

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1  
September 1999  
Form Must Be Typed

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 5474  
Name: Northern Lights Oil Co., LC  
Address: P.O. Box 164  
City/State/Zip: Andover  
Purchaser: Plains  
Operator Contact Person: Kurt Smith  
Phone: (316) 7331515  
Contractor: Name: Quality Plus OILFIELD SERVICES, LLC  
License: 33755  
Wellsite Geologist:

API No. 15 - 101-22107-0000  
County: Lane  
s/2 s/2 ne Sec. 3 Twp. 19 S. R. 29  East  West  
2310 feet from S / (N) (circle one) Line of Section  
1320 feet from (E) / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
(circle one) (NE) SE NW SW  
Lease Name: Keenan Well #: #1  
Field Name: McWhirter  
Producing Formation: lkc marmaton

Designate Type of Completion:  
 New Well  Re-Entry  Workover  
 Oil  SWD  SIOW  Temp. Abd.  
 Gas  ENHR  SIGW  
 Dry  Other (Core, WSW, Expl., Cathodic, etc)

Elevation: Ground 2810 Kelly Bushing: 2815  
Total Depth: 4611 Plug Back Total Depth: 4611  
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 cm.

If Workover/Re-entry: Old Well Info as follows:  
Operator: Northern Lights Oil Co., LC  
Well Name: Keenan  
Original Comp. Date: 7-2-08 Original Total Depth: 4611  
 Deepening  Re-perf.  Conv. to Enhr./SWD  
 Plug Back 4309 Plug Back Total Depth \_\_\_\_\_  
 Commingled Docket No. \_\_\_\_\_  
 Dual Completion Docket No. \_\_\_\_\_  
 Other (SWD or Enhr.?) Docket No. \_\_\_\_\_

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: \_\_\_\_\_

8-28-09 Spud Date or Recompletion Date  
Date Reached TD \_\_\_\_\_  
9-2-09 Completion Date or Recompletion Date

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.

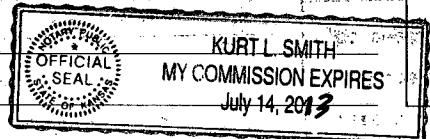
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: [Signature]  
Title: MANAGING PARTNER Date: 10-22-09  
Subscribed and sworn to before me this 22<sup>ND</sup> day of October

**KCC Office Use ONLY**  
 Letter of Confidentiality Attached  
If Denied, Yes  No Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution

**RECEIVED**  
**OCT 23 2009**

Notary Public: [Signature]  
Date Commission Expires: \_\_\_\_\_



KCC WICHITA

Operator Name: Northern Lights Oil Co., LC Lease Name: Keenan Well #: #1  
 Sec. 3 Twp. 19 S. R. 29 East  West County: Lane

**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 type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i>  List All E. Logs Run:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:20%;">Log Name</th> <th style="width:50%;">Formation (Top), Depth and Datum</th> <th style="width:30%;">Sample Datum</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Log Name	Formation (Top), Depth and Datum	Sample Datum			
Log Name	Formation (Top), Depth and Datum	Sample Datum					

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

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	4280-84	250 gal MCA, 1000 gal NE		4280
4	4292-96	250 gal MCA		4292
	cibp			4309

TUBING RECORD		Size	Set At	Packer At	Liner Run	Yes	✓ No
		2 7/8	4306				
Date of First, Resumed Production, SWD or Enhr.			Producing Method				
9-3-2009			Flowing	✓ Pumping	Gas Lift	Other (Explain)	
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity		
	50		30		36		

Disposition of Gas      **METHOD OF COMPLETION**      Production Interval

Vented     Sold     Used on Lease     Open Hole     Perf.     Dually Comp.     Commingled  
*(If vented, Sumit ACO-18.)*       Other (Specify)

RECEIVED  
 OCT 23 2009  
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