

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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FEB 25 2010

Form ACO-1

October 2008

Form Must Be Typed

KCC WICHITA

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33638
Name: Metro Energy Group, Inc.
Address 1: Southbridge Office Park
1741 E 71 ST
Address 2: _____
City: Tulsa State: OK Zip: 74136
Contact Person: Jeffrey Steinke
Phone: (918) 493-2880
CONTRACTOR: License # 30141
Name: Summit Drilling Company
Wellsite Geologist: Robert F. Pfannenstiel
Purchaser: Sunoco (oil), Shawmar O & G (gas)
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.)

API No. 15 - 115-21404-0000
Spot Description: NE NE NW Sec. 6 Twp. 19 S. R. 4 East West
330 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: Scully "A" Well #: 1-6
Field Name: Lost Springs
Producing Formation: Mississippi chat
Elevation: Ground: 1414 Kelly Bushing: 1424
Total Depth: 2620 Plug Back Total Depth: 2583
Amount of Surface Pipe Set and Cemented at: 271 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.

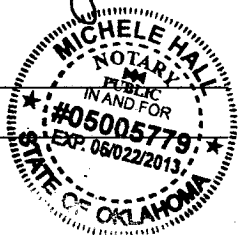
If Workover/Re-entry: Old Well Info as follows:
Operator: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. to Enhr. Conv. to SWD
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Docket No.: _____
 Dual Completion Docket No.: _____
 Other (SWD or Enhr.?) Docket No.: _____
15APR09 21APR09 24JUL09
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan AH I No 3-1-10
(Data must be collected from the Reserve Pit)
Chloride content: 1300 ppm Fluid volume: _____ bbls
Dewatering method used: Evaporation and backfill
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: Jeffrey J. Steinke
Title: Director, Legal and Corporate Affairs Date: _____
Subscribed and sworn to before me this 23rd day of February, 2010.
Notary Public: Michele Hall
Date Commission Expires: 06/22/2013



KCC Office Use ONLY

Letter of Confidentiality Received
If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

Operator Name: Metro Energy Group, Inc. Lease Name: Scully "A" Well #: 1-6
 Sec. 6 Twp. 19 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 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: Sonic Cement Bond, Borehole Volume Caliper, Micro, Dual Induction, Compensated Neutron Density	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>Base, Lansing</td> <td>1831</td> <td></td> </tr> <tr> <td>Base, Kansas City</td> <td>2230</td> <td>1832</td> </tr> <tr> <td>Mississippi chat</td> <td>2383</td> <td>2374</td> </tr> <tr> <td>Mississippi LS</td> <td>2465</td> <td>2471</td> </tr> <tr> <td>Kinderhook</td> <td>2578</td> <td>2530</td> </tr> </tbody> </table>	Name	Top	Datum	Base, Lansing	1831		Base, Kansas City	2230	1832	Mississippi chat	2383	2374	Mississippi LS	2465	2471	Kinderhook	2578	2530
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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	12.25"	8.625"	23#	271	class A	165	3% cacl 2% gel
Production	7.875"	5.5"	15.5#	2593	thick set	125	kolseal metasilicate

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				

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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
2spf/4spf	2377-2380;2400-2406;2410-2416	1500 gal 15% HCL NE-FE 1610 bbl KCL 34,800# 30/70	2371

TUBING RECORD: Size: <u>2.875"</u> Set At: <u>2399</u> Packer At: <u>N/A</u>	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. <u>Not on line, waiting for electric</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: <u>N/A</u>	Oil Bbls. Gas Mcf Water Bbls. Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <u>N/A</u> <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>N/A</u>
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CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 21131
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																
4-21-09	5485	Scully A 1-6	6	19S	4E	MARION																
CUSTOMER <u>Metro Energy Group Inc</u>			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>445</td> <td>Justin</td> <td></td> <td></td> </tr> <tr> <td>543</td> <td>Ed</td> <td></td> <td></td> </tr> <tr> <td>437</td> <td>Jim</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	445	Justin			543	Ed			437	Jim		
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MAILING ADDRESS <u>1741 E. 71ST</u>																						
CITY STATE ZIP CODE <u>Tulsa OK 74136</u>																						
Summit DRIg. Co.																						

JOB TYPE Longstring HOLE SIZE 7 7/8 HOLE DEPTH 2620' KB CASING SIZE & WEIGHT 5 1/2 15.50 * New
 CASING DEPTH 2595' G.L. DRILL PIPE _____ TUBING _____ OTHER PBTD 2575' G.L.
 SLURRY WEIGHT 13.7" SLURRY VOL 39 BBL WATER gal/sk 9.0 CEMENT LEFT IN CASING 20'
 DISPLACEMENT 62 BBL DISPLACEMENT PSI 750 ~~MAX~~ PSI 1200 Bump Plug RATE _____

REMARKS: Safety Meeting: Rig up to 5 1/2 casing. Break Circulation w/ 5 BBL Fresh water. Pump 15 BBL Metasilicate Pre Flush, 5 BBL water spacer. Mixed 125 sks Thick Set Cement w/ 5" Kol-Seal /sk @ 13.7" /gal, yield 1.75. Shut down. Wash out Pump & Lines. Release Plug. Displace w/ 62 BBL Fresh water. Final Pumping Pressure 750 psi. Bump Plug to 1200 psi. wait 2 minutes. Release Pressure. Float & Plug Held. Good Circulation @ ALL times while Cementing. Job Complete. Rig down.

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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	125 sks	Thick Set Cement	16.00	2000.00
1110 A	625 *	KOL-SEAL 5" /sk	.39 *	243.75
1111 A	100 *	Metasilicate Pre Flush	1.70 *	170.00
5407 A	6.88 TONS	60 miles BULK TRUCK	1.16	478.85
5502 C	6 HRS	80 BBL VAC TRUCK	94.00	564.00
1123	3000 gals	City water	14.00/1000	42.00
4454	1	5 1/2 LATCH down Plug	228.00	228.00
4159	1	5 1/2 AFU FLOAT Shoe	309.00	309.00
4130	5	5 1/2 x 7 7/8 CENTRALIZERS	44.00	220.00
			Sub Total	5332.60
THANK You			6.3%	SALES TAX 202.41
			ESTIMATED TOTAL	5535.01

Rayin 3737

AUTHORIZATION witnessed By Gary Reed

TITLE Well Site Consultant

DATE 4-21-09