

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 # 34225
Name: Buffalo Resources, LLC
Address 1: 301 Commerce Street, Suite 1380
Address 2: _____
City: Fort Worth State: TX Zip: 76102 + _____
Contact Person: Matthew Flanery
Phone: (817) 870-2707
CONTRACTOR: License # 32854
Name: Gulick Drilling, Inc.
Wellsite Geologist: David Barker
Purchaser: N/A

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 #: _____

6/21/2010	6/26/2010	6/27/2010
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 035-24359-00-00

Spot Description: _____
SW NE SE SE Sec. 18 Twp. 30 S. R. 8 East West
680 Feet from North / South Line of Section
459 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Cowley

Lease Name: Ferguson Well #: 18-1

Field Name: Wildcat

Producing Formation: N/A

Elevation: Ground: 1500 Kelly Bushing: 1508

Total Depth: 2893 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 478 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: 800 ppm Fluid volume: 800 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: Matthew Flanery

Title: Land Management Date: 8/9/2010

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: PLA DG Date: 8/16/10

8/16/10

RECEIVED

AUG 11 2010

KCC WICHITA

Operator Name: Buffalo Resources, LLC Lease Name: Ferguson Well #: 18-1
 Sec. 18 Twp. 30 S. R. 8 East West County: Cowley

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: Dual Induction Compensated Density	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" 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>Iatan</td> <td>1566</td> <td>-58</td> </tr> <tr> <td>Lansing</td> <td>1611</td> <td>-103</td> </tr> <tr> <td>Kansas City</td> <td>2015</td> <td>-507</td> </tr> <tr> <td>Swope</td> <td>2139</td> <td>-631</td> </tr> <tr> <td>Altamont</td> <td>2348</td> <td>-840</td> </tr> <tr> <td>Mississippi</td> <td>2791</td> <td>-1283</td> </tr> </table>	Name	Top	Datum	Iatan	1566	-58	Lansing	1611	-103	Kansas City	2015	-507	Swope	2139	-631	Altamont	2348	-840	Mississippi	2791	-1283
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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#	478'	Class A	250	3%cc, 2%gel, 1/4 flocele

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

TUBING RECORD: Size: Set At: Packer At: Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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KCC WICHITA



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 28880

LOCATION Eureka

FOREMAN Steve Mend

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
6-27-10	3239	Ferguson #18-1				Cowley
CUSTOMER <u>Buffalo Resources</u>						
MAILING ADDRESS <u>301 Commerce St. Ste. 1380</u>						
CITY <u>Ft Worth</u>						
STATE <u>TX</u>						
ZIP CODE <u>76102</u>						
			TRUCK #	DRIVER	TRUCK #	DRIVER
			<u>485</u>	<u>Alan</u>		
			<u>515</u>	<u>Chris</u>		
			<u>437</u>	<u>J.P.</u>		

JOB TYPE P2A 0 HOLE SIZE 7 7/8 HOLE DEPTH 515' CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting Plug Well As Follows.

35 sks At 515'

25 sks 60' to surface

15 sks Rathole

25 sks Total 60/40 P2 mix Cement 4% Gel

Job Complete Rig down

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405 N	1	PUMP CHARGE	900.00	900.00
5406	50	MILEAGE	3.55	177.50
1131	75 sks	60/40 P2 mix Cement	11.00	825.00
1118A	255 #	Gel 4%	.20	51.00
5407	3.22 Ton	Ton mileage Bulk Truck	m/c	305.00
5502C	6 1/2 hrs	80 bbl Vacuum Truck	96.00	624.00
		(Haul 4 loads Drilling mud) (From 1 st well To The 2 nd well)		
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				KCC WICHITA
			Sub Total	2882.50
			SALES TAX	50.81
			ESTIMATED TOTAL	2933.31

Ravin 3737

234970

AUTHORIZATION Called by Ron Gulick

TITLE Tool Pusher Gulick
Drilling

DATE 6-27-10

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

