

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

SEP 09 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 # 34352  
Name: N-10 Exploration, LLC  
Address 1: 124 N. Main  
Address 2: PO Box 195  
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: \_\_\_\_\_

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 #: \_\_\_\_\_

6/23/2010    6/29/2010    8/3/2010  
Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date       Recompletion Date

API No. 15 - 007-23552-00-00  
Spot Description: Approx. S/2 NW NW  
S/2 NW NW Sec. 15 Twp. 34 S. R. 11  East  West  
990 Feet from  North /  South Line of Section  
660 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 #: B 2  
Field Name: Landis  
Producing Formation: Mississippi  
Elevation: Ground: 1332 Kelly Bushing: 1342  
Total Depth: 4867 Plug Back Total Depth: 4804  
Amount of Surface Pipe Set and Cemented at: 268 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: 1120 bbls  
Dewatering method used: Hauled Off

Location of fluid disposal if hauled offsite:

Operator Name: Jody Oil & Gas Corporation  
Lease Name: Sanders 3A SWD License #: 3288  
Quarter SW Sec. 20 Twp. 31 S. R. 8  East  West  
County: Harper Permit #: D-23, 313

**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: 9-8-2010

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: DG Date: 9/13/10

Operator Name: N-10 Exploration, LLC Lease Name: Medicine River Ranch Well #: B 2  
 Sec. 15 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 Compensated Porosity</b> <b>Dual Induction</b>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Mississippi 4560 (-3218)  <div style="text-align: right; font-weight: bold; font-size: 1.2em;">                     RECEIVED                      SEP 09 2010                      KCC WICHITA                 </div>
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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 #	268'	60:40 Poz	225	3% CC & 2% Gel
Production	7-7/8"	5-1/2"	14 #	4829'	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 (Amount and Kind of Material Used)	Depth
2	4564 - 4620	3000 gal 15% HCL Acid	
		Frac: 2493 sx 30/70 Sand	
		500 sx 16/30 sand	
		200 sx Super LC Sand	

TUBING RECORD:		Size: <u>2-7/8"</u>	Set At: <u>4735</u>	Packer At: _____	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>8/7/2010</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>30</u>	Gas Mcf <u>160</u>	Water Bbls. <u>400</u>	Gas-Oil Ratio <u>5.3 - 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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>4564 - 4620</u>
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# ALLIED CEMENTING CO., LLC. 043114

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

SERVICE POINT:  
*Medicine Lodge KS*

DATE <i>6-20-15</i>	SEC <i>15</i>	TWP. <i>34S</i>	RANGE <i>11W</i>	CALLED OUT <i>3:00 P.M.</i>	ON LOCATION <i>4:00 P.M.</i>	JOB START <i>4:30 PM</i>	JOB FINISH <i>5:00 PM</i>
LEASE <i>Medicine Range</i>	WELL # <i>B 2</i>	LOCATION <i>Medicine Lodge 1S, 11S, 3E</i>			COUNTY <i>Barber</i>	STATE <i>KS</i>	
OLD OR <input checked="" type="checkbox"/> NEW (Circle one)		<i>3/1/10</i>					

CONTRACTOR *Hardt Drilling #1*

TYPE OF JOB *Surface*

HOLE SIZE *12 1/4* T.D. *265*

CASING SIZE *8 5/8* DEPTH *255*

TUBING SIZE DEPTH

DRILL PIPE *4 1/2* DEPTH *265*

TOOL DEPTH

PRES. MAX. *300 PSI* MINIMUM *—*

MEAS. LINE SHOE JOINT *15 FT*

CEMENT LEFT IN CSG. *15 FT*

PERFS.

DISPLACEMENT *Fresh Water 15 Bbls*

EQUIPMENT

PUMP TRUCK CEMENTER *David W.*

# *360-265* HELPER *Carl B.*

BULK TRUCK

# *381-290* DRIVER *Tom B.*

BULK TRUCK

# DRIVER

OWNER *N-10*

CEMENT

AMOUNT ORDERED *225 SX 60:40:3%*

*OC + 29% G-d*

COMMON	<i>135 A</i>	@	<i>15.45</i>	<i>2085.75</i>
POZMIX	<i>90</i>	@	<i>8.00</i>	<i>720.00</i>
GEL	<i>4</i>	@	<i>20.25</i>	<i>83.20</i>
CHLORIDE	<i>7</i>	@	<i>58.00</i>	<i>407.40</i>
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<i>225</i>	@	<i>2.40</i>	<i>540.00</i>
MILEAGE	<i>225/15/10</i>			<i>337.50</i>
TOTAL				<i>4173.85</i>

