

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 32679
Name: AAS Oil Company, Inc.
Address 1: 2508 Edgemont Drive Suite #4
Address 2: _____
City: Arkansas City State: KS Zip: 67005 + _____
Contact Person: Dennis K. Shurtz
Phone: (620) 442 7940
CONTRACTOR: License # _____
Name: Gulick Drilling Co. Inc.
Wellsite Geologist: Mike Engelbrecht
Purchaser: Coffeyville Resources

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.: _____
11-5-2009 11-10-2009 11-24-2009
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 035-24342-00-00
Spot Description: _____
_____ w/2 w/2 SW Sec. 20 Twp. 34 S. R. 3 East West
1470 Feet from North / South Line of Section
330 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Cowley
Lease Name: Marrs Well #: 2
Field Name: Gibson
Producing Formation: Cleveland
Elevation: Ground: 1153 Kelly Bushing: 1161
Total Depth: 3475 Plug Back Total Depth: 3120
Amount of Surface Pipe Set and Cemented at: 311 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/ _____ ^{sq gmt.} Alt Log - 3/19/10

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 3300 ppm Fluid volume: 500 bbls
Dewatering method used: Natural Dry
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: President Date: 3-2-10
Subscribed and sworn to before me this 2nd day of March
20 10
Notary Public: Martha Jackson
Date Commission Expires: 5-8-11

MARTHA JACKSON
Notary Public - State of Kansas
My Appt. Expires 5-8-11

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

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MAR 15 2010
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Operator Name: AAS Oil Company, Inc. Lease Name: Marrs Well #: 2
 Sec. 20 Twp. 34 S. R. 3 East West County: Cowley

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: Dual Compensated Porosity Log Dual Induction Log Cement Bond Log	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Cleveland 3022 -1869 Mississippi 3420 -2267 <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> RECEIVED MAR 10 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	23	311	Common	175	
Product	7 7/8	4 1/2	9.5	3473	Class A	225	

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 (Amount and Kind of Material Used)	Depth
2	Perforated Mississippi 3420-3426	-	
	Plug 3120 cast iron bridge plug		
4	Perforated Cleveland 3022-3030	400 gal. 15 % msa fract	3022-3030
		9000# 20-40 sand	

TUBING RECORD: Size: <u>2 3/8</u> Set At: <u>2980</u> Packer At: <u>none</u> Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or Enhr. <u>11-25-2009</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 Bbls. <u>27</u> Gas Mcf <u> </u> Water Bbls. <u>20</u> Gas-Oil Ratio <u>50-50</u> Gravity <u>40</u>

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" 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: <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> RECEIVED MAR 15 2010 KCC WICHITA </div>
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