

RECEIVED

JUL 12 2010

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

KCC WICHITA

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 34225
Name: Buffalo Resources, LLC
Address 1: 301 Commerce Street, Suite 1380
Address 2: _____
City: Fort Worth State: TX Zip: 76102 + _____
Contact Person: Matthew Flaney
Phone: (817) 870-2707
CONTRACTOR: License # 5929
Name: Duke Drilling, Co
Wellsite Geologist: Kim B. Shoemaker
Purchaser: N/A

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SIOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 CM (Coal Bed Methane)
 Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:
Operator: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. to ENHR Conv. to SWD
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

6/23/2010	6/29/2010	6/30/2010
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 167-23644-00-00
Spot Description: _____
NE SW SE NW Sec. 6 Twp. 14 S. R. 11 East West
2,220 Feet from North / South Line of Section
1,800 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Russell
Lease Name: Stricker Well #: 2-6
Field Name: Dorrance
Producing Formation: N/A
Elevation: Ground: 1807 Kelly Bushing: 1815
Total Depth: 3333 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 518 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: 55,000 ppm Fluid volume: 800 bbls
Dewatering method used: Evaporation
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

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.

AFFIDAVIT
I am the affiant and I hereby certify that 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: Mark Flaney
Title: Land Management Date: 7/6/2010

KCC Office Use ONLY
 Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: DLG Date: 7/13/10
PLA

Operator Name: Buffalo Resources, LLC Lease Name: Stricker Well #: 2-6

Sec. 6 Twp. 14 S. R. 11 East West County: Russell

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 complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input 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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Micro Log Dual Induction Log Comp. Density/Neutron Log	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>Tarkio</td> <td>2374</td> <td>-559</td> </tr> <tr> <td>Topeka</td> <td>2554</td> <td>-739</td> </tr> <tr> <td>Heebner</td> <td>2827</td> <td>-1012</td> </tr> <tr> <td>Lansing</td> <td>2928</td> <td>-1113</td> </tr> <tr> <td>B/KC</td> <td>3190</td> <td>-1375</td> </tr> <tr> <td>Arbuckle</td> <td>3256</td> <td>-1441</td> </tr> </tbody> </table> <div style="text-align: center; font-weight: bold; font-size: 1.2em; margin-top: 10px;"> RECEIVED JUL 12 2010 KCC WICHITA </div>	Name	Top	Datum	Tarkio	2374	-559	Topeka	2554	-739	Heebner	2827	-1012	Lansing	2928	-1113	B/KC	3190	-1375	Arbuckle	3256	-1441
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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	12 1/4	8 5/8	23	518	60/40 poz	250	3%CC, 2% gel

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

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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ALLIED CEMENTING CO., LLC. 041635

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Russell KS

DATE <u>6-24-10</u>	SEC. <u>6</u>	TWP. <u>14</u>	RANGE <u>11</u>	CALLED OUT	ON LOCATION	JOB START <u>5:00am</u>	JOB FINISH <u>5:30am</u>
LEASE <u>Stricker</u>		WELL # <u>2-8</u>		LOCATION <u>Doorrance KS 1 North 1/4 West</u>		COUNTY <u>Russell</u>	STATE <u>KS</u>
OLD OR <input checked="" type="radio"/> NEW (Circle one)				<u>South into</u>			

CONTRACTOR Duke Rig #2
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4" T.D. 518'
 CASING SIZE 8 5/8" DEPTH 518'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 42.30'
 PERFS. _____
 DISPLACEMENT 30.29 Bbl

OWNER _____
 CEMENT AMOUNT ORDERED 250 6940 3% CC 2% Gel

EQUIPMENT
 PUMP TRUCK # 417 CEMENTER John Roberts
 HELPER Heath
 BULK TRUCK # 473 DRIVER Glenn
 BULK TRUCK # _____ DRIVER _____

COMMON	<u>150</u>	@	<u>13.50</u>	<u>2025.00</u>
POZMIX	<u>100</u>	@	<u>7.55</u>	<u>755.00</u>
GEL	<u>4</u>	@	<u>20.25</u>	<u>81.00</u>
CHLORIDE	<u>8</u>	@	<u>51.50</u>	<u>412.00</u>
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>2.50</u>	@	<u>2.25</u>	<u>562.50</u>
MILEAGE	<u>110 1/2 / ml</u>			<u>375.00</u>
TOTAL				<u>4210.50</u>

REMARKS: KCC WICHITA

Est. Circulation
Mix 250 sk cement
Displace plug w/ 30.29 Bbl H2O
Cement Did Circulate! Float Held.
Thank You!

SERVICE

DEPTH OF JOB				
PUMP TRUCK CHARGE			<u>99.00</u>	
EXTRA FOOTAGE		@		
MILEAGE	<u>15</u>	@	<u>7.00</u>	
MANIFOLD		@		
		@		
		@		
TOTAL				<u>1096.00</u>

CHARGE TO: Buffalo Resources
 STREET _____
 CITY _____ STATE _____ ZIP _____

8 5/8 PLUG & FLOAT EQUIPMENT

<u>3-Centralizers</u>	@	<u>49.00</u>	<u>147.00</u>	
<u>1-Rubber Plug</u>	@		<u>74.00</u>	
<u>1-AFU Insert</u>	@		<u>158.00</u>	
	@			
	@			
TOTAL				<u>379.00</u>

To Allied Cementing Co., LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) 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 and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any) _____
 TOTAL CHARGES
 DISCOUNT IF PAID IN 30 DAYS

PRINTED NAME _____
 SIGNATURE Daron Patterson