

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33025
Name: Leon C. Smitherman, Jr.
Address 1: 14331 Tipperary Circle
Address 2: _____
City: Wichita State: KS Zip: 67230 + _____
Contact Person: Leon C. Smitherman, Jr.
Phone: (316) 733-5434
CONTRACTOR: License # 5870
Name: Phillips Well Service
Wellsite Geologist: _____

Purchaser: _____
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: Range Oil Company
Well Name: Blackstone D-1
Original Comp. Date: 02/28/1985 Original Total Depth: 2649'
____ 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.: _____
10/13/09 10/16/09 10/16/09
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

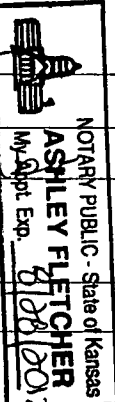
API No. 15 - 015210470002
Spot Description: E/2NW
____ E/2_NW Sec. 1 Twp. 24 S. R. 5 East West
3,960 Feet from North / South Line of Section
3,300 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Butler
Lease Name: Doyle Creek Well #: 1-2
Field Name: DeGraf
Producing Formation: Mississippian
Elevation: Ground: 1435 Kelly Bushing: _____
Total Depth: 2649 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: _____ 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 AWD - Alt I Nue
(Data must be collected from the Reserve Pit) 12-10-09
Chloride content: _____ ppm Fluid volume: _____ bbls
Dewatering method used: Evaporation
Location of fluid disposal if hauled offsite:
Operator Name: White&Ellis
Lease Name: Girod License No.: 5420
Quarter _____ Sec. 36 Twp. 25 S. R. 4 East West
County: Butler Docket No.: C,17943

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: Owner/Operator Date: 12/03/09
Subscribed and sworn to before me this 3rd day of Decem
20 09.
Notary Public: Ashley Fletcher
Date Commission Expires: 8/28/2012



KCC Office Use ONLY Alt. "AI" Stat. per RS on 11/06/09
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
RECEIVED
DEC 04 2009

KCC WICHITA

Operator Name: Leon C. Smitherman, Jr. Lease Name: Doyle Creek Well #: 1-2
 Sec. 1 Twp. 24 S. R. 5 East West County: Butler

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Gamma/Neurton	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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

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
3SPF	2606'-2616'	1,500 gal.	2606

TUBING RECORD: Size: <u>2 3/8" sealtite</u> Set At: <u>2600'</u> Packer At: <u>2600'</u>		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or Enhr. <u>11/09/09</u>		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)	
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls. <u>200</u> Gas-Oil Ratio Gravity

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: <u>2606'-2616'</u> RECEIVED DEC 04 2009
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