

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 # 3880
Name: KC Resources
Address 1: 110 Midland Ave.
Address 2: _____
City: Basalt State: CO Zip: 81621 + _____
Contact Person: Reiner Klawiter
Phone: (970) 927-2764
CONTRACTOR: License # Superior Well Services Superior
Name: 8073 32297 Service INC
Wellsite Geologist: Nathan Zimmerman
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: KC Resources
Well Name: Miles B-2
Original Comp. Date: 3/16/1961 Original Total Depth: 3633
____ 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.: _____
____ 3/10/1961 09/15/2009
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 095-17617-00084
Spot Description: 1323' FSL 442' FWL SE/4
NW SW SE Sec. 19 Twp. 27 S. R. 10 East West
1323 1299 Feet from North / South Line of Section
442 2270 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Kingman
Lease Name: Miles B Well #: 2
Field Name: Cunningham
Producing Formation: Lansing/Kansas City
Elevation: Ground: 1740 Kelly Bushing: 1746
Total Depth: 3633 Plug Back Total Depth: 3612
Amount of Surface Pipe Set and Cemented at: 352 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: _____ 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: [Signature]
Title: Chief Executive Officer Date: 09/24/2009

Subscribed and sworn to before me this 24 day of SEPTEMBER

2009
Notary Public: [Signature]

Date Commission Expires: NOV 24, 2012

KELLY TAYLOR
NOTARY PUBLIC
STATE OF COLORADO
My Commission Expires 11/24/12

KCC Office Use ONLY

Letter of Confidentiality Received
If Denied, Yes Date: RECEIVED
KANSAS CORPORATION COMMISSION
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
SEP 28 2009
wo-Dlg-6/23/10
CONSERVATION DIVISION WICHITA, KS

Operator Name: KC Resources Lease Name: Miles B Well #: 2
 Sec. 19 Twp. 27 S. R. 10 East West County: Kingman

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: GR/CBL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Lansing/Kansas City 3408 GL
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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 <i>(Amount and Kind of Material Used)</i>	Depth
4	3452-55'	500 gal 15% NEFE HCl	3452
3	3423-27'	500 gal 15% NEFE HCl	3423

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KANSAS CORPORATION COMMISSION
SEP 28 2009

TUBING RECORD: Size: <u>2 7/8"</u> Set At: <u>3400</u> Packer At: <u>3400</u>		Liner Run: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	CONSERVATION DIVISION WICHITA, KS
Date of First, Resumed Production, SWD or Enhr. <u>09/24/2009</u>	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. <u>2</u>	Gas Mcf <u>0</u>	Water Bbls. <u>110</u> Gas-Oil Ratio <u>0</u> Gravity <u>36</u>

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>Lansing/Kansas City</u>
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