

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 3882
Name: SAMUEL GARY JR. & ASSOCIATES, INC.
Address: 1560 BROADWAY, SUITE 2100
City/State/Zip: DENVER, CO 80202-4838
Purchaser: GARY-WILLIAMS ENERGY CORPORATION
Operator Contact Person: CLAYTON CAMOZZI
Phone: (303) 831-4673
Contractor: Name: ROYAL DRILLING
License: 33905
Wellsite Geologist: JUSTIN CARTER

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: 11/18/2008 Original Total Depth: 3268'
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back _____ Plug Back Total Depth _____
 Commingled _____ Docket No. CO041002
 Dual Completion _____ Docket No. _____
 Other (SWD or Enhr.?) _____ Docket No. _____

6-19-09
9/15/2008 9/25/2008 6/19/2009
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-165-21836-0000
County: RUSH
~~SE~~ E/2 E/2 Sec. 27 Twp. 16 S. R. 16 East West
2540 ~~2450~~ feet from NORTH of Section
650 feet from EAST Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE NW SW
Lease Name: ALLENBOUGH-JME Well #: 1-27
Field Name: WILDCAT
Producing Formation: ARBUCKLE/LANSING
Elevation: Ground: 1958' Kelly Bushing: 1965'
Total Depth: 3268' Plug Back Total Depth: 3602'
Amount of Surface Pipe Set and Cemented at 1051 Feet
Multiple State 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 OWNO-AH I NR
(Data must be collected from the Reserve Pit) 5-19-10
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 information shall be filed with the Kansas Corporation Commission, 130 South 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 on 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: [Signature]
Title: OPERATIONS ENGINEER Date: 5/10/2010
Subscribed and sworn to before me this 10TH day of MAY
2010
Notary Public: [Signature]
Date Commission Expires: _____

KCC Office Use ONLY

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

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My Commission Expires 05/11/2013

Operator Name: SAMUEL GARY JR & ASSOCIATES, INC. Lease Name: ALLENBOUGH-JME Well #: 1-27
 Sec. 27 Twp. 16 S. R. 16 East West County: RUSH

INSTRUCTIONS: Show important tops and base of formation penetrated. Detail all cores. Report all final copes of drill stem 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 geologist well site report.

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Sample Sent to Geological Survey	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	TOPEKA	2968'	-1003'
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	HEEBNER	3199'	-1234'
List All E. Logs Run:	DUAL INDUCTION DENSITY - NEUTRON SONIC LOG MICROLOG		DOUGLAS	3230'	-1265'
			LANSING	3254'	-1289'
			ARBUCKLE	3523'	-1558'
			TD	3268'	

CASING RECORD <input checked="" type="checkbox"/> New <input checked="" 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	1051'	CLASS A	475	2% GEL & 3% CC
PRODUCTION	7-7/8"	5-1/2"	15.5	3626'	60/40 POZ ECON-O-BOND	25 125	5#/SK GILSONITE, 1/4#/SK CELLFLAKE

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth		Type of Cement	# Sacks Used	Type and Percent Additives
	Top	Bottom			
<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		Acid. Fracture, Shot, Cement, Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	Depth
4 JSPF	3525 - 3534		500 GAL W/ 15% ACETIC	3525 - 3534
4 JSPF	3393 - 3398		500 GAL W/ 20% MUD ACID	3393 - 3398

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TUBING RECORD		Size 2-7/8"	Set At 3598'	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. 6/19/09		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. 100	Gas Mcf 0	Water Bbls. 5	Gas-Oil Ratio	Gravity

Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>If vented, submit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	3393 - 3534 OA