

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 # 3581
Name: Red Oak Energy
Address 1: 7701 E. Kellogg
Address 2: Ste 710
City: Wichita State: KS Zip: 67207 +
Contact Person: Sean Deenihan
Phone: (316) 652-7373
CONTRACTOR: License # 5123
Name: Pickrell Drilling Co, Inc.
Wellsite Geologist: Sean Deenihan
Purchaser: Sunoco

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.: _____
7/14/09 7/23/09 8/05/09
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 135-24929-00-00
Spot Description: _____
SE NW SE Sec. 20 Twp. 17 S. R. 25 East West
1730 Feet from North / South Line of Section
1740 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Ness
Lease Name: Lamer Trust Well #: 2-20
Field Name: Lazy 17 East
Producing Formation: Mississippi
Elevation: Ground: 2491 Kelly Bushing: 2496
Total Depth: 4523 Plug Back Total Depth: 4508
Amount of Surface Pipe Set and Cemented at: 220 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 1765 Feet
If Alternate II completion, cement circulated from: 1765
feet depth to: Surface w/ 150 ^{sx cmt}

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 1300 ppm Fluid volume: 5000 bbls
Dewatering method used: Evaporation
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

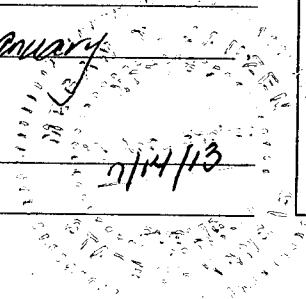
ARZ-Dg-2/1/10

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: President Date: 1-25-2010

Subscribed and sworn to before me this 26 day of January
20 10.
Notary Public: Megan M. Janzen
Date Commission Expires: 7/14/2013



KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
RECEIVED
JAN 27 2010

KCC WICHITA

Operator Name: Red Oak Energy Lease Name: Lamer Trust Well #: 2-20
 Sec. 20 Twp. 17 S. R. 25 East West County: Ness

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: CND, DIL, CBL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>Anhydrite</td> <td>1799</td> <td>+697</td> </tr> <tr> <td>B/ Anhydrite</td> <td>1829</td> <td>+671</td> </tr> <tr> <td>Heebner</td> <td>3798</td> <td>-1302</td> </tr> <tr> <td>Lansing</td> <td>3841</td> <td>-1345</td> </tr> <tr> <td>B/KC</td> <td>4137</td> <td>-1641</td> </tr> <tr> <td>Ft. Scott</td> <td>4336</td> <td>-1841</td> </tr> <tr> <td>Mississippi</td> <td>4429</td> <td>-1933</td> </tr> </table>	Name	Top	Datum	Anhydrite	1799	+697	B/ Anhydrite	1829	+671	Heebner	3798	-1302	Lansing	3841	-1345	B/KC	4137	-1641	Ft. Scott	4336	-1841	Mississippi	4429	-1933
Name	Top	Datum																							
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Ft. Scott	4336	-1841																							
Mississippi	4429	-1933																							

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. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	12.25	8.625"	20#	220	common	160	2% gel, 3% CC
Production	7.875"	5.5"	14#	4520	EA2	100	

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	4444-4452	None	

TUBING RECORD: Size: <u>2.5</u>	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. <u>8/05</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 Bbbs. <u>85</u>	Gas Mcf	Water Bbbs. 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>4444-4452</u>
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ALLIED CEMENTING CO., LLC. 036318

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

SERVICE POINT:
Ness city KS

DATE <u>7-14-09</u>	SEC. <u>20</u>	TWP. <u>17</u>	RANGE <u>25</u>	CALLED OUT	ON LOCATION <u>8:30 PM</u>	JOB START <u>9:30 PM</u>	JOB FINISH <u>10:00 PM</u>
LEASE <u>hammer T-2</u> WELL # <u>2-20</u>			LOCATION <u>Ness city KS 10 west</u>			COUNTY <u>Ness</u>	STATE <u>KS</u>
OLD OR <u>NEW</u> (Circle one)			<u>8 North 1/2 west North into</u>				

CONTRACTOR Pickell Rig

TYPE OF JOB Surface

HOLE SIZE <u>12 1/4</u>	T.D. <u>225</u>
CASING SIZE <u>8 5/8</u>	DEPTH <u>223</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX <u>200</u>	MINIMUM <u>0</u>
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT <u>13.25 Fresh water</u>	

