

JUL 28 2010

Form ACO-1 June 2009

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

KCC WICHITA

OPERATOR: License # 34352 Name: N-10 Exploration, LLC Address 1: PO Box 195 Address 2: City: Attica State: KS Zip: 67009 Contact Person: Randy Newberry Phone: (620) 254-7251 CONTRACTOR: License # 33902 Name: Hardt Drilling, LLC Wellsite Geologist: Tim Pierce Purchaser:

Designate Type of Completion: [X] New Well [] Re-Entry [] Workover [] Oil [] WSW [] SWD [] SIOW [] Gas [] D&A [] ENHR [] SIGW [X] 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 #:

5/21/2010 5/28/2010 6/11/2010 Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 007-23547-00-00 Spot Description: Approx. NW NE SE NE SE Sec. 16 Twp. 34 S. R. 11 [] East [X] West 2,260 Feet from [] North / [X] South Line of Section 925 Feet from [X] East / [] West Line of Section Footages Calculated from Nearest Outside Section Corner: [] NE [] NW [X] SE [] SW County: Barber Lease Name: Medicine River Ranch Well #: C 2 Field Name: Landis Producing Formation: Mississippi Elevation: Ground: 1331 Kelly Bushing: 1341 Total Depth: 4800 Plug Back Total Depth: 4775 Amount of Surface Pipe Set and Cemented at: 268 Feet Multiple Stage Cementing Collar Used? [] Yes [X] 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: 320 bbls Dewatering method used: Hauled Off Location of fluid disposal if hauled offsite: Operator Name: Woolsey Operating Co., LLC Lease Name: Harbaugh #2 SWD License #: 33168 Quarter SE Sec. 32 Twp. 33 S. R. 11 [] East [X] West County: Barber Permit #: D-30, 333

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: Randy Newberry Title: Manager Date: 7-27-2010

KCC Office Use ONLY

[X] Letter of Confidentiality Received Date: [] Confidential Release Date: [X] Wireline Log Received [X] Geologist Report Received [] UIC Distribution ALT [X] I [] II [] III Approved by: Dlg Date: 7/29/10

Operator Name: N-10 Exploration, LLC Lease Name: Medicine River Ranch Well #: C 2
 Sec. 16 Twp. 34 S. R. 11 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: Dual Compensated Porosity, Dual Induction	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Mississippi 4574 (-3233) <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> RECEIVED JUL 28 2010 KCC WICHITA </div>
--	--

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#	268'	60:40 Poz	225	2 + 3% CC
Production	7-7/8"	5-1/2"	14#	4797'	Class H	150	10% Salt, 5# Kolseal

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	4594 - 4630	2000 gal 15% MCA Acid	
		Frac 1686 sx 30/70 sand	
		410 sx 16/30 sand	
		140 sx Sandtrol Super LC 16/30 Sand	

TUBING RECORD:		Size: <u>2-7/8"</u>	Set At: <u>4724</u>	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>6/16/2010</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>30</u>	Gas Mcf <u>190</u>	Water Bbls. <u>350</u>	Gas-Oil Ratio <u>6.3 - 1</u>	Gravity <u>24</u>

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>4594 - 4630</u>
--	--	--

ALLIED CEMENTING CO., LLC. 037149

TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Med. Lodge

DATE <u>5/22/10</u>	SEC. <u>16</u>	TWP. <u>34S</u>	RANGE <u>11W</u>	CALLED OUT	ON LOCATION	JOB START <u>12:00 PM</u>	JOB FINISH <u>12:30 PM</u>
LEASE <u>Med. Lodge RANCH</u>	WELL # <u>C-2</u>	LOCATION <u>281 + SCOTT CANYON</u>			COUNTY <u>BARBER</u>	STATE <u>KANSAS</u>	
OLD OR NEW (Circle one)		<u>ROAD 3EA ST, 1 SOUTH</u>					

CONTRACTOR <u>HARDY DRUG #1</u>	OWNER <u>N-10 EXPLD. LLC</u>
TYPE OF JOB <u>SURFACE CASING</u>	
HOLE SIZE <u>12 1/4"</u> T.D.	CEMENT
CASING SIZE <u>8 7/8"</u> DEPTH <u>268'</u>	AMOUNT ORDERED
TUBING SIZE DEPTH	<u>225 SACKS 60:40:2 + 3% COL²</u>
DRILL PIPE DEPTH	
TOOL DEPTH	
PRES. MAX <u>250#</u> MINIMUM	COMMON <u>A 135</u> @ <u>15.45</u> <u>2085.75</u>
MEAS. LINE SHOE JOINT	POZMIX <u>90</u> @ <u>8.00</u> <u>720.00</u>
CEMENT LEFT IN CSG. <u>20'</u>	GEL <u>5</u> @ <u>20.80</u> <u>104.00</u>
PERFS.	CHLORIDE <u>7</u> @ <u>58.20</u> <u>407.40</u>
DISPLACEMENT <u>15 3/4 BBLs WATER</u>	ASC @
EQUIPMENT	@
	@
	@
PUMP TRUCK CEMENTER <u>KEVIN B.</u>	@
# <u>360-265</u> HELPER <u>MATT T.</u>	@
BULK TRUCK	@
# <u>364</u> DRIVER <u>DAVID W.</u>	@
BULK TRUCK	@
#	@
	HANDLING <u>225</u> @ <u>2.40</u> <u>540.00</u>
	MILEAGE <u>225/10/15</u> <u>337.50</u>
	TOTAL <u>4194.65</u>

