

Form ACO-1 June 2009 Form Must Be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #_ 33186	API No. 15
Name:LB Exploration, Inc.	Spot Description:
Address 1: 2135 2nd Road	NW_SESec3Twp33SR13East
Address 2:	1,980 Feet from North / South Line of Section
City: Holyrood State: KS Zip: 67450 +	1,980 Feet from ✓ East / ☐ West Line of Section
- Mighael Determent	Footages Calculated from Nearest Outside Section Corner:
Phone: (785) 252-8034 RECEIVED KANSAS CORPORATION COMMISSION	□NE □NW □SE □SW
33793	County: Barber
Name: H2 Drilling, LLC	Lease Name: Magnison A Well #: 1
Wellsite Geologist: Scott Alberg	Field Name: Medicine Lodge-Boggs
Purchaser: OneOK WICHITA, KS	Producing Formation: Mississippian
Designate Type of Completion:	Elevation: Ground: 1685 Kelly Bushing: 1696
New Well Re-Entry Workover	Total Depth: 5,163 Plug Back Total Depth: 5,099
	Amount of Surface Pipe Set and Cemented at: 280 Feet
☐ Oil ☐ WSW ☐ SWD ☐ SIOW SIGW Gas ☐ D&A ☐ ENHR ☐ SIGW	Multiple Stage Cementing Collar Used? Yes No
✓ Gas _ D&A _ ENHR _ SIGW _ OG _ GSW _ Temp. Abd.	
CM (Coal Bed Methane)	If yes, show depth set: Feet
Cathodic Other (Core, Expl., etc.):	If Alternate II completion, cement circulated from:
If Workover/Re-entry: Old Well Info as follows:	feet depth to: w/sx cmt.
Operator: Bowers Drilling	
Well Name: Magnison 1	Drilling Fluid Management Plan
Original Comp. Date: 10/31/1970 Original Total Depth: 4567	(Data must be collected from the Reserve Pit)
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Chloride content: 9000 ppm Fluid volume: 720 bbls
Conv. to GSW	Dewatering method used: Hauled
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:BEMCO
Dual Completion Permit #:	Lease Name: Mac License #: 32613
SWD Permit #:	
ENHR Permit #:	Quarter E/2 Sec. 7 Twp. 32 S. R. 11 East West County: Barber Permit #: D21-045
GSW Permit #:	County: Darber Permit #: D21010
12/31/2009 01/06/2010 02/01/2010 Spud Date or Date Reached TD Completion Date or	
Recompletion Date Recompletion Date	
INSTRUCTIONS: An original and two copies of this form shall be filed with t Kansas 67202, within 120 days of the spud date, recompletion, workover or color of side two of this form will be held confidential for a period of 12 months if requitality in excess of 12 months). One copy of all wireline logs and geologist well BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form	nversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information uested in writing and submitted with the form (see rule 82-3-107 for confident report shall be attached with this form. ALL CEMENTING TICKETS MUST
AFFIDAVIT	KCC Office Use ONLY
I am the affiant and I hereby certify that all requirements of the statutes, rules and re	orus a s
lations promulgated to regulate the oil and gas industry have been fully complied and the statements hereimage complete and correct to the best of my knowledge.	with Letter of Confidentiality Received

Date: 6/7/2010

Signature:

