

AUG 03 2010

Form ACO-1
June 2009

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

KCC WICHITA 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 # 34220
Name: Urban Drilling Company, Inc.
Wellsite Geologist: Josh Austin
Purchaser:

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 #:
2/12/2010 2/19/2010 2/19/2010
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 053-21236 - 0000
Spot Description: 67' N
N2_N2_SW_SW Sec. 27 Twp. 16 S. R. 10 East West
1,222 Feet from North / South Line of Section
660 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Ellsworth
Lease Name: Zvolanek Well #: 4
Field Name: Stoltenberg
Producing Formation: None
Elevation: Ground: 1833 Kelly Bushing: 1840
Total Depth: 3346 Plug Back Total Depth:
Amount of Surface Pipe Set and Cemented at: 360 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: 16000 ppm Fluid volume: 1200 bbls
Dewatering method used: Evaporation
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: Pres. Date: 8/2/2010

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: RHA Dlg Date: 8/1/10

Operator Name: LB Exploration, Inc. Lease Name: Zvolanek Well #: 4
 Sec. 27 Twp. 16 S. R. 10 East West County: Ellsworth

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 checked="" type="checkbox"/> Yes <input 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: Radiation Guard	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum see attached
--	--

RECEIVED
AUG 03 2010
KCC WICHITA

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#	360	common	200	2%gel 3%CC

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: _____ Set At: _____ 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 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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
---	---	--

ALLIED CEMENTING CO., LLC. 036344

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

SERVICE POINT:
Russell

DATE <u>2-19-10</u> <u>2-20-10</u>	SEC. <u>27</u>	TWP. <u>16</u>	RANGE <u>10</u>	CALLED OUT	ON LOCATION	JOB START <u>3:00 AM</u>	JOB FINISH <u>3:30 PM</u>
LEASE <u>Zvolanek</u>	WELL# <u>4</u>	LOCATION <u>Wilson & Hw 40 S</u>	COUNTY <u>Ellis</u>	STATE <u>KS</u>			
<input checked="" type="radio"/> OLD OR NEW (Circle one)		<u>to Qrd 4E 15 1/4 E N1/4</u>					

CONTRACTOR Urban Drilling

TYPE OF JOB ATA

HOLE SIZE 7 7/8 T.D. 3345

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2 x Hole DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER _____

CEMENT 210

AMOUNT ORDERED 60% 49.6 gal
1/4 # Flc

COMMON	<u>126</u>	@	<u>13.50</u>	<u>1701.00</u>
POZMIX	<u>84</u>	@	<u>7.55</u>	<u>634.20</u>
GEL	<u>7</u>	@	<u>20.25</u>	<u>141.75</u>
CHLORIDE		@		
ASC		@		
<u>Flc Seal</u>	<u>52</u>	@	<u>2.45</u>	<u>127.40</u>

RECEIVED

AUG 03 2010

KCC WICHITA

HANDLING	<u>210</u>	@	<u>2.25</u>	<u>472.50</u>
MILEAGE	<u>110/sk/mile</u>			<u>840.00</u>

TOTAL 3916.85

REMARKS:

<u>1st Plug</u>	<u>3285</u>	<u>35 sks.</u>
<u>2nd Plug</u>	<u>1350</u>	<u>35 sks</u>
<u>3rd Plug</u>	<u>1000</u>	<u>35 sks</u>
<u>4th Plug</u>	<u>400</u>	<u>35 sks</u>
<u>5th Plug</u>	<u>60</u>	<u>25 sks</u>
<u>Rat Hole</u>	<u>30 sks</u>	
<u>Measure Hole</u>	<u>15 sks</u>	

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____ 990.00

EXTRA FOOTAGE _____ @ _____

MILEAGE 40 @ 7.00 280.00

MANIFOLD _____ @ _____

_____ @ _____

TOTAL 1270.00

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

CHARGE TO: LB Exploration

STREET _____

CITY _____ STATE _____ ZIP _____

To Allied Cementing Co., LLC.

Thanks!