

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

RECEIVED
KANSAS CORPORATION COMMISSION

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

MAR 08 2010

OPERATOR: License # 9067

Name: CD Conservation Resources, Inc.

Address 1: P. O. Box 70

Address 2: _____

City: Hays State: KS Zip: 67601 + _____

Contact Person: Curtis R. Longpine

Phone: (785) 625-0020

CONTRACTOR: License # 33575

Name: WW Drilling, LLC

Wellsite Geologist: Jim Musgrove

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.: _____

9/22/09 9/27/09 9/28/09

Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 051-25906-0000

Spot Description: _____

SE NE NE SW Sec. 34 Twp. 13 S. R. 16 East West

2,240 Feet from North / South Line of Section

2,450 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Ellis

Lease Name: Staab-A Pfeifer Well #: 1

Field Name: wildcat

Producing Formation: _____

Elevation: Ground: 1950' Kelly Bushing: 1955'

Total Depth: 3560' Plug Back Total Depth: surface

Amount of Surface Pipe Set and Cemented at: 262 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 P+A AH II NUR
(Data must be collected from the Reserve Pit) 3-10-10

Chloride content: 5,600 ppm Fluid volume: 3,000 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.: _____

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: Vice President/Geologist Date: 3/5/2010

Subscribed and sworn to before me this 5th day of March

20 10

Notary Public: Vickie Cole

Date Commission Expires: 10-18-12



KCC Office Use ONLY

N Letter of Confidentiality Received

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

Operator Name: DaMar Resources, Inc. Lease Name: Staab-A Pfeifer Well #: 1
 Sec. 34 Twp. 13 S. R. 16 East West County: Ellis

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 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: Guard & sonic Radiation	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum see attached geo report <div style="text-align: center;"> RECEIVED KANSAS CORPORATION COMMISSION MAR 08 2010 </div>
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> DIVISION							
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#	262"	common	165	3% cc 2% gel

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

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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>
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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 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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ALLIED CEMENTING CO., LLC. 33603

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

RECEIVED
KANSAS CORPORATION COMMISSION

SERVICE POINT:
Russell KS

DATE <u>9-22-09</u>	SEC. <u>34</u>	TWP. <u>13</u>	RANGE <u>16</u>	CALLED OUT <u>MAR 08 2010</u>	ON LOCATION	JOB START <u>6:00pm</u>	JOB FINISH <u>6:30pm</u>
Staub/A Pfeifer LEASE <u>Unit</u>		WELL # <u>1</u>	LOCATION <u>Walker KS 1/2 North</u>		COUNTY <u>Ellis</u>	STATE <u>KS</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)			<u>1/2 West North into</u>				

CONTRACTOR WW #8

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 263

CASING SIZE 8 5/8 23# DEPTH 263

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15'

PERFS. _____

DISPLACEMENT 15.79 Bbl

OWNER _____

CEMENT AMOUNT ORDERED 165 60/40 3% cc 2% Gel

EQUIPMENT

PUMP TRUCK CEMENTER John Roberts
398 HELPER Shane

BULK TRUCK DRIVER Chris
410

BULK TRUCK DRIVER _____

COMMON	<u>99</u>	@	<u>13.50</u>	<u>1336.50</u>
POZMIX	<u>66</u>	@	<u>7.55</u>	<u>498.30</u>
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		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>82</u>	@	<u>2.25</u>	<u>184.50</u>
MILEAGE	<u>110/cr/mile</u>			<u>300.00</u>
TOTAL				<u>2637.55</u>

REMARKS:

Est. Circulation.

Mix 165sk cement

Displace w/ 15.79 Bbl H2O

Cement Did Circulate!

Thank You!

CHARGE TO: DaMar Resources

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB _____		
PUMP TRUCK CHARGE _____		<u>991.00</u>
EXTRA FOOTAGE _____	@	
MILEAGE _____	@	<u>77.00</u>
MANIFOLD _____	@	
	@	
	@	
TOTAL		<u>1068.00</u>

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 Sid Deutscher

SIGNATURE Sid Deutscher

SALES TAX (If Any) _____

TOTAL CHARGES ~~2637.55~~

DISCOUNT IF PAID IN 30 DAYS

ALLIED CEMENTING CO., LLC. 037643

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

SERVICE POINT: Russell

DATE <u>9-27-09</u>	SEC. <u>34</u>	TWP. <u>13</u>	RANGE <u>16</u>	CALLED OUT	ON LOCATION	JOB START <u>11:30pm</u>	JOB FINISH <u>12:00am</u>
LEASE <u>Starb</u>	WELL # <u>1</u>	LOCATION <u>Walker 42N 14W Ninto</u>			COUNTY <u>Ellis</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR W/W #5

TYPE OF JOB Rotary Plug

HOLE SIZE 7 7/8 T.D. 3560

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2 X-H DEPTH 1070

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER _____

CEMENT AMOUNT ORDERED 205 60/40 496 60C
147 FLO

EQUIPMENT

PUMP TRUCK CEMENTER Craig

417 HELPER Matt

BULK TRUCK _____

481 DRIVER Glenn

BULK TRUCK _____

_____ DRIVER _____

COMMON	<u>123</u>	@	<u>13.50</u>	<u>1660.50</u>
POZMIX	<u>82</u>	@	<u>7.55</u>	<u>619.10</u>
GEL	<u>7</u>	@	<u>20.25</u>	<u>141.75</u>
CHLORIDE		@		
ASC		@		
<u>FloSeal 50 lbs</u>		@	<u>2.45 lb</u>	<u>122.50</u>
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>205</u>	@	<u>2.25</u>	<u>461.25</u>
MILEAGE	<u>.1019K/mile</u>			<u>300.00</u>
TOTAL				<u>3305.10</u>

REMARKS:

<u>1st Plug</u>	<u>1070</u>	<u>255K</u>
<u>2nd</u>	<u>550</u>	<u>100SK</u>
<u>3rd</u>	<u>312</u>	<u>40SK</u>
<u>4th</u>	<u>40</u>	<u>10SK</u>
<u>Rathole</u>		<u>30SK</u>

Thanks!

CHARGE TO: Damar Resources

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB			
PUMP TRUCK CHARGE			<u>990.00</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>10</u>	@	<u>7.00</u> <u>70.00</u>
MANIFOLD		@	
		@	
TOTAL <u>1060.00</u>			

PLUG & FLOAT EQUIPMENT

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

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SALES TAX (If Any) _____

TOTAL CHARGES

DISCOUNT IF PAID IN 30 DAYS

PRINTED NAME _____

SIGNATURE _____