

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 # 32309

Name: Presco Western, LLC

Address 1: 5665 Flatiron Parkway

Address 2: _____

City: Boulder State: CO Zip: 80301 + _____

Contact Person: Susan Sears

Phone: (303) 444-8881

CONTRACTOR: License # _____

Name: _____

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: _____

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.: _____

5/21/2009 5-21-09

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - 081-21716-000001

Spot Description: _____

NW NW NW NE Sec. 30 Twp. 30 S. R. 33 East West

375 4967 Feet from North / South Line of Section

25 1/2 2533 Feet from East / West Line of Section

Footages Calculated from GPS-KCC-Dig Nearest Outside Section Corner:

- NE
- NW
- SE
- SW

County: Haskell

Lease Name: SWLVLU Well #: 26

Field Name: Lemon Victory

Producing Formation: Lansing

Elevation: Ground: 2962' Kelly Bushing: 2974'

Total Depth: 4403' Plug Back Total Depth: 4357'

Amount of Surface Pipe Set and Cemented at: 1750' Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: 3270' Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____

wo/Dlg-2/8/10 ^{sk. cont.}

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: _____

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.

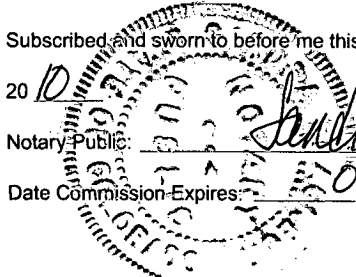
Signature: Susan Sears

Title: KS/CO Engineering Manager Date: 1/28/2010

Subscribed and sworn to before me this 28th day of January

Notary Public: Jenna Blackburn

Date Commission Expires: 01/29/2013



KCC Office Use ONLY

Letter of Confidentiality Received

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

RECEIVED
KANSAS CORPORATION COMMISSION
FEB 01 2010

Operator Name: Presco Western, LLC Lease Name: SWLVLU Well #: 26
 Sec. 30 Twp. 30 S. R. 33 East West County: Haskell

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 type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<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
Surface	12 1/4"	8 5/8"	23.0	1750'	Lite/ASC	575/150	3%CC/1/4FloSeal
Production	7 7/8"	4 1/2"	10.5	4403'	Lite/ASC	150/100	2%CC, 10%salt, 1/4FloSeal

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Surface to 3270'	Lite	525	1/4 FloSeal, 2% CC

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FEB 01 2010
CONSERVATION DIVISION
WICHITA, KS

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
4	4146'-4156' (Lansing B1)	24 bbls acid, 30 bbls flush	
4	4166'-4175' (Lansing B2)	24 bbls acid, 30 bbls flush	
4	4190'-4198' (Lansing C)	2000 gals 15% NEFE, 162 ballsealers, 16 bbls 4% KCl flush	

TUBING RECORD: Size: <u>2 3/8"</u> Set At: <u>4073'</u> Packer At: <u>4073'</u>		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. <u>5/23/2009 (Resumed Injection)</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.	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>4146'-4156', 4166'-4175', 4190'-4198'</u>
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