

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

OPERATOR: License # 33094
Name: Cimarex Energy Co.
Address 1: 348 Rd. DD
Address 2: _____
City: Satanta State: KS Zip: 67870 + _____
Contact Person: Kent Pendergraft
Phone: (620) 287-4060
CONTRACTOR: License # 30921
Name: Medina Well Service
Wellsite Geologist: NA
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: Cimarex Energy Co.
Well Name: Pleasant Prairie Unit No. 72
Original Comp. Date: 02/14/1959 Original Total Depth: 5155
____ Deepening ____ Re-perf. ____ Conv. to Enhr. ____ Conv. to SWD
 Plug Back: 4990 Plug Back Total Depth
____ Commingled Docket No.: _____
____ Dual Completion Docket No.: _____
____ Other (SWD or Enhr.?) Docket No.: _____
03/12/2010 03/24/2010
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 081-10236-0000
Spot Description: _____
____ SW ____ NW Sec. 9 Twp. 27 S. R. 34 East West
3300 Feet from North / South Line of Section
4620 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Haskell County
Lease Name: Jones "O" Well #: No. 32
Field Name: Pleasant Prairie
Producing Formation: Lansing B & Lansing E
Elevation: Ground: 2981 Kelly Bushing: 2991
Total Depth: 5115 Plug Back Total Depth: 4990
Amount of Surface Pipe Set and Cemented at: _____ 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 OWN - Alt I NR
(Data must be collected from the Reserve Pit) 4-9-10
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: Kent Pendergraft
Title: Production Foreman Date: 03/26/2010

Subscribed and sworn to before me this 26 day of March

20 10
Notary Public: Melissa Imler
Date Commission Expires: 11-17-2010

MELISSA IMLER
Notary Public - State of Kansas
My Appt. Expires 11-17-2010

KCC Office Use ONLY

N Letter of Confidentiality Received
If Denied, Yes Date: _____
____ Wireline Log Received
____ Geologist Report Received
____ UIC Distribution

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KANSAS CORPORATION COMMISSION
MAR 29 2010

Operator Name: Cimarex Energy Co. Lease Name: Jones "O" Well #: No. 32
 Sec. 9 Twp. 27 S. R. 34 East West County: Haskell County

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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

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	Lansing B 3970-3980	Acidized w/ 17Bbbs 2% KCL	3970-4008
4	Lansing B 4002-4008		
4	Lansing E 4097-4110	Acidized w/ 52Bbbs 2% KCL w/ biocide	4097-4110
	4990' CIBP		

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbbs. _____	Gas Mcf _____	Water Bbbs. _____ 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. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: RECEIVED KANSAS CORPORATION COMMISSION
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

MAR 29 2010

CONSERVATION DIVISION
WICHITA, KS



March 25, 2010

KCC-Conservation Division
130 S. Market – Room 2078
Wichita, KS 67202

To whom it may concern

In reference to API# 15-081-10236-0000 please cancel the approved CP-1 filed on Pleasant Prairie Unit 72 that is attach to this ACO 1 as the work over has taken it out of the Pleasant Prairie Unit and returned the well to it original name of Jones "O" 32. Thank you.

Sincerely

A handwritten signature in black ink, appearing to read "Melissa Imler". The signature is fluid and cursive, with the first name "Melissa" written in a larger, more prominent script than the last name "Imler".

Melissa Imler
Cimarex Energy Co.
348 Rd. DD
Satanta, KS 67870
620-276-3693 ext. 14

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KANSAS CORPORATION COMMISSION

MAR 29 2010

CONSERVATION DIVISION
WICHITA, KS