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ORIGINAL

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

AUG 25 2010

Form ACO-1  
June 2009

Form Must Be Typed  
Form must be Signed  
All blanks must be Filled

WELL COMPLETION FORM KCC WICHITA  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 34352  
Name: N-10 Exploration, LLC  
Address 1: PO Box 195  
Address 2:  
City: Attica State: KS Zip: 67009 +  
Contact Person: Randy Newberry  
Phone: (620) 254-7251  
CONTRACTOR: License # 33902  
Name: Hardt Drilling, LLC  
Wellsite Geologist: Tim Pierce  
Purchaser:

API No. 15 - 007-23522-00-00  
Spot Description: Approx. N/2 SW SE  
SW SE Sec. 16 Twp. 34 S. R. 11  East  West  
970 Feet from  North /  South Line of Section  
2,030 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Barber  
Lease Name: Medicine River Ranch Well #: C 1  
Field Name: Landis  
Producing Formation: Mississippi  
Elevation: Ground: 1326 Kelly Bushing: 1336  
Total Depth: 4810 Plug Back Total Depth: 4785  
Amount of Surface Pipe Set and Cemented at: 270 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.

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 #:  
6/1/2010 6/9/2010 6/26/2010  
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: 880 bbls  
Dewatering method used: Hauled off  
Location of fluid disposal if hauled offsite:  
Operator Name: N-10 Exploration, LLC  
Lease Name: Medicine River Ranch SWD B License #: 34352  
Quarter NW Sec. 15 Twp. 34 S. R. 11  East  West  
County: Barber Permit #: D-30, 586

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: Randy Newberry  
Title: Manager Date: 8-24-2010

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: 8/30/10

Operator Name: N-10 Exploration, LLC Lease Name: Medicine River Ranch Well #: C 1  
 Sec. 16 Twp. 34 S. R. 11  East  West County: Barber

**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 Wireline 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 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: <b>Dual Induction, Dual Compensated Porosity</b>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Mississippi 4576 (-3240)
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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#	270'	60-40 Poz	225	3% CC + 2% gel
Production	7-7/8"	5-1/2"	14#	4805'	Class H	150	10% Salt, 5% Kolseal

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
4	4537-4543 & 4578-4614	2350 15% HCL Acid	
		1686 sx 30-70 Brady Sand	
		416 sx 16-30 Brady Sand	
		140 sx Sandrol Super LC 16/30 Sand	

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TUBING RECORD: Size: <u>2-7/8"</u> Set At: <u>4745'</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>6-29-2010</u>		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____	
Estimated Production Per 24 Hours	Oil Bbls. <u>35</u>	Gas Mcf <u>240</u>	Water Bbls. <u>220</u> Gas-Oil Ratio <u>6.8-1</u> Gravity <u>25°</u>

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" 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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: <u>4537 - 4614</u>
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# ALLIED CEMENTING CO LLC. 041505

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

SERVICE POINT:  
*Medicine Lodge, KS*

DATE <u>060110</u>	SEC <u>16</u>	TWP. <u>34s</u>	RANGE <u>11w</u>	CALLED OUT	ON LOCATION	JOB START <u>1:00 AM</u>	JOB FINISH <u>1:30 AM</u>
MEDICINE RIVER LEASE <u>Ranch</u>		WELL # <u>C-1</u>	LOCATION <u>281 &amp; Scott Canyon Rd., 3E,</u>	COUNTY <u>Barber</u>	STATE <u>KS</u>		
OLD OR NEW (Circle one) <u>NEW</u>			<u>S/in to</u>				

CONTRACTOR Hardt Drilling

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 270

CASING SIZE 8 5/8 DEPTH 272

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT N/A

CEMENT LEFT IN CSG. 20'

PERFS.

DISPLACEMENT 16 Bbls Fresh H<sub>2</sub>O

EQUIPMENT

OWNER N-10

CEMENT AMOUNT ORDERED 225sx 60:40 + 3% cc + 2% gel

COMMON	<u>135 sx</u>	@ <u>15.45</u>	<u>2,085.75</u>
POZMIX	<u>90 sx</u>	@ <u>8.00</u>	<u>720.00</u>
GEL	<u>5 sx</u>	@ <u>20.80</u>	<u>104.00</u>
CHLORIDE	<u>8 sx</u>	@ <u>58.20</u>	<u>465.60</u>
ASC		@	
		@	
		@	
		@	
		@	
		@	
		@	
HANDLING	<u>238 sx</u>	@ <u>2.40</u>	<u>571.20</u>
MILEAGE	<u>238 sx X 15 X .10 =</u>		<u>357.00</u>
TOTAL			<u>4,303.60</u>

PUMP TRUCK CEMENTER D. Filio

# 360-265 HELPER M. Thimesch

BULK TRUCK

# 364 DRIVER M. Loley

BULK TRUCK

# DRIVER

REMARKS:

Pipe on Bttm, Break Circ, Pump Spacer, Mix 225sx 60:40 cement Blend, Stop Pump, Release Plug, Start Disp w/ Fresh H<sub>2</sub>O, Washup on Plug, See increase in PSI, Slow Rate Stop Pump at 16 Bbls total Disp, Shut in, Cement Did Circ.

