

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

RECEIVED

SEP 21 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 # 5042
Name: EDMISTON OIL COMPANY, INC.
Address 1: 125 N MARKET SUITE 1130
Address 2: _____
City: WICHITA State: KS Zip: 67202
Contact Person: JON M CALLEN
Phone: (316) 265-5241
CONTRACTOR: License # 5123
Name: PICKRELL DRILLING COMPANY, INC.
Wellsite Geologist: MAX LOVELY

API No. 15 - 095-22215-0000
Spot Description: _____
S/2_NE_SW Sec. 24 Twp. 29 S. R. 9 East West
1,650 Feet from North / South Line of Section
1,980 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: KINGMAN
Lease Name: MILLER Well #: 5
Field Name: WILLOWDALE SE

Purchaser: N/A
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.): _____

Producing Formation: HERTHA Ls
Elevation: Ground: 1665 Kelly Bushing: 1675
Total Depth: 4002 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 290 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.

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 #: _____
8-6-2010 8-13-2010 8-13-2010
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: _____ 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: PRESIDENT Date: SEPTEMBER 20, 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: [Signature] Date: 10/11/10

Operator Name: EDMISTON OIL COMPANY, INC. Lease Name: MILLER Well #: 5
 Sec. 24 Twp. 29 S. R. 9 East West County: KINGMAN

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" 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:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" 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>LANSING</td> <td>3574</td> <td>-1883</td> </tr> <tr> <td>SWOPE Ls</td> <td>3948</td> <td>-2257</td> </tr> <tr> <td>HERTHA Ls</td> <td>3983</td> <td>-2292</td> </tr> </tbody> </table>	Name	Top	Datum	LANSING	3574	-1883	SWOPE Ls	3948	-2257	HERTHA Ls	3983	-2292
Name	Top	Datum											
LANSING	3574	-1883											
SWOPE Ls	3948	-2257											
HERTHA Ls	3983	-2292											

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 Casing	1.2 1/4	8 5/8	24#	274	60-40 Poz	300	2% Gel / 3% CC

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: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
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) _____	
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls. 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 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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PICKRELL DRILLING COMPANY, INC.

100 SOUTH MAIN - SUITE 505
WICHITA, KANSAS 67202-3738
(316) 262-8427 - FAX 262-0893



#5 Miller
S/2 NE SW
Section 24-29S-9W
Kingman County, Kansas
Operator: Edmiston Oil Company

Projected RTD: 4000'

API#: 15-095-22,215
1650' From South Line of Section
1980' From West Line of Section
ELEV: 1675'KB, 1673' DF, 1665'GL
Contractor: Pickrell Drilling Co. Inc. Rig #1

- 08-03-10: Plan to MIRT tomorrow (8-4).
- 08-04-10: MIRT & RURT. Plan to give the crews the day off tomorrow and Spud on Friday (8/6).
- 08-05-10: Giving our crews the day off today. Will Spud tomorrow (8/6).
- 8-06-10: Prep to Spud this A.M
- 8-09-10: (On 8-6) Spud @ 9:45 AM. Drld 12 1/4" surface hole to 290'. SHT @ 290' = 1/4°. Ran 7 jts. of New 8 5/8" 24# surface casing set @ 285'KB, cmt w/300sx 60-40 poz, 2% gel, 3% CC. PD @ 8:30 PM on 8-6-10. CDC. Allied Ticket # 037033. (On 8-7) Drlg. ahead @ 341'. (On 8-8) Drlg. ahead @ 1408'. SHT @ 1216' = 3/4°. (On 8-9) Drlg. ahead @ 2155'. SHT @ 1650' = 1/2°, 2149' = 3/4°.
- 8-10-10: Making Bit Trip @ 2858'. SHT @ 2612' = 3/4°.
- 8-11-10: Drlg. ahead @ 3670'.
- 8-12-10: Testing @ 3961'. DST #1: 3940-3961'. SHT @ 3961' = 3/4°. Pipe strap was .63 long to board.
- 8-13-10: Testing @ 4002'. DST #2: 3978-4002'.

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JAYHAWK
OILFIELD SUPPLY
PLEASE REMIT TO: P.O. BOX 7
SPIVEY, KS 67142

123

EDMISTON OIL CO INC
125 N MARKET SUITE 1130
Wichita, KS 67202

Customer No: 239
Phone No: (316) 265-5241

Lease: MILLER #5
Ordered by: MIKE KERNS

Product Code	Item Description	Qty	List	Unit Price	Amount
8-5/8-24	8-5/8 24# SURFACE CASING	276	17.30	17.95	4954.20

1600-161-5475
Surface Casing #5

(Handwritten mark)

PAID \$ _____
Date _____
Check # _____
Mailed _____

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PO Number:
Comment:

Sub-Total:	4954.20
Shipping:	0.00
Tax [6.8]:	336.89 *
Total:	5291.09
Net 30 :	5291.09
Amount Due:	5291.09

Please pay from this invoice.
Statements sent on request only.

STORE 1 SPIVEY (620) 532-5175	STORE 2 PRATT (620) 672-9461	STORE 3 MEDICINE LODGE (620) 886-5050	STORE 4 COLDWATER (620) 582-2525	STORE 5 RIG SHOP (620) 672-3179	STORE 7 MFG DIV (620) 532-3960	STORE 8 HUGOTON (620) 544-8244
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ALLIED

CEMENTING CO., LLC
Cementing & Acidizing Services

BOX 31 Russell, KS 67665

149

8/23

INVOICE

Invoice Number: 123933

Invoice Date: Aug 6, 2010

Page: 1

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Phone: (785) 483-3887

Fax: (785) 483-5566

Bill To:

Edmiston Oil Co., Inc.
125 N Market Suite 1130
Wichita, KS 67202

Customer ID	Well Name# or Customer P.O	Payment Terms	
Edmi	Miller #5	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-01	Medicine Lodge	Aug 6, 2010	9/5/10

Quantity	Item	Description	Unit Price	Amount
180.00	MAT	Class A Common	15.45	2,781.00
120.00	MAT	Pozmix	8.00	960.00
5.00	MAT	Gel	20.80	104.00
10.00	MAT	Chloride	58.20	582.00
300.00	SER	Handling	2.40	720.00
20.00	SER	Mileage 300 sx @ .10 per sk per mi	30.00	600.00
1.00	SER	Surface	1,018.00	1,018.00
20.00	SER	Pump Truck Mileage	7.00	140.00

529
5030-545-5415
~~Drilling mud for #5~~
Cement surface casing

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PAID \$ 5,802.90
Date 8-23-10
Check #
Mailed

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

\$ 1381.00

ONLY IF PAID ON OR BEFORE
Aug 31, 2010

Subtotal	6,905.00
Sales Tax	278.90
Total Invoice Amount	7,183.90
Payment/Credit Applied	
TOTAL	7,183.90

- 1,381.00
5,802.90