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MAR 19 2010

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

KCC WICHITA

OPERATOR: License # 5039

Name: A G V Corp.

Address 1: P. O. Box 377

Address 2: 123 N Main

City: Attica State: Ks Zip: 67009

Contact Person: Larry G. Mans

Phone: (620) 254-7222

CONTRACTOR: License # 33549

Name: Landmark Drilling, LLC

Wellsite Geologist: Kent Roberts

Purchaser: _____

Designate Type of Completion:

____ New Well ____ Re-Entry Workover

____ Oil SWD ____ SLOW

____ 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: Skelly Oil Co.

Well Name: A E Adams #1

Original Comp. Date: 1-3-58 Original Total Depth: 4653

____ 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.: _____

2-11-2010 2-17-2010 3-11-2010

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

API No. 15 - 007-01613-00-01

Spot Description: _____

SW SE Sec. 25 Twp. 33 S. R. 10 East West

660 Feet from North / South Line of Section

1980 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Barber

Lease Name: Green SWD Well #: 1

Field Name: Cedar

Producing Formation: _____

Elevation: Ground: 1357 Kelly Bushing: 1363

Total Depth: 5600 Plug Back Total Depth: 5106

Amount of Surface Pipe Set and Cemented at: 320 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 owwd- AH I ncl

(Data must be collected from the Reserve Pit) 3-25-10

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: Larry G. Mans

Title: Secretary Date: 3-15-2010

Subscribed and sworn to before me this 15 day of March

20 10

Notary Public: Kayan Howell

Date Commission Expires: _____



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

Operator Name: A G V Corp. Lease Name: Green SWD Well #: 1
 Sec. 25 Twp. 33 S. R. 10 East West County: Barber

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: <u>Radiation Guard</u> <u>Sinic Cement Bond</u>	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> RECEIVED MAR 19 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		8		320	Already set		
Production	7 7/8	5 1/2	14	5155	AA2	250	2% Silt

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
		5000 G 15% FE acid	5600

TUBING RECORD:	Size: <u>2 7/8</u>	Set At: <u>5104</u>	Packer At: <u>5104</u>	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 checked="" type="checkbox"/> Other (Explain) <u>SWD</u>

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 type="checkbox"/> Perf. SWD <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input checked="" type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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