Title: President

Confidential Release Date:
Wireline Log Received

✓ Geologist Report Received

UIC Distribution

Side Two

Operator Name: LB Exploration, Inc.					Name: _	Magnison A		_ Well #:1_		······································			
Sec. 3 Twp.33	County												
time tool open and cl recovery, and flow ra	how important tops a losed, flowing and sh tes if gas to surface to Attach final geologica	ut-in pressur est, along wi	es, whether s th final chart	shut-in press	sure rea	ched static level	, hydrostatic pres	sures, bottom	hole temp	perature, fluid			
Drill Stem Tests Take			og Formatic	on (Top), Depth a	nd Datum		Sample						
Samples Sent to Geological Survey					Nam	ne ttached		Тор	Datum				
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Cop		☐ Yes ✓ Yes ☐ Yes	☐ No										
List All E. Logs Run: DIL, CNL/CD													
		Renort		RECORD	-	ew Used	ion etc		AL MENT OF THE PERSON OF THE P	s-1890-1805-34			
Purpose of String	Sizo Holo Sizo Cooing		Casing	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used		Type and Percent Additives			
surface	12-1/4"	8-5/8"			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	280							
production	7-7/8"	5-1/2"	~	14#		5150	AA-2	275		alt, 5% calset			
Par			A DOITIONA	CEMENTIN	10 / 50	TECTE DECORD							
Purpose: Depth Type of Cement					Used	Type and Percent Additives							
Perforate SP Section Protect Casing Plug Back TD Plug Off Zone													
Shots Per Foot			- Bridge Plug ch Interval Per				cture, Shot, Cemer mount and Kind of M		rd	Depth			
2	4506-50			corn/CD		2,500 gal 10% MIRA 45							
			KANSAS CORF	ECEIVED PORATION CO	MMISSI	MMISSION 6,953 bbl frac							
			JUL	N 0 9 20	10								
			CONSE	RVATION E VICHITA, K	NVISIO S	<u> </u>		 	* - 1 - 11 - 1				
TUBING RECORD:	Size: 2-3/8"	Set At:	0i	Packer At		Liner Run:	Yes No)		1			
Date of First, Resumed	d Production, SWD or Ef		Producing Met	hod:		Gas Lift (Other (Explain)						
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wat	er B	bls.	Gas-Oil Ratio		Gravity			
	ION OF GAS:		-	METHOD OF		_		PRODUCTION	ON INTER	RVAL:			
Vented ✓ Sol	d Used on Lease ubmit ACO-18.)		en Hole ner (Specify)	✓ Perf.	Dually (Submit .		mmingled mit ACO-4)			**************************************			



TREATMENT REPORT

energ	-										D-1:							
Customer_B	EXPLO	CATION	1. ZNC	Le	ease No.						Date							
Customer B CXPLORATION INC Lease No. Lease MAGNICON A - / Well # A - / COUL								10 01-0					<u> 25 - 1</u>	5-10				
Field Order #	Station	PRATT	0	,			Casing,	Dep	oth		County	9RR	ER_			State KS		
				FIN	10			Formatio	on				Legal D	Descript	tion 13			
PIPE DATA PERFORATING DATA FLUID U																		
Casing Size	Tubing Siz	ze Shots/	Ft	Acid			eid			RATE			PRESS ISIP					
Depth 6/	Depth	From	То			Pre Pad			М	Max				5 Min.				
Volume	Volume	From		То			Pad			Min			10 Min.					
Max Press	Max Pres	s From		То		Frac			^	vg			15 Min.					
Well Connection	n Annulus V				То			HHP Use		HP Used	d			Annulus Pressure				
Plug Depth	Packer De			То		Flu	ush	Gas		as Volume	•			Tota	Total Load			
Customer Rep			* ***		Statio	n Mai	nager OF	UE -Sc	° (; "7	4	Treat	ter —	Shen	1 1	C//10	9,-		
Service Units	19867	19959	209	20	1983	, J	2/0/0											
Dut	Sallivan	Roust	1		Nt	14												
Time	Casing Pressure	Tubing Pressure	Bbls	s. Pur	nped		Rate					Servi	ce Log					
1330								ou be -Safe, marky										
,				ANCAC.	RECEIV		OMMISSION				<i>,</i>			,		· ·		
		<u> </u>					Rud 123 JTS 51/2 14 CSG											
					JUN 09 2			42'55 Shoe cas 2, 4, 9, 1011, 16/7, 1832, 33										
				CON	ISERVA	TION	DIVISION											
1870 1820								CA	<u>S) ,</u>	Up o	الدو	<u> </u>	Ho.	m				
1820								1/0	ok.	Ry	BR	eak	CIRC			· · · · · · · · · · · · · · · · · · ·		
1915 /2						4.5	Istar Supran Plush											
					5			Dacen										
				68	8		5	mix and 225 sk AN. 2 cat										
		-	_					Shut	1 0	down					Dun,	Dx hine		
1945							<u>C</u>	Releg	750	Ph	9 .	AN	05	1	usp			
	250		77		ਓ		6305	Soft.		/\\ // /								
	550						4.5	Sto	w.	<u>Kute</u>	- ; -		· · · · · ·			·		
2015	2,000		125		3.5		Blug down											
							3 P40			g K. H w/ 30 sk								
			_	1	· ·		3	Pluj	* 	111.11	u/	20 5	<u>k</u>		<u> </u>			
7 7 2	 -	<u> </u>			}			- ///										
2030			-		\longrightarrow			Abb	-6	lo orp	H.	9			. 1			
			-					V				1	1		/			
												200		4				