

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

RECEIVED

Form ACO-1
June 2009

SEP 13 2010

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

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

KCC WICHITA ORIGINAL

OPERATOR: License # 30717
Name: Downing Nelson Oil Company Inc.
Address 1: PO Box 372
Address 2: _____
City: Hays State: KS Zip: 67601 + _____
Contact Person: Ron Nelson
Phone: (785) 621-2610
CONTRACTOR: License # 31548
Name: Discovery Drilling Co., Inc.
Wellsite Geologist: Alan Downing
Purchaser: Coffeyville Resources

API No. 15 - 165-21,888-00-00
Spot Description: 160' S of
SW_NW_SW Sec. 2 Twp. 18 S. R. 18 East West
1,490 Feet from North / South Line of Section
335 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Rush
Lease Name: OND Well #: 1-2
Field Name: LaCrosse East

Producing Formation: Arbuckle
Elevation: Ground: 2070 Kelly Bushing: 2078
Total Depth: 3840 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 1233 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 SLOW
 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 #: _____

<u>06/29/2010</u>	<u>07/04/2010</u>	<u>07/05/2010</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 16,000 ppm Fluid volume: 240 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: [Signature]
Title: Vice President Date: 09/09/10

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: [Signature] Date: 9/15/10

Operator Name: Downing Nelson Oil Company Inc. Lease Name: OND Well #: 1-2

Sec. 2 Twp. 18 S. R. 18 East West County: Rush

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: Sonic, Micro, Dual Induction and Compensated Density /Neutron	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>Top Anhydrite</td> <td>1226'</td> <td>+853</td> </tr> <tr> <td>Base Anhydrite</td> <td>1256'</td> <td>+823</td> </tr> <tr> <td>Heebner</td> <td>3410'</td> <td>-1331</td> </tr> <tr> <td>Tornoto</td> <td>3428'</td> <td>-1349</td> </tr> <tr> <td>LKC</td> <td>3465'</td> <td>-1386</td> </tr> <tr> <td>BKC</td> <td>3725'</td> <td>-1646</td> </tr> <tr> <td>Arbuckle</td> <td>3826'</td> <td>-1747</td> </tr> </table>	Name	Top	Datum	Top Anhydrite	1226'	+853	Base Anhydrite	1256'	+823	Heebner	3410'	-1331	Tornoto	3428'	-1349	LKC	3465'	-1386	BKC	3725'	-1646	Arbuckle	3826'	-1747
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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 Pipe	12 1/4	8 5/8	23	1233	Common	450	2% Gel & 3% CC
Production Pipe	7 7/8	5 1/2	14	3828	EA/2	125	

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: <u>2 3/8"</u> Set At: <u>3805.03</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 <i>(Explain)</i> _____				
Estimated Production Per 24 Hours	Oil Bbls. <u>23</u>	Gas Mcf <u>0</u>	Water Bbls. <u>27</u>	Gas-Oil Ratio	Gravity <u>34</u>

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 checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <i>(Submit ACO-5)</i> <input type="checkbox"/> Commingled <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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ALLIED CEMENTING CO., LLC. 041788

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

SERVICE POINT:

Russell

DATE <i>6-30-10</i>	SEC. <i>2</i>	TWP. <i>18</i>	RANGE <i>18</i>	CALLED OUT	ON LOCATION	JOB START <i>1:30pm</i>	JOB FINISH <i>2:00pm</i>
LEASE <i>OND</i>	WELL # <i>1-2</i>	LOCATION <i>Leases 15 1E 14-N Extra</i>			COUNTY <i>Rush</i>	STATE <i>KS</i>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR *Discovery #4*

TYPE OF JOB *Surface*

HOLE SIZE *12 1/4* T.D. *1233*

CASING SIZE *8 5/8* DEPTH *1232*

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT *42*

CEMENT LEFT IN CSG. *42'*

PERFS. _____

DISPLACEMENT *75 1/2 Bbl*

EQUIPMENT

OWNER _____

CEMENT

AMOUNT ORDERED *450 com 3% CC*
2 1/2 6e1

COMMON *450* @ *13.50* *6075.00*

POZMIX _____ @ _____

GEL *8* @ *20.25* *162.00*

CHLORIDE *16* @ *51.50* *824.00*

ASC _____ @ _____

PUMP TRUCK CEMENTER *Craig*

398 HELPER *Fewl*

BULK TRUCK

456 DRIVER *Bobby*

BULK TRUCK

_____ DRIVER _____

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HANDLING *225* @ *2.25* *506.25*

MILEAGE *110/sh/p/c* *450.00*

TOTAL *8017.25*

REMARKS:

8 5/8 Casing on bottom. Esc Circulation.
Mix 450cc & Displace Plug.
Cement Circulated.

Thanks!

CHARGE TO: *Dunning/Wilson*

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE *991.00*

EXTRA FOOTAGE _____ @ _____

MILEAGE *20* @ *7.00* *140.00*

MANIFOLD _____ @ _____

TOTAL *1131.00*

PLUG & FLOAT EQUIPMENT

8 5/8 Baffle Plate *67.20*

2 1/2 Plug @ *7.00* *7.00*

JOB LOG

SWIFT Services, Inc.

DATE 7-5-10 PAGE NO.

CUSTOMER Downing + Nelson Oil WELL NO. 1-2 LEASE OND JOB TYPE Cement 5 1/2 Casing TICKET NO. 18707

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	2330							On location 5 1/2" 14# Cent. 1, 3, 5, 7, 9, 11 TD-3840' Jt sout 14, 39, 82, 93, 94 TP-3831' PS-3828' ST-20'
	2345							Start 5 1/2" Casing
	0115							Break Circulation
	0145	6 3/4	32	✓		1900		Set PKR Shoe
	0150	3	7	✓		200		Pump Mud Flush + KCL Flush
	0155	3	5	✓				Plug Rat Hole - 30 sks
	0200	4 1/2		✓				Plug Mouse Hole 20 sks
			31			200		Start Cement 125 sks @ 15.5 pps
								- Shut Down - Release Plug - Wash Pump in
	0215	6 3/4		✓		200		Start Displacement
		6 3/4	74	✓		300		Lift Cement
						750		Max Lift
	0230		92.8					Land Plug - Release - Held
	0300							Wash Track Job Complete Thank you Bret F, Dave + Shane

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