

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 # 31389
Name: Noble Petroleum, Inc.
Address 1: 3101 N. Rock Road, Suite 125
Address 2: _____
City: Wichita State: KS Zip: 67226 + _____
Contact Person: Jay Ablah
Phone: (316) 636-5155
CONTRACTOR: License # 32701
Name: C & G Drilling, Inc.
Wellsite Geologist: Doug Davis
Purchaser: Coffeyville Resources

API No. 15 - 015-23862-0000
Spot Description: _____
NW NW NW SE Sec. 27 Twp. 24 S. R. 4 East West
2,355 Feet from North / South Line of Section
2,425 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Butler
Lease Name: Klaassen Well #: 8
Field Name: Plug Grove South
Producing Formation: Mississippian
Elevation: Ground: 1360 Kelly Bushing: 1369
Total Depth: 2945 Plug Back Total Depth: 2600
Amount of Surface Pipe Set and Cemented at: 221 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.

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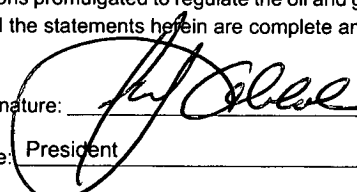
Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SIOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 CM (Coal Bed Methane)
 Cathodic Other (Core, Expl., etc.): _____

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 #: _____
05/03/2010 05/08/2010 05/21/2010
Spud Date or Date Reached TD Completion Date or Recompletion Date


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: 
Title: President Date: 08/02/2010

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:  Date: 8/10/10

Operator Name: Noble Petroleum, Inc. Lease Name: Klaassen Well #: 8
 Sec. 27 Twp. 24 S. R. 4 East West County: Butler

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 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: Dual Induction Log Compensated Density / Neutron Log	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Kansas City</td> <td>2108</td> <td>-739</td> </tr> <tr> <td>Mississippian</td> <td>2519</td> <td>-1150</td> </tr> <tr> <td>Kinderhook</td> <td>2650</td> <td>-1281</td> </tr> <tr> <td>Hunton Dolo.</td> <td>2744</td> <td>-1375</td> </tr> <tr> <td>Viola</td> <td>2797</td> <td>-1428</td> </tr> <tr> <td>Simpson Ss</td> <td>2818</td> <td>-1449</td> </tr> <tr> <td>Arbuckle</td> <td>2888</td> <td>-1519</td> </tr> </table>	Name	Top	Datum	Kansas City	2108	-739	Mississippian	2519	-1150	Kinderhook	2650	-1281	Hunton Dolo.	2744	-1375	Viola	2797	-1428	Simpson Ss	2818	-1449	Arbuckle	2888	-1519
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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	23	221	CLASS A	130	3% CaCl ₂ /2%Gel
Production	7 7/8	5 1/2	14	2941	THICK SET	150	5#-KolSeal/sk

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 (Amount and Kind of Material Used)	Depth
4	2785-2790	200 gallons - 15% HCL Acid w/ inhibitor	2785-2790
4	2742-2749	RECEIVED AUG 06 2010 KCC WICHITA	
4	2756-2758		1500 gallons - 15% HCL Acid w/inhibitor
4	2521-2533	500 gallons - 15% Mud Acid w/inhibitor	2521-2533
	CIBP		2600

TUBING RECORD: Size: <u>2 3/8</u> Set At: <u>2585</u> Packer At: <u>none</u>		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>05/25/2010</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>23</u>	Gas Mcf	Water Bbls. <u>6</u>
		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 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>2521-2533</u>
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CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 28701

LOCATION EUREKA

FOREMAN KEVIN McCoy

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE 5-3-10	CUSTOMER # 5631	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY Butler
CUSTOMER Noble Petroleum, INC		C & G DR19.	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 3101 N. Rock Rd. Ste 125			463	SHANNON		
CITY Wichita			479	Justin		
STATE Ks	ZIP CODE 67226					

