

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 # 3591
Name: C&E Oil
Address 1: 422 Elm
Address 2: _____
City: Moline State: Ks Zip: 67349 + _____
Contact Person: Ed Triboulet
Phone: (620) 647-3601
CONTRACTOR: License # 32701
Name: C&G Drilling
Wellsite Geologist: Joe Baker
Purchaser: Plain Marketing
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.: P+A
11-30-09 12-09-09 12-09-09
Spud Date or _____ Date Reached TD _____ Completion Date or
Recompletion Date _____ Recompletion Date _____

API No. 15 - 019-26977-00-00
Spot Description: _____
SW _____ NW _____ SE _____ NE _____ Sec. 14 Twp. 32 S. R. 10 East West
980 Feet from North / South Line of Section
875 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: CQ
Lease Name: McNee D Well #: 8
Field Name: Landon-Floyd
Producing Formation: Mississippian
Elevation: Ground: 1066 Kelly Bushing: 7
Total Depth: 2040 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 40 ft 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 D+A Alt II NR
(Data must be collected from the Reserve Pit) 1-6-10
Chloride content: na ppm Fluid volume: 400 bbls
Dewatering method used: Hauled
Location of fluid disposal if hauled offsite: _____
Operator Name: C&E Oil
Lease Name: Jacot License No.: 3591
Quarter SE4 Sec. 11 Twp. 32S S. R. 10 East West
County: CQ Docket No.: E28115

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: Ed Triboulet
Title: President Date: 12-28-09
Subscribed and sworn to before me this 28 day of DECEMBER,
20 09
Notary Public: Debbie S. Wolfe
Date Commission Expires: 7-23-10

DEBBIE S. WOLFE
Notary Public - State of Kansas
My Appt. Expires 7-23-10

KCC Office Use ONLY

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

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Operator Name: C&E Oil Lease Name: McNee D Well #: 8
 Sec. 14 Twp. 32 S. R. 10 East West County: CQ

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: Geologist log	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input 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>Ft Scott</td> <td>1652</td> <td>(-579)</td> </tr> <tr> <td>Cherokee</td> <td>1694</td> <td>(-621)</td> </tr> <tr> <td>EROS Miss</td> <td>1990</td> <td>(-917)</td> </tr> <tr> <td>Miss</td> <td>2018</td> <td>(-945)</td> </tr> </table>	Name	Top	Datum	Ft Scott	1652	(-579)	Cherokee	1694	(-621)	EROS Miss	1990	(-917)	Miss	2018	(-945)
Name	Top	Datum														
Ft Scott	1652	(-579)														
Cherokee	1694	(-621)														
EROS Miss	1990	(-917)														
Miss	2018	(-945)														

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	10 3/4	8 5/8	23#	40 ft	class A	40 sk	Flocele 4/4 sk CaCl2 3%

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
NA	Plugged well		

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TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. _____	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. _____	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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 23819

LOCATION EUREKA

FOREMAN Kevin McCoy

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-30-09	2092	McNee #8	14	32s	10E	Cg.
CUSTOMER <u>C & E OIL</u>			C & G Drig. Co.			
MAILING ADDRESS <u>422 Elm</u>						
CITY <u>Moline</u>	STATE <u>Ks</u>	ZIP CODE <u>67353</u>	TRUCK # <u>445</u>	DRIVER <u>Justin</u>	TRUCK #	DRIVER
			<u>479</u>	<u>John S.</u>		

JOB TYPE SURFACE HOLE SIZE _____ HOLE DEPTH 43' CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 40' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15* SLURRY VOL 8.5 BBL WATER gal/sk 5.2 CEMENT LEFT in CASING 10'
 DISPLACEMENT 2 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: SAFETY Meeting: Rig up to 8 5/8 casing. Break Circulation w/ 5 BBL fresh water. Mixed 40 sks class "A" Cement w/ 3% CaCl2, 1/4" Floccle/sk @ 15*/gal. Displace w/ 2 BBL fresh water. Shut casing in. Good Cement Returns to Surface. Job Complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	680.00	680.00
5406	40	MILEAGE	3.45	138.00
11045	40 sks	class "A" Cement	12.70	508.00
1102	115 "	CaCl2 3%	.71	81.65
1107	10 "	Floccle 1/4"/sk	1.97	19.70
5407	1.88 Tons	Ton Mileage Bulk Truck	M/c	296.00
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			Sub Total	1723.35
			SALES TAX 6.3%	38.38
			ESTIMATED TOTAL	1761.73

Ravin 3737

THANK YOU

232181

AUTHORIZATION Witnessed By Cotton Gulick

TITLE Toolpusher / C & G Drig.

DATE _____



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 23881
LOCATION FOREKA
FOREMAN Rick Ledford

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-9-09	2092	McNee # 8				Chaut.
CUSTOMER C+E Oil		C+G OIL	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 422 Elm			520	Cliff		
CITY Maline			515	Chris		
STATE KS						
ZIP CODE 62853						

JOB TYPE R.T.A HOLE SIZE 2 7/8" HOLE DEPTH 2041' CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14" SLURRY VOL _____ WATER gal/sk 7.0 CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting. Rig up to drill pipe. Plugging orders as follows:

- 15 sacks @ 2040'
- 15 sacks @ 1800'
- 190 sacks @ 500' to surface
- 15 sacks @ cathole
- 235 sacks total

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405A	1	PUMP CHARGE	870.00	870.00
5406	40	MILEAGE	3.45	138.00
1131	235 sacks	60/40 Perm cement	10.70	2514.50
1118A	810 #	470 gal	.16	129.60
5407A	10.00	tax mileage back tax	1.16	469.10
			Subtotal	4121.20
			SALES TAX	116.50
			ESTIMATED TOTAL	4237.70

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AVIN 3737 030363 AUTHORIZATION Authorized by Cotton Colick TITLE Toolpusher C+G OIL DATE _____