

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 # 34197
Name: Arbuckle Energy Inc.
Address 1: 2914 Aloma Street
Address 2: _____
City: Wichita State: ks Zip: 67211
Contact Person: Terry Bayliss
Phone: (316) 361-0537
CONTRACTOR: License # 32701
Name: C & G DRILLING INC.
Wellsite Geologist: William Stout
Purchaser: _____

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API No. 15 - 1511521412
Spot Description: _____
E/2 _E/2 _NW_ Sec. 33 Twp. 17 S. R. 4 East West
1320 Feet from North / South Line of Section
2310 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Marion
Lease Name: Shields Well #: 33-1
Field Name: Lost Springs
Producing Formation: Mississippi
Elevation: Ground: 1487 Kelly Bushing: 1496
Total Depth: 2540 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 202 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 Ait I NR 1-19-10
(Data must be collected from the Reserve Pit)
Chloride content: 700 ppm Fluid volume: 800 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.: _____

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.: _____
6/24/2009 7/01/2009
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

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: _____
Title: President Date: November 30, 2009
Subscribed and sworn to before me this 30 day of NOVEMBER,
20 09.
A Notary Public for the
Province of British Columbia
Notary Public: William R. Rutledge
Date Commission Expires: _____

KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: 11/15/10
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

PERMANENT
COMMISSION

107 - 5070 Uplands Dr.
Nanaimo, BC V9T 6N1
(250) 756-4900

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Operator Name: Arbuckle Energy Inc. Lease Name: Shields Well #: 33-1
 Sec. 33 Twp. 17 S. R. 4 East West County: Marion

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: Neutron	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Neutron 1487 <div style="text-align: right; font-weight: bold; font-size: 1.2em;"> RECEIVED JAN 14 2010 KCC WICHITA </div>
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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 1/4	8 5/8	24	202	Class A	125	on Ticket
Production	7 7/8	5 1/2	15.5	2530	Thick Set	100	on Ticket

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
2	2417-2422	300 Gallons Hydrochloric	2417

TUBING RECORD:	Size: <u>2 7/8</u>	Set At: <u>2415</u>	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" 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 <i>(Explain)</i>		
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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Arbuckle Energy Inc.

2914 Aloma ST
Wichita, KS 67211
Phone: 316-361-0537
Fax: 866-265-5173

November 30, 2009

Kansas Corporation Commission
130 S. Market Room 2078
Wichita, Kansas 67202

Re: Arbuckle Energy Inc. API 1511521412 FOR: SHIELDS 33-1
E2 E2 NW / 33-175-4E

Please be advised that we would like the information contained on the Well Completion Form submitted to remain confidential for one year.

Trusting the above is in order,

Yours truly,



Terry Bayliss
President

*KCC
12/03/09*

RECEIVED
DEC 04 2009
KCC WICHITA



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 1296

LOCATION Eureka

FOREMAN Steve

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
6-24-09	1070	Shields 33-1	33	17S	4E	Marion
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Arbuckle Energy, Inc			485	Alan		
MAILING ADDRESS			479	John		
2914 Alama St.						
CITY	STATE	ZIP CODE				
Wichita	Ks	67211				

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 214' CASING SIZE & WEIGHT 8 1/2
 CASING DEPTH 213' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.6* SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 4
 DISPLACEMENT 12.7 DISPLACEMENT PSI 100* MIX PSI _____ RATE _____

REMARKS: SAFETY Meeting: Rig up to 8 1/2 casing. Break Circulation with 1 bbls Fresh water. Mix 125 sks Class A Cement w/ 3% CaCl2 2% Gel 1/4" Flo-Cele at 140* psig. Displace with 12.7 bbls Fresh water. Shut casing in 100* Good cement Returns to surface 4 bbls slurry to bit. Job complete Rig down

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	680.00	680.00
5406	60	MILEAGE	3.45	207.00
11043	125 sks	Class A Cement	12.70	1587.50
1102	350*	CaCl2 3%	.71	248.50
1118*	230*	Gel 2%	.16	36.80
1107	30*	Flo-Cele 1/4" psig/sk	1.97	59.10
5407	5.8 Tons	60 miles bulk Truck	116	403.68
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> Paid in Full 3344.29 Check # 1009 </div>			RECEIVED DEC 04 2009 KCC WICHITA	
			SubTotal	3222.58
			SALES TAX 6.3%	121.71
			ESTIMATE D TOTAL	3344.29

Rev'n 3737

AUTHORIZATION Alvin Lopez

TITLE Agent

DATE _____



CONSOLIDATED
Oil Well Services, L.L.C.



ENTERED

TICKET NUMBER 2 331
LOCATION EUREKA
FOREMAN KEVIN MCC

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
6-28-09	1070	Sheilds 33-1	33	175	4E	MARION
CUSTOMER ARBUCKLE ENERGY, INC.			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 2914 Aloma ST.			445	Justin		
CITY WICHITA			543	John G.		
STATE KS			437	Jim		
ZIP CODE 67211						

JOB TYPE Longstring HOLE SIZE 7 7/8 HOLE DEPTH 2540' KB CASING SIZE & WEIGHT 5 1/2" 15.50
CASING DEPTH 2528' KB DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 13.7" SLURRY VOL 31 BBL WATER gal/sk 9.0 CEMENT LEFT in CASING 0
DISPLACEMENT 60.7 BBL DISPLACEMENT PSI 600 MAX PSI 1000 Bump Plug RATE _____

REMARKS: Safety Meeting: Rig up to 5 1/2 casing. Recirculated casing while circulating w/ mud pump to scratch well bore on any zone. Rig up 5 1/2 cement head w/ rotating swivel. Break circulation w/ 5 bbl fresh water. Pump 10 bbl metasilicate pre flush 5 bbl water spacer. Mixed 100 sks Thick Set Cement w/ 5" KOL-SEAL /SK @ 13.7" /gal, yield 1.75. Set down. Wash out pump & lines. Release 5 1/2 Latch down Plug. Displace w/ 60.7 BBL fresh water. Final Pumping Pressure 600 PSI. Bump Plug to 1000 PSI. Wait 2 minutes. Release pressure. Float & Plug Held. Good Circulation @ ALL times while Cementing. Note: Rotated casing while displacing Plug to Seat. Job Complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	870.00	870.00
5406	60	MILEAGE	3.45	207.00
1126 A	100 sks	THICK Set Cement	16.00	1600.00
1110 A	500 *	KOL-SEAL 5"/SK	.39 *	195.00
5407 A	5.5 TONS	60 miles BULK TRUCK	1.16	382.80
5502 C	5 HRS	80 BBL VAC TRUCK	94.00	470.00
1123	3000 GALS	City water	14.00/1000	42.00
1111 A	100 *	Metasilicate Pre Flush	1.70 *	170.00
4159	1	5 1/2 AFD Float Shoe	309.00	309.00
4130	6	5 1/2 x 7 7/8 Centralizers	44.00	264.00
4454	1	5 1/2 Latch down Plug	228.00	228.00
4310	5	5 1/2 Cable wipers	40.00	200.00
5611	1	Rental on 5 1/2 Rotating Swivel	94.00	94.00
		Paid in Full By CK # 1049 6-28-09		
		THANK YOU	6.3%	
		Sub Total		5031.80
		SALES TAX		189.51
		ESTIMATED TOTAL		5221.31

Rev'n 3737

AUTHORIZATION

Allen L. Brown

TITLE

830005
Report

DATE