

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

RECEIVED ORIGINAL

JUL 22 2010

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

KCC WICHITA

OPERATOR: License # 34232
Name: Mustang Fuel Corporation
Address 1: 13439 Broadway Extension
Address 2: _____
City: Oklahoma City State: OK Zip: 73114 + _____
Contact Person: Jim D. Hill, Director of Operations
Phone: (405) 748-9487
CONTRACTOR: License # 30141
Name: Summit Drilling
Wellsite Geologist: Doug Davis
Purchaser: N/A - D&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 #: _____
12-5-09 12-17-09 12-17-09
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date
per geo report - JKH

API No. 15 - 131-20214-00-00
Spot Description: _____
NE NW SW SW Sec. 25 Twp. 4 S. R. 13 East West
1,100 Feet from North / South Line of Section
500 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Nemaha
Lease Name: Rilinger Well #: 2-25
Field Name: Unnamed
Producing Formation: D&A
Elevation: Ground: 1291' Kelly Bushing: 1301'
Total Depth: 3875' Plug Back Total Depth: N/A - D&A
Amount of Surface Pipe Set and Cemented at: 332' 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: 1200 ppm Fluid volume: 340 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: Jim D. Hill
Title: Director of Prod Ops Date: 7-20-10

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: DJA Dlg Date: 8/16/10

Operator Name: Mustang Fuel Corporation Lease Name: Rilinger Well #: 2-25
 Sec. 25 Twp. 4 S. R. 13 East West County: Nemaha

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, Sonic Log & Micro Log	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Maquoketa</td> <td>3522'</td> <td></td> </tr> <tr> <td>Viola</td> <td>3588'</td> <td></td> </tr> </table> <p style="text-align: center; font-size: 1.2em; font-weight: bold;">RECEIVED JUL 22 2010 KCC WICHITA</p>	Name	Top	Datum	Maquoketa	3522'		Viola	3588'	
Name	Top	Datum								
Maquoketa	3522'									
Viola	3588'									

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"	24#	332'	Class A	200	2% CaCl

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 <i>(Explain)</i> _____	
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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
CEMENT SERVICES, L.L.C.



ENTERED

TICKET NUMBER 23893
LOCATION EUREKA
FOREMAN KEVIN MCCOY

FIELD TICKET & TREATMENT REPORT
CEMENT

Box 884, Chanute, KS 66720
313-9210 or 800-487-8878

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-17-09	3651	RILINGRT 2-25	25	4	13E	Nebraska
CUSTOMER Mustang Fuel Corporation			Summit Drig. Co.			
BILLING ADDRESS 13439 Broadway EXT.			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY OKLAHOMA CITY			445	JUSTIN		
STATE OK			543	DAVE		
ZIP CODE 73114						

WELL TYPE P.T.A. HOLE SIZE 7 7/8 HOLE DEPTH 3895' KB CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 CURRY WEIGHT 14" SLURRY VOL _____ WATER gal/wk 6.7 CEMENT LEFT IN CASING _____
 PLACEMENT _____ DISPLACEMENT PSI _____ MIX P81 _____ RATE _____

REMARKS: Safety Meeting; Rig up to 4" Drill pipe. Spot Cement Plug in 7 7/8 Hole as following.

20 SKS @ 3830'
20 SKS @ 1225'
140 SKS From 390' to Surface
180 SKS Total

RECEIVED

AUG 11 2010

KCC WICHITA

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE ZONE 2	1200.00	1200.00
5406	115	MILEAGE	4.50	517.50
1131	180 SKT	60/40 POZ MIX Cement	13.00	2340.00
1118 A	620	Gel 4%	.20	124.00
5407 A	7.74 TONS	115 miles BULK TRUCK	1.50	1335.15
			Sub Total	5516.65
			SALES TAX 6.3%	155.23
			ESTIMATED TOTAL	5671.88

THANK YOU
 AUTHORIZATION [Signature] TITLE _____ DATE _____
 332454