OWNER Red oak Energy

CEMENT

AMOUNT ORDERED 16054 common 3% cc
20% Gel

COMMON <u>16054</u>	@ <u>13.50</u>	<u>21600.00</u>
POZMIX	@	
GEL <u>3</u>	@ <u>20.25</u>	<u>60.75</u>
CHLORIDE <u>5</u>	@ <u>51.50</u>	<u>257.50</u>
ASC	@	

EQUIPMENT

PUMP TRUCK # <u>181</u>	CEMENTER <u>Wayne D</u>
	HELPER <u>Galen D</u>
BULK TRUCK # <u>344-170</u>	DRIVER <u>David F.</u>
BULK TRUCK #	DRIVER

HANDLING <u>168</u>	@ <u>2.25</u>	<u>378.00</u>
MILEAGE <u>19 x 168 x .10</u>		<u>319.20</u>
TOTAL		<u>3175.45</u>

REMARKS:

Pipe on Bottom Break circulation

Mix 16054 common 3% cc 20% Gel

Displace with 13.25 BBLs of Fresh water and shut in.

Cement did circulate

SERVICE

DEPTH OF JOB <u>225</u>	
PUMP TRUCK CHARGE	<u>991.00</u>
EXTRA FOOTAGE	@
MILEAGE <u>19</u>	@ <u>7.00</u> <u>133.00</u>
MANIFOLD	@
	@
	@
TOTAL <u>1124.00</u>	

CHARGE TO: Red oak Energy

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
TOTAL		_____

To Allied Cementing Co., LLC.

You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

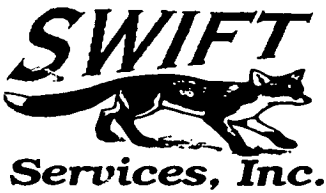
PRINTED NAME Mike Kern

SIGNATURE Mike Kern

SALES TAX (If Any) _____

TOTAL CHARGES ~~1124.00~~

DISCOUNT _____ IF PAID IN 30 DAYS



CHARGE TO: **RED OAK ENERGY**
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET

No 16347

PAGE 1 OF 2

1. SERVICE LOCATIONS NESS CITY, KS	WELL/PROJECT NO. 2-20	LEASE LAMER TRUST	COUNTY/PARISH NESS	STATE KS	CITY	DATE 7-23-09	OWNER SAME
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR PICKRELL DRUG #10	RIG NAME/NO.	SHIPPED VIA CT	DELIVERED TO LOCATION	ORDER NO.	
3.	WELL TYPE OIL	WELL CATEGORY DEVELOPMENT	JOB PURPOSE 5 1/2" LONGSTRING	WELL PERMIT NO.	WELL LOCATION NESS CITY, KS - 10W, 7N		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF		QTY.	UM	QTY.	UM	
575		1			MILEAGE # 114	20	ME	5	00	100.00
578		1			PUMP CHARGE	1	JOB	4520	00	1400.00
221		1			LIQUID KCL	2	GAL		00	50.00
281		1			MUDFLUSH	500	GAL		00	500.00
402		1			CENTRALIZERS	10	EA	5 1/2"	00	550.00
403		1			CEMENT BASKETS	3	EA		00	540.00
404	KCC WICHITA JAN 27 2010 RECEIVED	1			PORT COLLAR TOP JT # 64	1	EA	1766	00	1900.00
406		1			LATCH DOWN PLUG - BAFFLE	1	EA		00	225.00
407		1			INSERT FLOAT SHOE w/AUTO FILL	1	EA		00	275.00
419		1			ROTATING HEAD RENTAL	1	JOB		00	150.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

DATE SIGNED **7-23-09** TIME SIGNED **1100** A.M. P.M.

