

CONFIDENTIAL

ORIGINAL

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

Form ACO-1
September 1999
Form Must Be Typed

7/24/08

**WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Operator: License # 33739
Name: SEK Energy, LLC.
Address: P.O. Box 55
City/State/Zip: Benedict, Kansas 66714
Purchaser: _____
Operator Contact Person: Kerry King
Phone: (620) 698-2150
Contractor: Name: Thornton Air Rotary
License: 33606
Wellsite Geologist: Julie Shaffer

API No. 15 - 205-27522-0000
County: Wilson
NE NE NW Sec. 17 Twp. 29 S. R. 16 East West
360' _____ feet from S / N (circle one) Line of Section
2280' _____ feet from E / NW (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Sherbon, Mary Well #: 1-17

Designate Type of Completion:
 New Well _____ Re-Entry _____ Workover _____
_____ Oil _____ SWD _____ SLOW _____ Temp. Abd.
 Gas _____ ENHR _____ SIGW
_____ Dry _____ Other (Core, WSW, Expd, CATHODIC, etc)

Field Name: Cherokee Basin CBM
Producing Formation: Pennsylvanian Coals
Elevation: Ground: 820' Kelly Bushing: _____
Total Depth: 1120' Plug Back Total Depth: 1116'
Amount of Surface Pipe Set and Cemented at 42' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 42'
feet depth to 0 w/ 75 sx cmt.

If Workover/Re-entry: Old Well Info as follows:
Operator: _____ **JUL 24 2008**
Well Name: _____ **KCC**
Original Comp. Date: _____ Original Total Depth: _____
_____ Deepening _____ Re-perf. _____ Conv. to Enhr./SWD
_____ Plug Back _____ Plug Back Total Depth
_____ Commingled _____ Docket No. _____
_____ Dual Completion _____ Docket No. _____
_____ Other (SWD or Enhr.?) _____ Docket No. _____
4/29/08 _____ 4/30/08 _____ NA _____
Spud Date or _____ Date Reached TD _____ Completion Date or
Recompletion Date _____ Recompletion Date _____

Drilling Fluid Management Plan A4 II NH 8-13-08
(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: Julie Shaffer
Title: Geologist Date: 7/22/08
Subscribed and sworn to before me this 17th day of July, 2008.
Notary Public: George E. Slaughter
Date Commission Expires: 4-1-2010

KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received **RECEIVED**
KANSAS CORPORATION COMMISSION
UIC Distribution
JUL 21 2008

GEORGE SLAUGHTER
Notary Public - State of Kansas
My Appt. Expires _____

CONSOLIDATED OIL WELL SERVICES, LLC
 O. BOX 884, CHANUTE, KS 66720
 316-431-9210 OR 800-467-8676

ENTERED

TICKET NUMBER 13975
 LOCATION Eureka
 FOREMAN Troy Strickler

**TREATMENT REPORT & FIELD TICKET
 CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-1-08	7865	Sherbon 1-17				Wilson
CUSTOMER SEK Energy LLC			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS P.O. Box 55			520 Cliff			
CITY STATE ZIP CODE Benedict Ks 66714			441 Chris			

JOB TYPE <u>Long string</u>	HOLESIZE <u>6 3/4"</u>	HOLE DEPTH <u>1119'</u>	CASING SIZE & WEIGHT <u>4 1/2" 10.5"</u>
CASING DEPTH <u>1116</u>	DRILL PIPE	TUBING	OTHER
CURRY WEIGHT <u>13.2# 2 1/2 2008</u>	SLURRY VOL <u>36.851</u>	WATER gal/sk <u>8°</u>	CEMENT LEFT in CASING <u>0'</u>
DISPLACEMENT <u>17.7851</u>	DISPLACEMENT PSI <u>400</u>	MIX PSI <u>900 Bsp Ply</u>	RATE

REMARKS: Safety Meeting: Rig up to 4 1/2" casing. Break circulation w/ 25RBbl water. Pump 200# Gel-Flush, 20RBbl Metasilicate. Pre-Flush, 8RBbl Dye water. Mixed 125skt Thick Set Cement w/ 1/2" Floccle Perf @ 13.2# Perf/sk. Washout Pump + liner. Release Plug. Displace w/ 17.7851 water. Final Pumping Pressure 400PSI Bsp Ply to 900PSI wait 2mins Release Pressure Float held. Good Cement to surface = 7861 Slurry to Pit
 Job Complete

(Run wire line Before + After Cementing)

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	875.00	875.00
5406	40	MILEAGE 2nd of 2wells	3.45	N/C
1126A	125skt	Thick Set Cement	16.20	2025.00
1107	30#	Floccle 1/2" Perf	1.98	59.40
1118A	200#	Gel-Flush	.16 #	32.00
1105	50#	Halls	.37 #	18.50
1102	80#	Cacl ₂	.70 #	56.00
1111A	100#	Metasilicate Perf/Flush	1.72 #	172.00
5407A	6.88	Ton-Mileage	1.14	313.72
RECEIVED KANSAS CORPORATION COMMISSION				
JUL 21 2008				
CONSERVATION DIVISION WICHITA, KS				
Thank You!				
			Sub total	3551.63
			6.3% SALES TAX	148.88
			ESTIMATED TOTAL	3700.51

ADMITTED