

RECEIVED

JUL 19 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 # 5631
Name: LOEWEN OPERATOR, INC.
Address 1: P.O. BOX 335
Address 2: _____
City: CANTON State: KS Zip: 67428 + _____
Contact Person: DOUGLAS D. LOEWEN, PRESIDENT
Phone: (620) 628-4425
CONTRACTOR: License # 7023
Name: KLIMA WELL SERVICE, INC.
Wellsite Geologist: NONE
Purchaser: NCRA, MCPHERSON, KS 67460

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: CAT ENERGY, LLC
Well Name: LEWIS #2
Original Comp. Date: 2-14-1940 Original Total Depth: 2956'
 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	1-12-2010	1-12-2010
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 113-05740-00-001
Spot Description: SE SE SE
SE SE SE Sec. 30 Twp. 19 S. R. 1 East West
330 Feet from North / South Line of Section
330 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: MCPHERSON
Lease Name: LEWIS Well #: 2
Field Name: RITZ CANTON
Producing Formation: MISSISSIPPI
Elevation: Ground: 1570' Kelly Bushing: _____
Total Depth: 2963' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 119 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 119
feet depth to: SURFACE w/ _____ sx cmt.

Drilling Fluid Management Plan

(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 #: _____
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: Douglas D. Loewen
Title: President Date: 7-16-2010

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: 7/20/10

Operator Name: LOEWEN OPERATOR, INC. Lease Name: LEWIS Well #: 2
 Sec. 30 Twp. 19 S. R. 1 East West County: MCPHERSON

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 type="checkbox"/> Yes <input checked="" 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: None.	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Mississippi <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> RECEIVED JUL 19 2010 KCC WICHITA </div>
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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 1/2"	10 1/2"		119'			
casing		8"		2943'		150	
liner	NA	New 5 1/2" R-3	14#/ft.	2910'	60-40 POX MIX	475	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: <u>2 7/8"</u> Set At:		Packer At: <u>None</u>		Liner Run: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>1-20-2010</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>2 1/2</u>	Gas Mcf <u>None</u>	Water Bbls. <u>150</u>	Gas-Oil Ratio <u>NA</u>	Gravity <u>36</u>

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 checked="" 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 (Specify) _____	PRODUCTION INTERVAL: <u>2943'-2963'</u>
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COPELAND

POST OFFICE BOX 438
 HAYSVILLE, KS 67060
 (316) 524-1225
 (316) 524-1027 FAX

Invoice

Acid & Cement

BURRTON, KS (620) 463-5161
 GREAT BEND, KS (620) 793-3366
 FAX (620) 463-2104 FAX (620) 793-3536

*SW
 Canton*

INVOICE NUMBER:
 C36307-IN

RECEIVED

JUL 14 2010

 LEASE: LEWIS 2

BILL TO:
 LOEWEN OPERATOR, INC.
 P.O. BOX 335
 CANTON, KS 67428-0335

KCC WICHITA

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
01/13/2010	C36307		01/11/2010		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
40.00	MI	CEMENT MILEAGE PU TRUCK		0.00	1.00	40.00
40.00	MI	CEMENT MILEAGE PUMP TRUCK		0.00	3.00	120.00
1.00	EA	CEMENT PUMP CHARGE		0.00	900.00	900.00
1.00	EA	5 1/2 WIPER PLUG		0.00	65.00	65.00
475.00	SAX	60-40 POZ MIX 2% GEL		0.00	9.25	4,393.75
475.00	EA	BULK CHARGE		0.00	1.25	593.75
836.00	MI	BULK TRUCK - TON MILES		0.00	1.10	919.60
<p><i>pd. 2.3.10 CRK, 1617 Cemented 5 1/2 in. casing in.</i></p>						
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice:		7,032.10
RECEIVED BY _____		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		MCPCO Sales Tax:		66.80
		NET 30 DAYS		Invoice Total:		<u>7,092.90</u>

There will be a charge of 1.5% (18% annual rate) on all accounts over 30 days past due.

Copeland Acid & Cement is a subsidiary of Gressel Oil Field Service, Inc.

Gressel Oil Field Service, Inc. reserves a security interest in the goods sold until the same are paid for in full and reserve all the rights of a secured party under the Uniform Commercial Code

LEWIS

Invoice

SLU CANTON

Specializing in Pipe Threading & Repair

Shop (785)625-4670
Gary Geist 625-3017

Remit To: **Midwestern Pipe Works Inc.**

P.O. Box 1199
North Hwy. 183
Hays, Kansas 67601

Company Transports
And Storage
Available

INVOICE NO.

17647

PLEASE REFER TO
THIS NUMBER IN
ALL CORRESPONDENCE

CUSTOMER ORDER NO.	ORDER DATE	SALESMAN	PAYMENT TERMS	INVOICE DATE	PAYMENT DATE
		Gary	NET 30	1/7/2010	2/7/2010

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Loewen Operating
P.O. Box 335
Canton, KS 67428-0335

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Lewis # 2

DATE SHIPPED	SHIPPING NO.	ROUTING	F.O.B.	PPD	ADD	COL	WEIGHT
		Truck	Our Yard				

QUANTITY	DESCRIPTION	UNIT PRICE	PER	AMOUNT
3037.05 ft	5 1/2 14# R-3 New Limited Service Casing - Drifted 4.887 Full Length - Tested 4000 psi	\$7.10		\$21,563.06
<p>pd. 2.5.10</p> <p>CHK. 1629</p> <p>RECEIVED</p> <p>JUL 19 2010</p> <p>KCC WICHITA</p>				
Sub Total				\$21,563.06
Sales Tax 5.30%				\$1,142.85
Total Balance Due				\$22,705.91
Interest will be charged on late payments at 18% per annum or at the prevailing legal limit.				

