

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

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 31398
Name: Indian Oil Co., Inc.
Address 1: PO Box 209
Address 2: _____
City: Medicine Lodge State: KS Zip: 67104 + _____
Contact Person: Anthony Farrar
Phone: (620) 886-3763
CONTRACTOR: License # 330002 33902
Name: Hardt Drilling, LLC
Wellsite Geologist: Scott Alberg
Purchaser: Sunoco & West Wichita Gas Gathering

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 #: _____

<u>2/25/2010</u>	<u>3/3/2010</u>	<u>3/22/2010</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 007-23500-00-00

Spot Description: _____

SW SE NE SW Sec. 30 Twp. 31 S. R. 11 East West
1,580 Feet from North / South Line of Section
2,975 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Barber

Lease Name: Lawrence Well #: 1

Field Name: Whelan

Producing Formation: Mississippi

Elevation: Ground: 1514 Kelly Bushing: 10

Total Depth: 4450 Plug Back Total Depth: 4439

Amount of Surface Pipe Set and Cemented at: 292 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: 9500 ppm Fluid volume: 5280 bbls

Dewatering method used: haul to onsite pit

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: [Signature]

Title: Secretary/Treasurer Date: 7/1/2010

KCC Office Use ONLY

- Letter of Confidentiality Received Date: 7/1/10 *Devied 7/20/10*
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: DJg Date: 7/20/10

RECEIVED

JUL 20 2010

Operator Name: Indian Oil Co., Inc. Lease Name: Lawrence Well #: 1

Sec. 30 Twp. 31 S. R. 11 East West County: Barber

KCC WICHITA

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 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:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input 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>Elgin Sand</td> <td>3367</td> <td>-1843</td> </tr> <tr> <td>Heebner Shale</td> <td>3488</td> <td>-1964</td> </tr> <tr> <td>Lansing</td> <td>3693</td> <td>-2169</td> </tr> <tr> <td>B/KC</td> <td>4150</td> <td>-2626</td> </tr> <tr> <td>Mississippi</td> <td>4267</td> <td>-2735</td> </tr> <tr> <td>Kinderhook</td> <td>4408</td> <td>-2884</td> </tr> </tbody> </table>	Name	Top	Datum	Elgin Sand	3367	-1843	Heebner Shale	3488	-1964	Lansing	3693	-2169	B/KC	4150	-2626	Mississippi	4267	-2735	Kinderhook	4408	-2884
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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	24.00	292	60:40	200	+3% cc
Production	7-7/8	5-1/2	15.50	4439	60:40	175	+4% 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
4	4260-4264	Fracture-9294 BBL chem, 150 CWT, 6000# RCS, 15600 Prop.	4260-4295
15	4267-4282	Acid-1500 gal 15% HCl, 80 RCN balls	4260-4295
8-5/8	4287-4295		

TUBING RECORD: Size: <u>2-7/8</u> Set At: <u>4331</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>5/31/10</u> - <u>6/7/10</u> Gas		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. 10	Gas Mcf 75	Water Bbls. 90
			Gas-Oil Ratio 900
			Gravity 29

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)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>4260-4295</u>
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Indian Oil Company, Inc.
P.O. Box 209
Medicine Lodge, KS 67104
620/886-3763 (voice) 620/886-3765 (fax)
indianoil@sbcglobal.net

1 July 2010

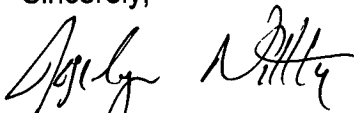
Kansas Corporation Commission
Conservation Division
130 S. Market, Room 2078
Wichita, KS 67202

RE: Confidentiality of Lawrence 1
API: 15-007-23500-00-00

To Whom It May Concern:

Please accept our request to keep information regarding this well confidential per Rule 82-3-107(e).

Sincerely,



Jocelyn Nittler
Sec./Treas.

RECEIVED
JUL 2 2010
KCC WICHITA



CEMENTING LOG

RECEIVED
STAGE NO. **JUL 2-0 2010**

Date 03 03 10 District Med Lodge #1 Ticket No. 41475
 Company Indian Oil Rig Handt
 Lease Lawrence Well No. 1
 County Barber State KS
 Location _____ Field 30-31s-11w

CEMENT DATA:
 Spacer Type: 500 gal ASF
 Amt. _____ Sks Yield _____ ft³/sk Density _____
KCC WICHITA
 PPG

CASING DATA: PTA Squeeze
 Surface Intermediate Production Liner
 Size 5 7/8 Type _____ Weight 15.5 Collar _____

LEAD: Pump Time _____ hrs. Type 60:40:40 gal
 Excess _____
 Amt. 30 Sks Yield 1.4 ft³/sk Density 14.1 PPG

Casing Depths: Top _____ Bottom _____

TAIL: Pump Time _____ hrs. Type "A" ASC + 5" Kols
+ 2% FL 160 + 2% Gas Block Excess Deformers
 Amt. 125 Sks Yield 1.57 ft³/sk Density 14.5 PPG
 WATER: Lead 6.7 gals/sk Tail 9.23 gals/sk Total _____ Bbls.