REMIT PAYMENT TO:

SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	AMOUNT
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				#1	5690.00
WE UNDERSTOOD AND MET YOUR NEEDS?				#2	3223.50
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				subtotal	8913.50
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX	365.75
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		TOTAL	9279.25
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR **WAYNE WILSON**

APPROVAL *[Signature]*

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 7-23-09 PAGE NO. 1

CUSTOMER RED OAK ENERGY WELL NO. 2-20 LEASE LAMER TRUST JOB TYPE 5 1/2" LOGGING TICKET NO. 16347

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL/GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1100							ON LOCATION
	1330							START 5 1/2" CASING IN WELL
								TD - 4525 SET = 4520
								TP - 4520 5 1/2" # 14
								ST - 12'
								CENTRALIZERS - 1, 2, 3, 4, 6, 8, 10, 12, 15, 63
								CMT BSKTS - 3, 5, 64
								PORT COLLAR = 1766 TOP JT # 64
	1510							DROP BALL - CIRCULATE ROTATE
	1628	6	12			400		PUMP 500 GAL MOD FLUSH "
	1630	6	20			400		PUMP 20 BBLs KCL-FLUSH "
	1635		7					PLUG RH (30 SKS)
	1637	4 1/2	18			200		MAX CEMENT W - 45 SKS SMD = 12.5 PPG "
		4 1/2	24			100		TR - 100 SKS EA2 = 15.5 PPG "
	1648							WASH OUT PUMP - LINES
	1649							RELEASE CATCH DOWN PLUG
	1650	7	0					DISPLACE PLUG "
		7	100			700		SHOT OFF ROTATING
	1705	6 1/2	110			1500		PLUG DOWN - PSE UP CATCH IN PLUG
	1707							OK RELEASE PSE - HELD
								WASH TRUCK
	1800							JOB COMPLETE THANK YOU WAYNE, BRETT, ROB



CHARGE TO: Red Oak
 ADDRESS _____
 CITY, STATE, ZIP CODE _____

TICKET
 No 16552

PAGE 1 OF 1

1. SERVICE LOCATIONS <u>Ness City, Ks</u>	WELL/PROJECT NO. <u>2-20</u>	LEASE <u>LAMER TRUST</u>	COUNTY/PARISH <u>Ness</u>	STATE <u>Ks</u>	CITY <u></u>	DATE <u>7-29-09</u>	OWNER <u>SAME</u>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>DS-W</u>	RIG NAME/NO. <u></u>	SHIPPED VIA <u>CT</u>	DELIVERED TO <u>LOCATION</u>	ORDER NO. <u></u>	
3.	WELL TYPE <u>OIL</u>	WELL CATEGORY <u>DEVELOPMENT</u>	JOB PURPOSE <u>CSMT. PORT COLLAR</u>	WELL PERMIT NO. <u></u>	WELL LOCATION <u>Ness City, Ks - 10W, 7N, 1/2W, N</u>		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE # 114	20		ME		5.00	100.00
576D		1			PUMP CHARGE	1	1766	FT		1100.00	1100.00
105		1			PORT COLLAR OPENING TOOL	1				300.00	300.00
330		1			SWIFT MULTI-DSISTY STANDARDS	150		SKS		14.00	2100.00
276		1			FLOCELE	50		LBS		1.50	75.00
290	KCC WICHITA JAN 27 2010 RECEIVED	1			D-ADD	2		GAL		35.00	70.00
581		1			SERVICE CHARGE CSMT	200		SKS		1.50	300.00
582		1			MEDIUM DRAINAGE CHARGE	19970	199.7	TM		250.00	250.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X
 DATE SIGNED 7-29-09 TIME SIGNED 1000 A.M. P.M.

REMIT PAYMENT TO:

SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					4295.00
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?					
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL	4429.89

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR WAVE WILSON APPROVAL _____

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE **7-29-09** PAGE NO. **1**

CUSTOMER **RED OAK** WELL NO. **2-20** LEASE **LAMER TRUST** JOB TYPE **CEMST PORT COLLAR** TICKET NO. **16552**

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL/GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1000							ON LOCATION
								TUBING - 2 3/8 CASING - 5 1/2" PORT COLLAR = 1766'
								RECEIVED JAN 27 2010
	1025				✓		1000	PSE TEST CASING - HELD
	1030	3	2	✓		400		OPEN PORT COLLAR - ZWT RATE
	1040	4 1/4	83	✓		450		MIX CEMST <u>150</u> SKS SMD 1/4 #/SK FLOCCS
	1100	4 1/4	6	✓		600		DISPLACE CEMST
	1110			✓		1000		CLOSE PORT COLLAR - PSE TEST - HELD
								CIRCULATED 15 SKS CEMST TO PET
	1125	4	25	✓		450		RUN 4 JTS - CIRCULATE CLEAN
								WASH TRUCK
								RECEIVED JAN 27 2010
								PULL TOOL
	1200							JOB COMPLETE KCC WICHITA
								THANK YOU WAYNE, BRETT, LANE