

KANSAS CORPORATION COMMISSION **ORIGINAL**
OIL & GAS CONSERVATION DIVISION

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
Name: LB Exploration, Inc.
Address 1: 2135 2nd Road
Address 2: _____
City: Holyrood State: KS Zip: 67450 + _____
Contact Person: Michael Petermann
Phone: (785) 252-8034
CONTRACTOR: License # 33793
Name: H2 Drilling, LLC
Wellsite Geologist: Scott Alberg
Purchaser: Bluestem

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CONSERVATION DIVISION
WICHITA, KS

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: Anschutz
Well Name: Lonker B 1
Original Comp. Date: 12/22/1954 Original Total Depth: 4520
 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 #: _____
1/11/2010 1/16/2010 2/11/2010
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 007-00568-00-01
Spot Description: _____
SW_SW_SE Sec. 25 Twp. 32 S. R. 13 East West
330 Feet from North / South Line of Section
2,310 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Barber
Lease Name: Lonker B Well #: 1
Field Name: Medicine Lodge-Boggs
Producing Formation: Mississippian
Elevation: Ground: 1630 Kelly Bushing: 1641
Total Depth: 5,026 Plug Back Total Depth: 4,978
Amount of Surface Pipe Set and Cemented at: 258 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: 4800 ppm Fluid volume: 290 bbls
Dewatering method used: Hauled
Location of fluid disposal if hauled offsite: _____
Operator Name: BEMCO
Lease Name: Mac License #: 32613
Quarter E/2 Sec. 7 Twp. 32 S. R. 11 East West
County: Barber Permit #: D21-045

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: [Signature]
Title: President Date: 6/7/2010

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: 6/15/10

Operator Name: LB Exploration, Inc. Lease Name: Lonker B Well #: 1
 Sec. 25 Twp. 32 S. R. 13 East West County: Barber

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 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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: DIL, CNL/CDL, MEL	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum see attached
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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
surface	12-1/4"	8-5/8"		258			
production	7-7/8"	5-1/2"	14#	5150	AA-2	175	10% salt, 1% gas block

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
2	4433-64 & 4472-82	2,500 gal 10% MIRA	4433-64 & 72-82
		6,573 bbl frac	4433-64 & 72-82

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TUBING RECORD: Size: <u>2-3/8"</u> Set At: <u>4579</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls. Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" 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 <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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BASIC

energy services, L.P.

TREATMENT REPORT

Customer	LB EXPL. INC.	Lease No.		Date	1-16-10
Lease	LONKER 'B'	Well #	1		
Field Order #	1232A	Station	PRAIRIE, KS	Casing	5 1/2
Type Job	CNW - LOWESTRONG	Depth	5022	County	BARBER
		Formation	TD-5025	State	KS
		Legal Description	25-32-13		

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	5 1/2	Shots/Ft		Acid	175 SIC AA2	RATE	PRESS	ISIP
Depth	5022	From	To	Pre Pad		Max		5 Min.
Volume		From	To	Pad	50 SK 60/40 P02	Min		10' Min.
Max Press		From	To	Frac		Avg		15 Min.
Well Connection		From	To			HHP Used		Annulus Pressure
Plug Depth	4780	From	To	Flush		Gas Volume		Total Load

Customer Representative	R. POPP	Station Manager	SCOTT	Treater	CORSLEY
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Service Units	19907	19903-19905	19826-19860
Driver Names	KG	INITIAL	MACCRAW

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
0000					ON LOCATION
					RUN 120 HRS 5 1/2" 14" CSC-5025'
					FLOWLINE LATCH BATTLE 12' COWARD
					CEWT. - 1-3-4-6-7-12-13-14
					THE BOTTOM - DROP BALL - C.I.P.E.
					SET 5 1/2" AT 5022' - ROTATE CSC.
0430	400		5	6	PUMP 5 bbl. H2O
	400		12	6	PUMP 12 bbl SUPERFLUSH
	400		5	6	PUMP 5 bbl. H2O
	200		42	6	MIX 175 SIC AA2 CEMENTS
					.3% CFR .3% FLA-322, 10% SALT,
					1% GMS POK, 5 1/2" GILSWITE
					STOP - WASH LINE CLEAN, DROP PUMP
	0		0	6	START DISP. W/ 2% KCL H2O
	200		95	6	LIFT CEMENT
	700		115	4	SLOW RATE
0530	2000		121 1/2	3	PLUG DOWN - HEAD
					PLUG RAT HOLE - 30 SK 60/40 P02
					PLUG MOUSE HOLE - 20 SK 60/40 P02
0630					IDB COMPLETE - HEAD

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