

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 # 34289
Name: Adams Affiliates, Inc.
Address 1: 1437 S. Boulder, Suite 930
Address 2: _____
City: Tulsa State: OK Zip: 74119 + _____
Contact Person: Gary C. Adams
Phone: (918) 582-4242
CONTRACTOR: License # 05382
Name: Trinidad Drilling LP
Wellsite Geologist: Mark Crawford
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: Bird Creek Resources, Inc.
Well Name: Cox 1-5
Original Comp. Date: 11-07-01 Original Total Depth: 5550'
____ 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.: _____
01-11-10 01-13-10 03-26-10
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 081-21429-00-01
Spot Description: _____
____ NW ____ SE Sec. 5 Twp. 28 S. R. 32 ☐ East ☒ West
2750 Feet from ☒ North / ☐ South Line of Section
2490 Feet from ☒ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☐ SE ☐ SW
County: Haskell
Lease Name: Cox Well #: 1-5
Field Name: Wildcat
Producing Formation: St. Louis
Elevation: Ground: 2942 Kelly Bushing: 2958
Total Depth: 5579 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 1943 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

(Data must be collected from the Reserve Pit)

Chloride content: 48,608 ppm Fluid volume: 200 bbls
Dewatering method used: Separator
Location of fluid disposal if hauled offsite: _____
Operator Name: Brady Fluid Service, Inc.
Lease Name: Reimelt SWD License No.: 5848
Quarter NESW Sec. 23 Twp. 28 S. R. 32 ☐ East ☒ West
County: Haskell Docket No.: NGPA-K-86-0197

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: _____

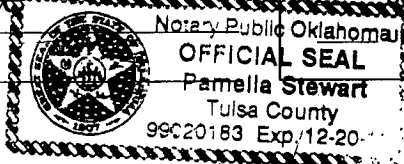
Title: President Date: 5/19/2010

Subscribed and sworn to before me this 19 day of May

20 10

Notary Public: Camella Stewart

Date Commission Expires: 12/20/2011



KCC Office Use ONLY

N

Letter of Confidentiality Received

If Denied, Yes ☐ Date: _____

Wireline Log Received

Geologist Report Received

Distribution ☒

RECEIVED

MAY 21 2010

KCC WICHITA

Operator Name: Adams Affiliates, Inc. Lease Name: Cox Well #: 1-5
 Sec. 5 Twp. 28 S. R. 32 ☐ 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 ☐ Yes ☒ No
 (Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☒ No

Cores Taken ☐ Yes ☒ No

Electric Log Run ☐ Yes ☒ No
 (Submit Copy)

List All E. Logs Run:

~~Cement Bond Log.~~

☐ Log Formation (Top), Depth and Datum ☐ Sample

Name Top Datum

Data existing on file with KCC from old well.

CASING RECORD ☒ New ☐ 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
Casing	8 7/8	5 1/2	15.50	5576	Class A	225	Gilsunite/Mud

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 spf	5530-5542	No treatment	
	CBP 5519		
3 spf	5470-5485	1000 gal 15% mud acid	

TUBING RECORD:	Size: 2 7/8	Set At: 5465'	Packer At: 5467'	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. Shut in for SWD Well	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. 20 est. Gas Mcf trace Water Bbls. 200 Gas-Oil Ratio -- Gravity 38

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	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: 5470-5485
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27094

SERVICE POINT:

Liberal

COMMON		@		
POZMIX		@		
GEL		@		
CHLORIDE		@		
ASC	225 SK	@	18.60	4185. ⁰⁰
E.I.sonite	1125 lb	@	.89	1001. ²⁵
Mud Clean	500 Gal	@	1.27	635. ⁰⁰
		@		
		@		
		@		
		@		
		@		
HANDLING	225	@	2.40	540. ⁰⁰
MILEAGE	SK RT		.10	225. ⁰⁰
			TOTAL	6586. ²⁵

Thank You!!!

RECEIVED

~~MAY 21 2010~~

~~KCC WICHITA~~

CHARGE TO: Adams NH, 1000

STREET _____

CITY _____ STATE _____ ZIP _____

To Allied Cementing Co., Inc.

You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

SIGNATURE

SERVICE

DEPTH OF JOB	500		
PUMP TRUCK CHARGE			2011.00
EXTRA FOOTAGE		@	
MILEAGE	10 mi.	@ 7.00	70.00
MANIFOLD	filled 1	@	113.00
750.00	✓	@	
		@	

TOTAL 2194. ⁰⁰

PLUG & FLOAT EQUIPMENT

ESS & FLOAT EQUIPMENT	
5 1/2	
Float Shoe	@ 529. ⁰⁰
Basket	@ 186. ⁰⁰
Cent 10	@ 57. ⁰⁰
LD Plug	@ 462. ⁰⁰

TOTAL 1747.00

TAX _____

TOTAL CHARGE _____

DISCOUNT IF PAID IN 30 DAYS

Ralph Beal, Jr.

PRINTED NAME