

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 # 6819
 Name: SCOTT'S WELL SERVICE
 Address 1: PO BOX 136
 Address 2: _____
 City: ROXBURY State: KS Zip: 67476 +
 Contact Person: JAY SCOTT
 Phone: (785) 254-7828
 CONTRACTOR: License # 6819
 Name: SCOTT'S WELL SERVICE
 Wellsite Geologist: NONE
 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: SCOTT'S WELL SERVICE CARL JONES
 Well Name: G. JOHNSON (previously O'Connor)
 Original Comp. Date: 5/13/1981 Original Total Depth: 3225
 _____ 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.: _____
 _____ 5/12/09 _____ 10/6/09
 Spud Date or _____ Date Reached TD _____ Completion Date or
 Recompletion Date _____ Recompletion Date

API No. 15 - 15-169-20 128-0001
 Spot Description:
~~NE~~ ~~SE~~ ~~SW~~ ~~NW~~ Sec. 32 Twp. 14 S. R. 2 East West
1160 1086 Feet from North / South Line of Section
3890 3694 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: SALINE
 Lease Name: G. JOHNSON Well #: 2
 Field Name: SALINA
 Producing Formation: MAQUOKETA
 Elevation: Ground: _____ Kelly Bushing: 1241'
 Total Depth: 3225 Plug Back Total Depth: 0
 Amount of Surface Pipe Set and Cemented at: 163 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 Air I ncr 12-11-09
 (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.: _____

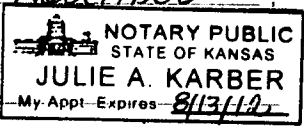
Handwritten note: Per G. Jones 5/12/09

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: Jay Scott
 Title: SEC / TREAS Date: 11/09/09

Subscribed and sworn to before me this 9th day of November
20 09
 Notary Public: [Signature]
 Date Commission Expires: 8/13/2012



(Ali. AT RR on 6/02/09)
 KCC Office Use ONLY
 Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

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Handwritten notes: Date of completion... 11/13/09

Operator Name: SCOTT'S WELL SERVICE Lease Name: G. JOHNSON Well #: 2
 Sec. 32 Twp. 14 S. R. 2 East West County: SALINE

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 <i>(Attach Additional Sheets)</i> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%;"> <tr> <td style="width:60%;">Name MAQUOKETA</td> <td style="width:20%;">Top 3223</td> <td style="width:20%;">Datum 1982</td> </tr> </table>	Name MAQUOKETA	Top 3223	Datum 1982
Name MAQUOKETA	Top 3223	Datum 1982		

CASING RECORD <input 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. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
SURFACE		8 5/8		163		125	
PRODUCTION		5 1/2		3223		45	

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
	BRIDGE PLUG SET AT 3183		
4	PERF 3045-49	ACIDIZE 500 15% ACID	

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TUBING RECORD: <u>2 3/8</u> " Size:		Set At: <u>3020</u>	Packer At: <u>3023</u>	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. <u>10/06/09</u>		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

11/17/09

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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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DRILLING TIME

* WELL RENAMED: G. JOHNSON 2
 Cal Jones
 * O'Conner # 2

FOR
 (OOO) RECORD
 Sec. 32-14-2*
 Approx. NW SE SW

Elevation: 1241 KB
 Saline County, Kansas

Depth	Time					Remarks					
2600-2610	2	2	2	2	1	2	2	2	2	2	
20	2	1	2	2	2	2	2	2	1	1	
30	1	1	1	1	1	1	1	1	1	1	
40	2	2	2	3	3	3	3	3	3	3	
50	4	4	4	4	4	4	3	3	3	3	
60	2	3	2	3	2	2	2	2	2	2	
70	3	2	3	2	3	3	3	3	3	2	
80	2	3	2	2	1	2	2	2	2	2	
90	3	4	4	3	3	3	3	3	4	3	
2690-2700	1	2	2	2	2	2	3	2	1	2	
10	2	2	3	2	2	2	3	3	3	3	
20	4	3	4	3	2	2	2	1	1	1	
30	1	1	1	2	3	5	6	8	4	3	
40	3	3	4	4	5	5	5	5	4	4	
50	3	3	4	4	4	4	4	4	4	5	
60	4	5	5	4	5	5	3	4	5	4	
70	3	2	2	1	1	1	1	1	1	1	
80	2	2	1	2	2	2	2	1	2	2	
90	2	2	2	2	2	2	3	5	4	3	
2790-2800	2	1	2	1	2	2	3	3	2	1	
10	2	2	2	2	2	2	2	2	3	2	
20	1	1	2	2	2	3	2	2	2	3	
30	2	2	2	1	2	3	3	2	2	3	
40	2	3	3	3	4	2	3	3	2	2	
50	2	2	3	2	2	3	4	3	2	4	
60	5	4	5	6	4	3	4	3	2	1	
70	3	2	4	3	5	4	4	5	4	3	
80	3	3	3	3	5	5	5	7	5	6	
90	5	5	5	3	3	6	5	6	5	6	
2890-2900	5	3	7	5	6	6	7	4	6	7	
10	6	5	7	4	4	4	4	4	6	6	
20	6	6	5	4	4	4	4	4	4	5	
30	5	5	5	5	5	5	5	4	4	4	
40	4	4	5	5	5	5	4	5	5	4	
50	4	4	3	5	5	6	9	9	6	8	
60	7	5	4	3	4	4	4	3	4	4	
70	3	4	4	3	3	4	4	4	3	3	
80	3	3	5	5	5	5	5	5	5	5	
90	4	3	4	3	4	3	4	3	3	4	
2990-3000	3	3	3	3	3	3	3	4	3	4	

