLOAT EQUIPMENT</u>	<u>116.00</u>	<u>116.00</u>
	@	
	@	
	@	

Alliance Co., LLC.
Requested to rent cementing equipment