

AUG 31 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 # 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

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 #: _____
5/17/2010 5/21/2010 6/24/2010
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. ~~15~~ - 15-015-23861-00-00
Spot Description: _____
____ S/2_NE Sec. 25 Twp. 24 S. R. 4 East West
1,980 Feet from North / South Line of Section
1,320 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: BUTLER
Lease Name: Phillips-Weber Well #: 1
Field Name: _____
Producing Formation: Mississippi
Elevation: Ground: 1453 Kelly Bushing: 1462
Total Depth: 3052 Plug Back Total Depth: 2946
Amount of Surface Pipe Set and Cemented at: 214 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: _____ ppm Fluid volume: _____ bbls
Dewatering method used: Evaporation and fill
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: Jay Ablah
Title: President Date: 8/30/2010

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: 9/2/10

Operator Name: Noble Petroleum, Inc. Lease Name: Phillips-Weber Well #: 1
 Sec. 25 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 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 Log Compensated Density/Neutron Log Dual Receiver Cement Bond Log	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>Heebner Shale</td> <td>1663</td> <td>-201</td> </tr> <tr> <td>Lansing</td> <td>1895</td> <td>-433</td> </tr> <tr> <td>Kansas City</td> <td>2174</td> <td>-712</td> </tr> <tr> <td>Mississippian</td> <td>2624</td> <td>-1162</td> </tr> <tr> <td>Hunton Dolomite</td> <td>2841</td> <td>-1379</td> </tr> <tr> <td>Simpson Ss</td> <td>2908</td> <td>-1446</td> </tr> <tr> <td>Arbuckle</td> <td>2867</td> <td>-1505</td> </tr> </tbody> </table>	Name	Top	Datum	Heebner Shale	1663	-201	Lansing	1895	-433	Kansas City	2174	-712	Mississippian	2624	-1162	Hunton Dolomite	2841	-1379	Simpson Ss	2908	-1446	Arbuckle	2867	-1505
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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		8 5/8	24	214	Class A	130	3%cacl 2% gel
Production		5 1/2	14	2989	Thick Set	125	5# Kol-Seal

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
2	2630-2636	250 gal 15% mud acid	
		500 gal 15% NE FE w/20 perf balls in first 420 gal	

TUBING RECORD: Size: <u>2.375</u> Set At: <u>2666.68</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>08/25/2010</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 Bbbs.	Gas Mcf	Water Bbbs. 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>2630-2636</u> <div style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED</div>
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AUG 31 2010

KCC WICHITA



CONSOLIDATED
Oil Well Services, LLC

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

ENTERED

TICKET NUMBER 28628

LOCATION Eureka

FOREMAN Steve Mead

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-17-10	5631	Sammers-Phillips #1	25	245	4E	Butler
CUSTOMER <u>Noble Petroleum Inc</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>3101 N. Rock Rd. Ste. 125</u>			<u>485</u>	<u>Alan</u>		
CITY <u>Wichita</u>			<u>441</u>	<u>Shannon</u>		
STATE <u>Ks</u>		ZIP CODE <u>67226</u>				

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 214' CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 215' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8# SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING 20
 DISPLACEMENT 12.5 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting: Rig up to 8 5/8 casing. Break circulation w/ 10 bbls fresh water. Mix 130 sks Class A Cement w/ 3% calc. 2% gel & 4# flocc. per/sk at 14.8#. Displace with 12.5 bbls fresh water. Shut casing in. Good cement returns to surface 12 bbls to pit. Job complete Rig down

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	700.00	700.00
5406	40	MILEAGE	3.55	142.00
11043	130 sks	Class A Cement	13.10	1703.00
1102	365#	Calc 3%	.73	266.45
115A	245#	Gel 2%	.17	41.65
1107	32#	Flocc 4# per/sk	2.00	64.00
5407	6.11 ton	Fontrikase Bulk Truck	m/c	305.00
RECEIVED				
AUG 31 2010				
KCC WICHITA				
			SubTotal	3222.10
			SALES TAX	109.98
			ESTIMATED TOTAL	3332.08

Ravin 3737

234297

AUTHORIZATION Witness by Duke Coulter TITLE Tool Pusher C & G Drill DATE 5-17-10

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 28729
LOCATION FUREVA
FOREMAN Rick Ledford

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																				
5-21-10	5631	Phillips Weber #2	25	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>445</td> <td>Shannon</td> <td></td> <td></td> </tr> <tr> <td>479</td> <td>Allen B.</td> <td></td> <td></td> </tr> <tr> <td>436</td> <td>Chris</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	445	Shannon			479	Allen B.			436	Chris						
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MAILING ADDRESS 3101 N. Rock Rd ste 125																										
CITY Wichita																										
STATE KS																										
ZIP CODE 67226																										

JOB TYPE logstring HOLE SIZE 2 7/8" HOLE DEPTH 3052' K.B CASING SIZE & WEIGHT 5 1/2" 14#11.2
CASING DEPTH 2989' K.B. DRILL PIPE _____ TUBING _____ OTHER P8TD 2969' K.B.
SLURRY WEIGHT 13.7# SLURRY VOL 39 Bbl WATER gal/sk 9.0 CEMENT LEFT in CASING 20 1/2
DISPLACEMENT 73 Bbl DISPLACEMENT PSI 800 ~~PSI~~ PSI 1300 RATE _____

REMARKS: Safety meeting- Rig up to 5 1/2" casing. Drop trap ball, set packer shoe @ 1700 P.S.I. Pump 15 Bbl metasilicate pre-flush, 5 Bbl water spacer. Mixed 125 sacks thickset cement w/ 5" Kal-sol 100# + 1/2" phoscol 100# @ 13.7# yield 1.25. shut down, washout pump + lines, release 5 1/2" latch down plug. Displace w/ 73 Bbl fresh water. final pump pressure 800 P.S.I. bump plug to 1300 P.S.I. wait 2 minutes, 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	125 sacks	thickset cement	16.50	2062.50
1110A	625#	5" Kal-sol 100#	.40	250.00
1107A	60#	1/2" phoscol 100#	1.12	67.20
1111A	100#	metasilicate pre-flush	1.75	175.00
5707A	6.87	tax mileage back trk	1.20	329.76
5502C	4 hrs	80 Bbl vac. TRK	96.00	384.00
1123	3000 gals	city water	14.50/1000	43.50
4454	1	5 1/2" latch down plug	235.00	235.00
4164	2	5 1/2" cement baskets	213.00	426.00
4130	9	5 1/2" x 7 7/8" centralizers	46.00	368.00
4253	1	5 1/2" type "A" packer shoe	1589.00	1589.00
			Subtotal	6971.96
			SALES TAX	216.47
			ESTIMATED TOTAL	1248.43

Ravin 3737

034349

AUTHORIZATION witnessed by Jay Abloh TITLE President 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.