Drill Pipe: Size _____ Weight _____ Collars _____
 Open Hole: Size 7 7/8 T.D. 4450 ft. P.B. to 4439 ft.

Pump Trucks Used 1 B1
 Bulk Equip. 364

CAPACITY FACTORS:

Casing: Bbls/Lin. ft. .0238 Lin. ft./Bbl. _____
 Open Holes: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Drill Pipe: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Annulus: Bbls/Lin. ft. .0309 Lin. ft./Bbl. _____
 Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Perforations: From _____ ft. to _____ ft. Amt. _____

Float Equip: Manufacturer _____
 Shoe: Type Guide Shoe Depth _____
 Float: Type AFU cement Depth _____
 Centralizers: Quantity 6 Plugs Top TRP Btm. _____
 Stage Collars _____
 Special Equip. _____
 Disp. Fluid Type 2% KCL Water Amt. 106 Bbls. Weight _____ PPG
 Mud Type Native Weight _____ PPG

COMPANY REPRESENTATIVE A. Fennel

CEMENTER D. Felis

TIME AM/PM	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbls Min.	
						Pipe on Btm. Break Case.
7:15	250		3		5	Pump Fresh H ₂ O
7:16	250		12		5	Pump 500 gals ASF Pre flush
7:19	250		3		5	Pump Fresh H ₂ O
7:20	100		7 1/2		3	Plug Rest Hole w/ 30s x 60" 10 Cement
7:23	200		35		5 1/2	Mix 125 ssk "A" ASC cement
7:25						Stop Pump
7:40	100		10		3 ASD	Wash Pump & Lines
7:42						Release Plug
7:43	100				5 1/2	Start Dip w/ 2% KCL Water
7:55 PM	200		78		5 1/2	Sec increase in PSI
7:58 PM	450		100		2 1/2	Slow Rate
8:00 PM	800		106		2 1/2	Bump Plug
						Release PSI Float Did Hold

ALLIED CEMENTING CO., LLC. 041475

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

SERVICE POINT:
Medicine Lodge #1

DATE <i>03-03-10</i>	SEC <i>30</i>	TWP <i>31S</i>	RANGE <i>11W</i>	CALLED OUT	ON LOCATION	JOB START <i>7:15 PM</i>	JOB FINISH <i>8:00 PM</i>
LEASE <i>Lawrence</i>	WELL # <i>1</i>	LOCATION			COUNTY <i>Bohler</i>	STATE <i>KS</i>	
OLD OR NEW (Circle one)							

CONTRACTOR *Hardt #1*

TYPE OF JOB *Production Casing*

HOLE SIZE *7 7/8* T.D. *4450*

CASING SIZE *5 1/2* DEPTH *4439*

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX *800* MINIMUM *—*

MEAS. LINE SHOE JOINT *21*

CEMENT LEFT IN CSG. *21*

PERFS.

DISPLACEMENT *106 Bbls 2% KCL Water*

OWNER *Indian Oil*

CEMENT

AMOUNT ORDERED *30s x 60' 40' 4% gel #*

125s x "A" ASC + 5# Kalsolite + 2% F6160 +

2% Gas Bldg & Deformer \$ 500 gals ASF +

11 gals Cl pro.

COMMON @

POZMIX @

GEL @

CHLORIDE @

ASC @

EQUIPMENT

PUMP TRUCK CEMENTER *D. Felt*

181 HELPER *W. Davis*

BULK TRUCK

364 DRIVER *C. Balding*

BULK TRUCK

DRIVER

RECEIVED

JUL 20 2010

KCC WICHITA

HANDLING @

MILEAGE @

TOTAL @

REMARKS:

Pipe on Btm, Break Circ, Pump Preflush,

Plug Rat Hole w/ 30s x 60' 40' cement, Mix 125s x

A ASC Cement Blend, Stop Pump, Wash Pump &

Lines, Release Plug, Start Disp w/ 2% KCL

Water, See increase in Lfr, Slow Rate, Bump

Plug at 106 Bbls total Disp, Release Pst

Float Did Hold

DEPTH OF JOB *4439*

PUMP TRUCK CHARGE @

EXTRA FOOTAGE @

MILEAGE @

MANIFOLD *head Reels* @

TOTAL @

CHARGE TO: *Indian Oil*

STREET

CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

1- Guide Shoe @

1- AFU insert @

6- cementizers @

1- TRP @

TOTAL @

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 *Anthony Enarak*

SIGNATURE *[Signature]*