REMARKS:

RUN 8 7/8" CASING + BREAK CIRC.
REG UP TO PUMP TRUCK
MAX 225 SACKS 60:40:2 + 3% COL
RELEASE PLUG
DISPLACE WITH 15 3/4 BBLs H₂O
CEMENT DID CIRCULATE

CHARGE TO: N-10 EXPLORATION
STREET P.O. Box 195
CITY ATTICA STATE KANSAS ZIP 671009

SERVICE

DEPTH OF JOB <u>268'</u>	
PUMP TRUCK CHARGE <u>0-300'</u>	<u>1018.00</u>
EXTRA FOOTAGE @	
MILEAGE <u>15</u>	@ <u>7.00</u> <u>105.00</u>
MANIFOLD! @	
@	
@	
TOTAL	<u>1123.00</u>

PLUG & FLOAT EQUIPMENT

<u>1-8 7/8" WOODEN</u>	@	<u>68.00</u>
<u>PLUG</u>	@	
@		
@		
@		
TOTAL		<u>68.00</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.

PRINTED NAME _____
SIGNATURE Scott Adelman

SALES TAX (If Any) _____
TOTAL CHARGES 1191.00
DISCOUNT 68.00 IF PAID IN 30 DAYS

RECEIVED
JUL 28 2010
KCC WICHITA

ALLIED CEMENTING CO., LLC. 041456

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

SERVICE POINT:
Medicine Lodge, KS

DATE <u>5-28-2010</u>	SEC. <u>16</u>	TWP. <u>34S</u>	RANGE <u>11W</u>	CALLED OUT <u>3:00pm</u>	ON LOCATION <u>5:00pm</u>	JOB START <u>9:00pm</u>	JOB FINISH <u>10:00pm</u>
LEASE <u>Medicine River Ranch</u>		WELL# <u>C-2</u>	LOCATION <u>281 & Scott Canyon Rd</u>		COUNTY <u>Barber</u>	STATE <u>KS</u>	
OLD OR <input checked="" type="checkbox"/> NEW (Circle one)			<u>3 east, 1 south</u>				

CONTRACTOR Hocht #1
 TYPE OF JOB Production
 HOLE SIZE 7 7/8 T.D. 4800'
 CASING SIZE 5 1/2 DEPTH 4797'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 12
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT 115 1/2 bbls of fresh water
 EQUIPMENT

OWNER N-10 Exploration

CEMENT
 AMOUNT ORDERED 40s x 60' 40' 49% 60'
.49% sms, 150sr Class H + 10% 85ft
5# Kolses

COMMON	<u>24s x A</u>	@	<u>15.45</u>	<u>370.80</u>
POZMIX	<u>16s x</u>	@	<u>8.00</u>	<u>128.00</u>
GEL	<u>2s x</u>	@	<u>20.80</u>	<u>41.60</u>
CHLORIDE		@		
ASC		@		
	<u>Class H 150s x</u>	@	<u>16.75</u>	<u>2,512.50</u>
	<u>SDIT 15s x</u>	@	<u>12.00</u>	<u>180.00</u>
	<u>Kol-seal 750#</u>	@	<u>1.87</u>	<u>667.50</u>
	<u>SMS 14#</u>	@	<u>2.45</u>	<u>34.30</u>
		@		
		@		
		@		
		@		
HANDLING	<u>190 s x</u>	@	<u>2.40</u>	<u>456.00</u>
MILEAGE	<u>190 s x x 1.5 x 1.0</u>			<u>285.00</u>
				TOTAL <u>4,675.70</u>

PUMP TRUCK CEMENTER Derin F.
 # 414-302 HELPER Chris B.
 BULK TRUCK
 # 364 DRIVER Brian S.
 BULK TRUCK
 # _____ DRIVER _____

REMARKS:

P. pe on bottom & break circulation
Pump 20 bbls fresh water, pump 3 bbls
mud clean, pump 3 bbls of fresh water
Plus rest hole with 15sr of cement
Pump 25sr of sevens cement, pump
150sr of 7 1/2 cement, shut down well
pump & line, 5sr & release pipe, 5sr
displacement, h ft pressure at 95 bbls
slow rate to 3 bpm at 105 bbls, bump plus
at 115 1/2 bbls 600-1200 psi, flow at 2 hole

CHARGE TO: N-10 Exploration
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB 4797'
 PUMP TRUCK CHARGE _____ 2011.00
 EXTRA FOOTAGE @ _____
 MILEAGE 15 @ 7.00 105.00
 MANIFOLD @ _____
Hesdrents1 @ _____
 TOTAL 2,116.00

PLUG & FLOAT EQUIPMENT

5 1/2
 1- Guide shoe @ 101.00 101.00
 1- AFV Insert @ 43.00 43.00
 10- Scraperbars @ 30.00 300.00
 6- Centralizers @ 35.00 210.00
 1 Rubberlug @ 43.00 43.00
 TOTAL 697.00

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.

PRINTED NAME X Tim Pierce
 SIGNATURE X Tim Pierce
Thank YOU!!!

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

RECEIVED
 JUL 28 2010
 KCC WICHITA