

ORIGINAL

Amend

Amend

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 32887
Name: Endeavor Energy Resources, LP
Address: PO Box 40
City/State/Zip: Delaware, OK 74027
Purchaser: Seminole Energy Services
Operator Contact Person: Joe Driskill
Phone: (918) 467-3111
Contractor: Name: Well Refined Drilling
License: 33072

Wellsite Geologist: NA
Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 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./SWD
 Plug Back Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____

8-12-09 8-13-09 11-6-09
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 099-24561-0000
County: Labette
NE NE SW Sec. 13 Twp. 34 S. R. 17 East West
2475 feet from N (circle one) Line of Section
2310 feet from E (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Flying T Cattle Well #: 13-1
Field Name: Valeda

Producing Formation: Weir
Elevation: Ground: 783.5 Kelly Bushing: _____
Total Depth: 905 Plug Back Total Depth: 899
Amount of Surface Pipe Set and Cemented at 22' 3" Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 899 feet depth to surface w/ 100 sx cmt.

Drilling Fluid Management Plan AH II NR 4-16-10
(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: Joe Driskill
Title: Operations Superintendent Date: 3-12-10
Subscribed and sworn to before me this 12th day of April
2010
Notary Public: Stephanie Lakey
Date Commission Expires: April 18, 2013

STEPHANIE LAKEY
NOTARY PUBLIC-STATE OF OKLAHOMA
NOWATA COUNTY
MY COMMISSION EXPIRES
COMMISSION #05003715

KCC Office Use ONLY
N Letter of Confidentiality Received
If Denied, Yes Date: _____
Wireline Log Received
Geologist Report Received
UIC Distribution
RECEIVED
APR 14 2010

KCC WICHITA

Operator Name: Endeavor Energy Resources, LP Lease Name: Flying T Cattle Well #: 13-1
 Sec. 13 Twp. 34 S. R. 17 East West County: Labette

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Oswego Lime	304	479.5
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Riverton Coal	845	-61.5
List All E. Logs Run:		Mississippi Lime	859	-75.5
Compensated Density / Neutron Dual Induction * Gamma Ray / Neutron, CBL				

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	12.250	8.625	21#	22' 3"	Portland	5	
Production	6.750	4.5	10.5	899'	Class A	100	

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
4	599 - 601	180 gal 15% HCL	

TUBING RECORD		Size <u>2 3/8</u>	Set At <u>620'</u>	Packer At	Liner Run <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. <u>2-17-10</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.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
		5	20		

Disposition of Gas Sold Used on Lease Vented *(If vented, Submit ACO-18.)*

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

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