REMARKS:

*Pipe on bottom Break Circ Pump  
225SX 60:40:2%G+C+3%OC shot  
Down Release Plug Displace  
with Fresh water Bbls, shot  
in cement did circ  
wash up Rig Down.*

CHARGE TO: *N-10*

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SERVICE

DEPTH OF JOB *255 FT*

PUMP TRUCK CHARGE *1018.00*

EXTRA FOOTAGE @ \_\_\_\_\_

MILEAGE *15* @ *7.00* *105.00*

MANIFOLD @ \_\_\_\_\_

TOTAL *1123.00*

PLUG & FLOAT EQUIPMENT

*Wooden Plug* @ *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.

SALES TAX (If Any) \_\_\_\_\_

TOTAL CHARGES ~~\_\_\_\_\_~~

DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

PRINTED NAME *Scott Adelbert*

SIGNATURE *Scott Adelbert*

*Thank You!*

RECEIVED  
SEP 09 2010  
KCC WICHITA

# ALLIED CEMENTING CO., LLC. 041514

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

SERVICE POINT:  
*Medicine Lodge KS*

DATE <i>06-29-10</i>	SEC. <i>15</i>	TWP. <i>34s</i>	RANGE <i>11w</i>	CALLED OUT	ON LOCATION	JOB START <i>10:04m</i>	JOB FINISH <i>2:00Am</i>
LEASE <i>Medicine River Ranch</i>		WELL # <i>B-2</i>	LOCATION <i>281<sup>st</sup> &amp; Scott Canyon Rd, 3E,</i>	COUNTY <i>Barber</i>	STATE <i>KS</i>		
OLD OR NEW (Circle one)			<i>S &amp; E into</i>				

CONTRACTOR *Handt*  
 TYPE OF JOB *Production Casing*  
 HOLE SIZE *7 7/8* T.D. *4862*  
 CASING SIZE *5 1/2* DEPTH *4833*  
 TUBING SIZE DEPTH  
 DRILL PIPE DEPTH  
 TOOL DEPTH  
 PRES. MAX *1300* MINIMUM *—*  
 MEAS. LINE SHOE JOINT *43.02*  
 CEMENT LEFT IN CSG. *43'*  
 PERFS.  
 DISPLACEMENT *116 3/4 Bbls 2% KCL Water*

EQUIPMENT

PUMP TRUCK CEMENTER *D. Felia*  
 # *372* HELPER *D. Franklin*  
 BULK TRUCK  
 # *364* DRIVER *J. Thimesch*  
 BULK TRUCK  
 # DRIVER

OWNER *N-10*  
 CEMENT  
 AMOUNT ORDERED *40sx 60.40.4% gel + 4% SMS & 150sx class "H" + 10% salt + 5# Kolseal & 15gals Chapra & 500gals ASF*  
 COMMON *A 24 sx @ 15.45 370.00*  
 POZMIX *16 sx @ 8.00 128.00*  
 GEL *2 sx @ 20.00 41.00*  
 CHLORIDE @  
 ASC @  
*Sms 14 @ 2.45 34.30*  
*H 150 sx @ 16.75 2512.50*  
*SALT 750 @ 12.00 9000.00*  
*Kolseal 750 @ 0.89 667.50*  
*Chapra 15 Gals @ 31.00 465.00*  
*ASF 500 Gal @ 1.27 635.00*  
 HANDLING *190 @ 2.40 456.00*  
 MILEAGE *190/15/10 285.00*  
 TOTAL *5779.45*

REMARKS:

*Pipe on Bttm Break Casing, Pump Pre-flush & spacer, Plug Rat Hole w/ 15sx Cement, Pump 25sx Scavenger Cement, mix 150sx tail Cement, Stop Pump, Wash Pump & Lines Release Plug, Start & Disp. w/ 2% KCL Water, See Steady increase in PST, Slow Rate Bump Plug at 116 3/4 Bbl total Disp, Release PST, Flats Did Hold*

SERVICE

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

TOTAL *2116.00*

CHARGE TO: *N-10 Expl. LLC.*  
 STREET  
 CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

*5 1/2"*  
 1- TRP @ *74.00*  
 1- Guide Shoe @ *101.00*  
 1- AFU insert @ *112.00*  
 8- centralizers @ *35.00 280.00*  
 12- Recip. Scratchers @ *30.00 360.00*  
 TOTAL *927.00*

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

PRINTED NAME *TIM PIERCE*  
 SIGNATURE *Tim Pierce*

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