SERVICE

DEPTH OF JOB 272

PUMP TRUCK CHARGE 1018.00

EXTRA FOOTAGE @

MILEAGE 15 @ 7.00 105

MANIFOLD Headrental @ N/C

TOTAL 1123.00

CHARGE TO: N-10

STREET

CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

1- Wooden Plug @ 68.00 68.00

TOTAL 68.00

To Allied Cementing Co., LLC.

You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Scott C Adelhart

SIGNATURE Scott C Adelhart

SALES TAX (If Any)

TOTAL CHARGES 4,303.60

DISCOUNT 0.00 IF PAID IN 30 DAYS

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8 5/8

# ALLIED CEMENTING CO., LLC. 042056

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

SERVICE POINT:  
*Medicine Lodge*

DATE <i>6-9-2010</i>	SEC <i>16</i>	TWP. <i>34s</i>	RANGE <i>11W</i>	CALLED OUT <i>5:30 AM</i>	ON LOCATION <i>6:00 AM</i>	JOB START <i>10:30 AM</i>	JOB FINISH <i>11:30 AM</i>
LEASE <i>Medicine River Ranch C</i>		WELL # <i>1</i>	LOCATION <i>771 + Scott Canyon Rd.</i>		COUNTY <i>Barber</i>	STATE <i>Kansas</i>	
OLD OR NEW (Circle one) <i>NEW</i>			<i>3 East 5/8</i>				

CONTRACTOR *Handt #1*  
 TYPE OF JOB *Production*  
 HOLE SIZE *7 7/8"* T.D. *4806'*  
 CASING SIZE *5 1/2"* DEPTH *4806'*  
 TUBING SIZE DEPTH  
 DRILL PIPE DEPTH  
 TOOL DEPTH  
 PRES. MAX *1200* MINIMUM  
 MEAS. LINE SHOE JOINT *21.63*  
 CEMENT LEFT IN CSG.  
 PERFS.  
 DISPLACEMENT *117 Bbls 2% KCL water*

**EQUIPMENT**

PUMP TRUCK CEMENTER *Carl Balding*  
 # *360-265* HELPER *Matt Thimesch*  
 BULK TRUCK  
 # *364* DRIVER *Alvin*  
 BULK TRUCK  
 # DRIVER

**REMARKS:**

*Run 4806' 5 1/2" casing. Deep ball + circulate on bottom 1 hour. Pump 20 bbls 2% KCL 3 fresh 20 Gals ASP + 3 Fresh water. Plug Rat Hole w/ 15 sx 60:40:4 - Mix 25 sx 60:40:4 + 4% sms sump + 150 sx Class H + 10% salt + 5" Kolseal Cement in. wash pump + lines + Release plug Displace with 117 Bbls 2% KCL water. Bump plug + float hold. Truck 400*

OWNER *N-10 Exploration*  
 CEMENT  
 AMOUNT ORDERED *Chpro - 15 Gals*  
*500 Gal WFR-2 40 sx 60:40:4 + 4% SMS*  
*150 sx Class H + 10% salt + 5" Kolseal*  
 COMMON *A 24 sx @ 15.45 370.00*  
 POZMIX *16 sx @ 8.00 128.00*  
 GEL *2 sx @ 20.00 41.00*  
 CHLORIDE @  
 ASC @  
*H 150 sx @ 16.75 2512.50*  
*salt 15 sx @ 12.00 180.00*  
*Kolseal 750 @ -89 667.50*  
*WFR-2 200 Gals @ 1.27 254.00*  
*SMS 14 sx @ 2.45 34.30*  
 HANDLING *190 @ 2.40 456.00*  
 MILEAGE *190/10/15 (min) 32.00*  
 TOTAL *5337.30*

**SERVICE**

DEPTH OF JOB *4806'*  
 PUMP TRUCK CHARGE *2011.00*  
 EXTRA FOOTAGE @  
 MILEAGE *15 @ 7.00 105.00*  
 MANIFOLD @  
 TOTAL *2116.00*

**PLUG & FLOAT EQUIPMENT**

*1 Reg Guide Shoe @ 101.00*  
*1 AFV Insert @ 112.00*  
*8 Centralizers @ 35.00 280.00*  
*10 Reciprocating Sumpers @ 30.00 300.00*  
*1 Top Rubber Plug @ 74.00*  
 TOTAL *867.00*

CHARGE TO: *N-10 Exploration*  
 STREET  
 CITY STATE ZIP

To Allied Cementing Co., LLC.  
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PRINTED NAME *TIM PIERCE*  
 SIGNATURE *Tim Pierce*

SALES TAX (If Any)  
 TOTAL CHARGES  
 DISCOUNT IF PAID IN 30 DAYS

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