

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 # 32309
Name: Presco Western, LLC
Address 1: 5665 Flatiron Parkway
Address 2: _____
City: Boulder State: CO Zip: 80301 + _____
Contact Person: Susan Sears
Phone: (303) 444-8881
CONTRACTOR: License # _____
Name: _____
Wellsite Geologist: _____
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: Presco Western, LLC
Well Name: SWLVLU 119
Original Comp. Date: 11/16/07 Original Total Depth: 4400
____ 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.: _____
1/5/2009 1-5-09
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 081-21722-00-01
Spot Description: _____
SW SE SW NE Sec. 30 Twp. 30 S. R. 33 East West
2473 2822 Feet from North / South Line of Section
1987 1975 Feet from East / West Line of Section
GPS-KCC-Dg
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Haskell
Lease Name: SWLVLU Well #: 16
Field Name: Lemon Victory
Producing Formation: Lansing
Elevation: Ground: 2953 Kelly Bushing: 2965
Total Depth: 4400 Plug Back Total Depth: 4262
Amount of Surface Pipe Set and Cemented at: 1752 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 3166' Feet
If Alternate II completion, cement circulated from: _____
feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan OWNED - Alt I nle
(Data must be collected from the Reserve Pit) 5-14-10
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: Susan Sears
Title: KS/CO Engineering Manager Date: 1/27/2010
Subscribed and sworn to before me this 27th day of January,
2010
Notary Public: Sandra Blackburn
Date Commission Expires: 01/29/2013

KCC Office Use ONLY

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

RECEIVED
KANSAS CORPORATION COMMISSION
FEB 01 2010

CONSERVATION DIVISION
WICHITA, KS

Operator Name: Presco Western, LLC Lease Name: SWLVLU Well #: 16
 Sec. 30 Twp. 30 S. R. 33 East West County: Haskell

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 type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input 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 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	11"	7"	17.0	1752'	Lite/ASC	550/150	3%CC, 1/4 Floeal
Production	6 1/4"	4 1/2"	10.5	4386'	Lite/ASC	50/50	2% gel, 10% salt
					Lite	225	1/4 Floeal

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	0'-1100'	Lite	450	3%CC, 1/4 Floeal
				Perf 7" csg @ 1100' & squeeze

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	4086'-4096' (Lansing B1)	250 gals 15% NEFE, 10 bbls 4% KCl flush	
4	4108'-4115' (Lansing B2)	250 gals 15% NEFE, 18 bbls 4% KCl flush	

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FEB 01 2010

TUBING RECORD: Size: <u>2 3/8"</u> Set At: <u>4010'</u> Packer At: <u>4010'</u>		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	CONSERVATION DIVISION WICHITA, KS
Date of First, Resumed Production, SWD or Enhr. <u>4/1/2009 (Began injection)</u>		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 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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>4086'-4096', 4108'-4115'</u>
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