

KANSAS CORPORATION COMMISSION
 OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
 WELL HISTORY - DESCRIPTION OF WELL & LEASE

KCC WICHITA

OPERATOR: License # 30076
 Name: A & A PRODUCTION
 Address 1: PO BOX 100
 Address 2: _____
 City: HILL CITY State: KS Zip: 67642 + _____
 Contact Person: ANDY ANDERSON
 Phone: (785) 421-6266
 CONTRACTOR: License # 33704
 Name: A & A DISCOVERY LLC
 Wellsite Geologist: HERB DEINES
 Purchaser: _____

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 #: _____

08-31-10	09-11-10	09-12-10
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 195-22682-00-00
 Spot Description: _____
SW SW NE NE Sec. 19 Twp. 13 S. R. 22 East West
1,060 Feet from North / South Line of Section
1,160 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: TREGO
 Lease Name: DIETZ Well #: 1
 Field Name: UNKNOWN
 Producing Formation: _____
 Elevation: Ground: 2407 Kelly Bushing: _____
 Total Depth: 4500 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at: 216 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: _____
 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: Andy Anderson
 Title: OPERATOR Date: 09-24-10

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: D&A Dig Date: 9/28/10

Operator Name: A & A PRODUCTION Lease Name: DIETZ Well #: 1
 Sec. 19 Twp. 13 S. R. 22 East West County: TREGO

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: Radiation Guard Log Microresistivity 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>Anhydrite Top</td> <td>1895</td> <td>+ 517</td> </tr> <tr> <td>Anhydrite Base</td> <td>1934</td> <td>+ 478</td> </tr> <tr> <td>Heebner Shale</td> <td>3783</td> <td>-1371</td> </tr> <tr> <td>Toronto</td> <td>3801</td> <td>-1389</td> </tr> <tr> <td>LKC</td> <td>3819</td> <td>-1407</td> </tr> <tr> <td>BKC</td> <td>4069</td> <td>-1657</td> </tr> <tr> <td>Pawnee</td> <td>4182</td> <td>-1770</td> </tr> <tr> <td>Labette Shale</td> <td>4240</td> <td>-1828</td> </tr> <tr> <td>Fort Scott</td> <td>4261</td> <td>-1849</td> </tr> </tbody> </table> <p style="text-align: right;">sheet attached</p>	Name	Top	Datum	Anhydrite Top	1895	+ 517	Anhydrite Base	1934	+ 478	Heebner Shale	3783	-1371	Toronto	3801	-1389	LKC	3819	-1407	BKC	4069	-1657	Pawnee	4182	-1770	Labette Shale	4240	-1828	Fort Scott	4261	-1849
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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"	20	216	COM	150	3% CC 2 % GEL

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
		<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 80%;"> RECEIVED SEP 27 2010 KCC WICHITA </div>	

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 (Explain) _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Operator Name: A & A PRODUCTION Lease Name: DIETZ Well #: 1
Sec. 19 Twp. 13 S. R. 22 East West County: TREGO

NAME	TOP	DATUM
Cherokee Sand	4330	-1918
Mississippi Cher	4372	-1960
Viola	4403	-1991
Arbuckle	4440	-2028
RTD	4500	-2089

RECEIVED
SEP 27 2010
KCC WICHITA



PO BOX 31 Russell, KS 67665

INVOICE

Invoice Number: 124485

Invoice Date: Sep 12, 2010

Page: 1

Voice: (785) 483-3887

Fax: (785) 483-5566

Bill To:
A & A Production P O Box 100 Hill City,, KS 67642-0100

Customer ID	Well Name# or Customer P.O.	Payment Terms	
A&APro	Dietz #1	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-03	Russell	Sep 12, 2010	10/12/10

Quantity	Item	Description	Unit Price	Amount
138.00	MAT	Class A Common	13.50	1,863.00
92.00	MAT	Pozmix	7.55	694.60
8.00	MAT	Gel	20.25	162.00
57.00	MAT	Flo Seal	2.45	139.65
230.00	SER	Handling	2.25	517.50
40.00	SER	Mileage 230 sx @.10 per sk per mi	23.00	920.00
1.00	SER	Rotary Plug	991.00	991.00
40.00	SER	Pump Truck Mileage	7.00	280.00

RECEIVED
SEP 27 2010
KCC WICHITA

*Ad 9-23-10
ck 4315*

ALL PRICES ARE NET, PAYABLE 30 DAYS FOLLOWING DATE OF INVOICE. 1 1/2% CHARGED THEREAFTER. IF ACCOUNT IS CURRENT, TAKE DISCOUNT OF

\$ 1113.55

ONLY IF PAID ON OR BEFORE
Oct 7, 2010

Subtotal	5,567.75
Sales Tax	378.61
Total Invoice Amount	5,946.36
Payment/Credit Applied	
TOTAL	5,946.36

4832.81



PO BOX 31 Russell, KS 67665

INVOICE

Invoice Number: 124316

Invoice Date: Sep 1, 2010

Page: 1

Voice: (785) 483-3887

Fax: (785) 483-5566

Bill To:

A & A Production
 P O Box 100
 Hill City., KS 67642-0100

Customer ID	Well Name# or Customer P.O.	Payment Terms	
A&APro	-Dietz #1-	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-01	Russell	Sep 1, 2010	10/1/10

Quantity	Item	Description	Unit Price	Amount
90.00	MAT	Class A Common	13.50	1,215.00
60.00	MAT	Pozmix	7.55	453.00
3.00	MAT	Gel	20.25	60.75
5.00	MAT	Chloride	51.50	257.50
150.00	SER	Handlign	2.25	337.50
40.00	SER	Mileage 150 sx @.10 per sk per mi	15.00	600.00
1.00	SER	Surface	991.00	991.00
40.00	SER	Pump Truck Mileage	7.00	280.00

RECEIVED
 SEP 27 2010
 KCC WICHITA

*Od 9-9-10
 OK 4291*

ALL PRICES ARE NET, PAYABLE 30 DAYS FOLLOWING DATE OF INVOICE. 1 1/2% CHARGED THEREAFTER. IF ACCOUNT IS CURRENT, TAKE DISCOUNT OF

\$ 838.95

ONLY IF PAID ON OR BEFORE

Sep 26 2010

Subtotal	4,194.75
Sales Tax	135.07
Total Invoice Amount	4,329.82
Payment/Credit Applied	
TOTAL	4,329.82

*- 838.95
 3490.87*