CONDITIONS OF SALE UNTIL PAID IN FULL, TITLE TO SAID GOODS SHALL REMAIN WITH MIDWESTERN PIPEWORKS, INC. SHOULD THE VENDEE MAKE A DEFAULT IN PAYMENT OR REMOVE ANY OF SAID GOODS OR MORTGAGE OR PART WITH POSSESSION OF SAME WITHOUT CONSENT OF MIDWESTERN PIPEWORKS, INC., THE COMPANY SHALL HAVE RIGHT WITHOUT NOTICE TO RESUME POSSESSION WITHOUT FURTHER PROCEEDINGS, AND COMPANY MAY WITHOUT NOTICE DECLARE THE AGREEMENT TERMINATED AND MAY RETAIN THE CONSIDERATION RECEIVED BY IT THEREUNDER AS LIQUIDATING DAMAGES AND RENTALS OF SAID GOODS.

"Limited Service and/or used Casing and Tubing sold 'as is' with all defects and there are absolutely no guarantees, either expressed or implied, and all warranties of merchantability of fitness for a particular purpose are disclaimed.

THANK YOU

WE SINCERELY APPRECIATE YOUR BUSINESS

Superior Casing
 2525 5th Street
 Great Bend, Kansas 67530
 1-800-792-4003

C-4391

COMPANY Lewis Operator Inc
 ADDRESS PO Box 335
 CITY Canton, KS 67428-0335 STATE _____ ZIP _____
 LEASE & WELL NO. Lewis #1 #2 COUNTY _____
 DRILLING CONTRACTOR Klima Well Service

POSITION	EMPLOYEE NAME	TOTAL HOURS
OPERATOR	<u>Kraig Ford</u>	
STABBER	<u>Randy Martin</u>	
FLOOR HAND		
FLOOR HAND		

JOINTS	RUN	JOINTS	PULLED
<u>71</u>			

DESCRIPTION OF WORK BEING DONE

TRUCK NO. 3300 ARRIVED ON LOCATION AT 10:45 A.M. - 11:30 A.M. Rig up
11:30 A.M. - 1:30 P.M. Run 5 1/2" casing 1:30 P.M. - : P.M. Cut off
pipe & Rig Down leave location @ 2:00 P.M.

TONG OPERATOR _____ Hours @ \$ _____ Per Hour AMOUNT \$ _____
 CREW CHARGES _____ Hours @ \$ _____ Per Hour AMOUNT \$ _____
 WAITING TIME _____ Hours @ \$ _____ Per Hour AMOUNT \$ _____
 ROUSTABOUT CHARGES _____ Hours @ \$ _____ Per Hour AMOUNT \$ _____
 TRANSPORTATION CHARGE 150 Miles @ \$ 1.75 Per Mile AMOUNT \$ 262.50
 TOOL RENTAL _____ AMOUNT \$ _____
 RODS _____ AMOUNT \$ _____
 TUBING _____ AMOUNT \$ _____
 CASING Ran 3000' of 5 1/2" casing @ .51¢ AMOUNT \$ 1530.00
 POWER TONGS Fasters AMOUNT \$ _____
 SLIPS _____ AMOUNT \$ _____
 ELEVATORS 5 1/2" AMOUNT \$ 125.00
 THREAD PROTECTORS _____ AMOUNT \$ _____
 SOLVENT _____ AMOUNT \$ _____
 THREAD COMPOUND _____ AMOUNT \$ _____
 DRIFT _____ JOINTS OF 4 1/2 5 1/2 CASING _____ AMOUNT \$ _____
 MISC. CHARGES _____ AMOUNT \$ _____
 ESTIMATED FIELD COST \$ _____ JOB TYPE Long String SUB TOTAL \$ _____
 DATE WORK STARTED 7/11/10 TAX \$ _____
 DATE WORK ENDED 7/11/10 TOTAL \$ 1921.00

x [Signature] DATE 7/11/10
 COMPANY REPRESENTATIVE

TICKET NO. 1372

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Service Supervisor's Progress Report



KANSAS FISHING TO
 812 Patton Rd., P.O. E
 Great Bend, KS 67531
 (620) 792-6707

Terms and Conditions for Tools and Equipment Rented, Repaired, Manufactured and Sold are Same as on Invoice.

NUMBER-QUANTITY	SERIAL NUMBER	TOOLS USED	REGISTER NUMBER	DATES TOOLS USED AND TOTAL DAYS RUN								
				1	2	3	4	5	6	7	TOTAL	
1	14	Swivel 45 Ten Bowen										
1	14	Pump 5X8 Gusa		X								
1	672	Sub 2 7/8 Reg Box X 2 7/8 EVE Pin w/cou p		X								
				X								

CUSTOMER Loren Operating
 LEASE Lewis #2
 Received Listed Tools and Services Under Term
 Approved By _____
 Authorized Sign _____

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PROGRESS OF WORK
On loc 8:00 am / truly t.B.T. of 2 7/8 tubing day / try wiper plug @ 2870 / drill out 5 1/2 in @ 2887 / drills connect the second / switch to log wire on 2965 / due to pressure / drill to 2953 / circulate / ink connection / drill to 2963 / circulate clean / connect equipment / 6:00 am for day

Aaron Apley
 DAYS SERVICE SUPERVISOR'S TIME ON LOCATION @ _____ PER DAY(15

ROUND TRIPS / MILEAGE/ROUND TRIP 150 EXTRA MILES TOTAL MILES @ \$0. /MILE

DATES
 1/12/10