Handwritten:
 RE
 11/13/09

COPY

Trip @ 2980'

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DONALD J. MELLAND * PETROLEUM GEOLOGIST

401 Peoples Bank Building * Post Office Box 783 * McPherson, Kansas 67460
Office (316) 241-7907 * Residence (316) 241-4582

*file
w/13/81*

GEOLOGICAL REPORT

* WELL RENAMED: G. JOHNSON 2 (FOR OOOI RECORD)

Cal Jones
* O'Conner # 2
Approx. NW SE SW, Sec. 32-14-2W
Field: Salina
Saline County, Kansas

April 21, 1981
Elevation: 1241 KB
Comm: 4/15/81; Comp: 4/21/81
Casing: 8-5/8" @ 163'/125sx.
5-1/2" @ 3223'/45sx.

FORMATION TOPS

Mississippian	2654 (-1413)
Kinderhook	2919 (-1678)
Hunton	3025 (-1784)
Maquoketa Shale	3131 (-1890)
Maquoketa Dolomite	3223 (-1982)
RTD	3225 (-1984)

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Cores: None

Drill Stem Tests: None

Electrical Logs: None

Gas Detector: None

Measurements: were taken from Kelly bushing, 5 feet above ground level.

FORMATION SUMMARY

MAQUOKETA DOLOMITE

3223-3225 Dolomite: gray, medium crystalline, with included light gray, speckled, sharp and leached chert, poor to fair porosity in dolomite and leached chert, show of oil, faint odor. This zone should be tested.

RECOMMENDATIONS

It is recommended that casing be set at a depth of 3223 feet and the recommended zone tested.

Respectfully submitted,

Donald J. Melland

DJM/f

COPY

*WELL RENAMED: G. JOHNSON 2 (FOR 0001 RECORD)



REMIT TO
P. O. BOX 84737
DALLAS, TEXAS 75264
DIRECT ANY CORRESPONDENCE TO
P. O. DRAWER 1431
DUNCAN, OKLAHOMA 73533

PAGE 1 OF

INVOICE
NO. 826613

FORM 1006-R-5

WELL NO. AND FARM: **2 O'Coriner** COUNTY: **Saline** STATE: **Ks** DATE: **April 20, 1981**

CHARGE TO: **Cal Jones** OWNER: **Same**

ADDRESS: **Box 5** CON FRACTON: **Blackstone** LOCATION: **1 McPherson** CODE: **50300**

CITY, STATE, ZIP: **Canton, Ks. 67428** SHIPPED VIA: **Howco** LOCATION: **2 El Dorado** CODE: **50305**

DELIVERED TO: **Location** LOCATION: **3** CODE:

ORDER NO.: **450800** BULK MATERIAL DELIVERY TICKET NO.: **B-942624**

TOTAL ACID 30 DAYS: WELL TYPE: **Oil Develop** CODE: **00**

TYPE AND PURPOSE OF JOB: **Cmt Prod. Csg**

TERMS: **NET** DUE BY THE 20TH OF FOLLOWING MONTH INTEREST CHARGED AFTER 60 DAYS FROM DATE OF INVOICE

PRICE REFERENCE	SECONDARY REF. OR PART NO.	CODE		DESCRIPTION	UNITS 1		UNITS 2		UNIT PRICE	AMOUNT	
		L	D		QTY.	MEAS.	QTY.	MEAS.			
000-117		1	C	MILEAGE	30	mi			1.95	58	50
001-016		1	C	Pump Charge	3229	Ft				864	20
030-015		1	C	Plug 5/2	1	ea				30	00
12A	825.205	1	S	Guide shoe	1	ea				94	00
24A	85.1251	1	S	Insert float	1	ea				80	00
27	815.19313	1	S	Auto Fillup	1	ea				25	50
40	807.91006	1	S	Centralizers	2	ea			41.00	82	00
504-013		2	B	Regular Portland	45	SKS			4.41	198	45
500-207		2	B	SERVICE CHARGE	45	CU. FT.			.85	38	25
500-306		2	B	4,230 TOTAL WEIGHT 104 LOADED MILES 219.960 TON MILES					.65	142	91

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Ad by Alvin
Ch. Mr. 4/19

TAX REFERENCES		SUB TOTAL	
400-029	Ks	1613	8
		TAX	14 40
		TAX	
		TAX	

WAS JOB SATISFACTORILY COMPLETED? _____
WAS OPERATION OF EQUIPMENT SATISFACTORY? _____
WAS PERFORMANCE OF PERSONNEL SATISFACTORY? _____

x *Charles R. [Signature]*
Customer or His Agent

Robert D. [Signature]
Halliburton Operator

over Est on del drilling

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