JOB TYPE SURFACE **0** HOLE SIZE 12 1/4" HOLE DEPTH 222' CASING SIZE & WEIGHT 8 5/8 23" N90
 CASING DEPTH 222' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15* SLURRY VOL 31 BBL WATER gal/sk 6.5 CEMENT LEFT In CASING 20'
 DISPLACEMENT 13.° BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting: Rig up to 8 5/8 casing. BREAK Circulation w/ 10 BBL fresh water. Mixed 130 sks class "A" cement w/ 3% CaCl2, 2% Gel, 1/4" Floccle /sk @ 15" /gal, yield 1.35. Displace w/ 13.° BBL fresh water. Shut casing in. Good cement Returns to surface = 1 BBL slurry to pit. Job complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401 S	1	PUMP CHARGE	700.00	700.00
5406	40	MILEAGE	3.55	142.00
1104 S	130 sks	CLASS "A" Cement	13.10	1703.00
1102	365 "	CaCl2 3%	.75 *	266.45
1118 A	245 "	Gel 2%	.17 *	41.65
1107	32 *	Floccle 1/4" /sk	2.00 *	64.00
			Sub Total	2917.10
			5.3% SALES TAX	109.98
			ESTIMATED TOTAL	3027.08

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234102

AUTHORIZATION Witnessed By Duke Coulter

TITLE C & G DR19 / Toolpusher

DATE 5-3-10

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 28723

LOCATION EUREKA

FOREMAN Rick Ladford

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																				
5-8-10	5631	Klaassen # 8	27	245	4E	Butler																				
CUSTOMER Noble Petroleum Inc.			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>463</td> <td>Shannon</td> <td></td> <td></td> </tr> <tr> <td>429</td> <td>Allen Carr.</td> <td></td> <td></td> </tr> <tr> <td>437</td> <td>Ed</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	463	Shannon			429	Allen Carr.			437	Ed						
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MAILING ADDRESS 3101 n. Rock Rd Ste 125																										
CITY Wichita																										
STATE KS																										
ZIP CODE 67226																										

JOB TYPE longstring 0" HOLE SIZE 2 7/8" HOLE DEPTH 2945' CASING SIZE & WEIGHT 5 1/2" 11" neu
 CASING DEPTH 2943' DRILL PIPE _____ TUBING _____ OTHER 2922' POTO
 SLURRY WEIGHT 13.7" SLURRY VOL 45 bbl WATER gal/sk 9.0 CEMENT LEFT in CASING 19'
 DISPLACEMENT 71.2 DISPLACEMENT PSI 700 Surf PSI 1200 RATE _____

REMARKS: Safety meeting- Rig up to 5 1/2" casing. Break circulation w/ 5 bbl fresh water. Pump 15 bbl metasilicate pre-flush, 5 bbl water spacer. Mixed 150 sacks thickset cement w/ 5" Kel-seal @ 13.7" yield 1.25. shut down. washout pump + lines. Release 5 1/2" latch down plug. Displace w/ 71.2 bbl fresh water. Final pump @ pressure 700 PSI. Bump plug to 1200 PSI. wait 2 mins. release pressure float held. Good circulation @ all times while cementing. Job complete. Rig down.

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	900.00	900.00
5406	40	MILEAGE	3.55	142.00
1126A	150 Sks	thickset cement	16.50	2475.00
1118A	250"	5" Kel-seal @	.40	300.00
1111A	100"	metasilicate pre-flush	1.75	175.00
5407A	8.25	tan mileage built truck	1.20	396.00
5502C	4 hrs	80 bbl vac. TRK	96.00	384.00
1123	3000 gals	city water	19.50/1000	43.50
4454	1	5 1/2" Latch down plug	235.00	235.00
4159	1	5 1/2" AFU float shoe	319.00	319.00
4104	2	5 1/2" cement baskets	213.00	426.00
4130	8	5 1/2" x 7 1/4" centralizers	46.00	368.00
			Subtotal	6163.50
			SALES TAX	230.12
			ESTIMATED TOTAL	6393.62

Ravin 3737

234176

AUTHORIZATION Witnessed by Gary Reed

TITLE Cons.

DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.