

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
September 1999  
Form Must Be Typed

WELL COMPLETION FORM

ORIGINAL

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 33649  
Name: Kenneth W. Cory, LTD  
Address: 6565 West Loop South - Suite 780  
City/State/Zip: Bellaire, Texas 77401  
Purchaser: NCRA  
Operator Contact Person: Mark Cory  
Phone: (713) 661-5911  
Contractor: Name: Duke Drilling Co., Inc.  
License: 5929  
Wellsite Geologist: Curtis Covey

Designate Type of Completion:  
 New Well  Re-Entry  Workover  
 Oil  SWD  SLOW  Temp. Abd.  
 Gas  ENHR  SIGW  
 Dry  Other (Core, WSW, Expl., Cathodic, 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/SWD  
 Plug Back \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_  
 Commingled \_\_\_\_\_ Docket No. \_\_\_\_\_  
 Dual Completion \_\_\_\_\_ Docket No. \_\_\_\_\_  
 Other (SWD or Enhr.?) \_\_\_\_\_ Docket No. \_\_\_\_\_

<u>01-04-07</u>	<u>01-14-07</u>	<u>09-20-2010</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 077-21568-0000

County: Harper County, Kansas

SW NE SW SW Sec. 17 Twp. 31 S. R. 6  East  West

840 feet from  N (circle one) Line of Section

960 feet from E  W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Bell Well #: 2

Field Name: Gish

Producing Formation: Swope

Elevation: Ground: 1489' Kelly Bushing: 1500'

Total Depth: 4770' Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at 208 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 No.: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

County: \_\_\_\_\_ Docket No.: \_\_\_\_\_

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.

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]

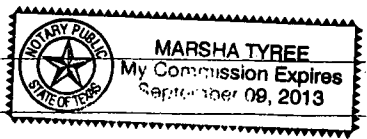
Title: \_\_\_\_\_ Date: 09-27-10

Subscribed and sworn to before me this 27th day of September

2010

Notary Public: [Signature]

Date Commission Expires: 09-09-13



KCC Office Use ONLY

Letter of Confidentiality Attached

If Denied, Yes  Date: \_\_\_\_\_

Wireline Log Received

Geologist Report Received

UIC Distribution

RECEIVED  
OCT 01 2010

AVL-dg - 10/18/10

KCC WICHITA

Operator Name: **Kenneth W. Cory LTD** Lease Name: **Bell** Well #: **2**  
 Sec. **17** Twp. **31** S. R. **6**  East  West County: **Harper County, Kansas**

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 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 <i>(Submit Copy)</i>  List All E. Logs Run: Dual Induction Log Dual Compensated/Porosity Log Microresistivity Log Sonic Cement Bond Log	<input 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>Elgin</td> <td>3026'</td> <td>-1517</td> </tr> <tr> <td>Heebner Sh</td> <td>3212'</td> <td>-1703</td> </tr> <tr> <td>Kansas City</td> <td>3748'</td> <td>-2239</td> </tr> <tr> <td>Mississippi Chert</td> <td>4340'</td> <td>-2831</td> </tr> <tr> <td>Woodford Sh</td> <td>4661'</td> <td>-3152</td> </tr> <tr> <td>Simson</td> <td>4692'</td> <td>-3183</td> </tr> </table>	Name	Top	Datum	Elgin	3026'	-1517	Heebner Sh	3212'	-1703	Kansas City	3748'	-2239	Mississippi Chert	4340'	-2831	Woodford Sh	4661'	-3152	Simson	4692'	-3183
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CASING RECORD <input 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	# Sacs Used	Type and Percent Additives
Surface	12-1/4"	8-5/8"	20#	208'	Class A	165	3%cc 2%gel
Production	7-7/8"	5-1/2"	15.5#	4768'	Class H	300	10%salt

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
3	4692-97	Simpson	500 Gal	7-1/2% HCl	CIBP	4125
4	3924-28	Hertha	500 Gal	15% HCl	CIBP	3910
4	3886-88	Swope	500 Gal	15% HCl		

TUBING RECORD		Size 2-3/8"	Set At 3800'	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. 09-20-10		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 4 Bbls.	Gas -	Mcf -	Water 80 Bbls.	Gas-Oil Ratio Gravity

Disposition of Gas  Vented  Sold  Used on Lease *(If vented, Sumit ACO-18.)*

METHOD OF COMPLETION  Open Hole  Perf.  Dually Comp.  Commingled  Other (Specify) \_\_\_\_\_

Production Interval **Swope 3886-88'**

**ALLIED CEMENTING CO. INC.**  
**(ACID)**  
P.O. Box 31  
Russell, Kansas 67665  
785-483-2627

5584

**Medicine Lodge**  
**620-886-5926**

**Russell, KS**  
**785-483-2627**

Ticket #

Date 10-11-07	PO#	Location Harper 3 1/2 N - 2 1/2 E - 1 N - 3/4 E - N15			
Owner Kenneth W. Cory	Lease Bell	Well #2	County Harper	State KS.	
Station Medicine Lodge, KS.	Section	Township	Range	Formation	Contractor

WELL DATA				PERFORATIONS	TREATMENT	INFO:
SIZE	WEIGHT	DEPTH	VOLUME	SHOTS FT.	Max. Pressure	To: Allied Cementing Company, Inc. (ACID)
TUBING	2 3/8	4.70	4786	18 1/2	1000	You are hereby request to rent acidizing equipment to do work as listed.
CASING	5 1/2	155	848	87 1/2	200	
OPEN HOLE					1	
PKR					Avg. TrT Pressure	Charge To: Kenneth W. Cory
TDPB					Total Fluid Pumped	Street
					134	City
					Bbls.	State

TREATMENT LOG							EXPLANATION
TIME	PRESSURE		TOTAL FLUID PUMPED	FLUID IN FORMATION	INDIVIDUAL FLUID PUMPED	INJECTION RATE	
A.M./P.M.	TBG	CSG					
9:00	100		12		12	1	Start Acid via tubing
	100		18 1/2		6 1/2	1	ACID on Bottom - Start Flush
10:00	200		58		30	1.1	Increase Rate
			94		94	3	Increase Rate
					76	3	Flush In w/ 2% KCL
11:00	1000		123				Stop Pumps
11:15							Rig Down

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EQUIPMENT AND PERSONNEL	MATERIALS USED	AMOUNT	UNIT PRICE	TOTAL COST
Larry Dreiling 413	15% HCL	500 gals	1.45	725.00
JASON Kessler 419	ICA System X2	1000	.28	280.00
	ACT-120	1 gal	36.52	36.52
	Bach Sol 8000	10 gal.	26.01	260.10
	Milab	35	6.00	210.00
	Pump Truck	1	600.00	600.00
	KCL-120	2	25.00	50.00

ANY APPLICABLE TAX  
**WILL BE CHARGED**  
**UPON INVOICING**

Sub-Total  
**2161.62**  
Tax  
Total

- New Producer.....
- Old Producer.....
- Old Producer - New Zones.....
- New SWD or Injection.....
- Old SWD or Injection.....
- Pressure Test.....

Terms: \_\_\_\_\_ discount will be allowed if paid in 30 days from invoice date.

x  x  
Customer Signature Customer Print Name

As consideration, the above names (well owner or contractor) agrees to: (a) to pay you in accordance with your current price schedule; (b) Allied Cementing Company, Inc. (ACID) shall not be liable for damage to property of well owner and/or customer unless caused by its willful negligence, this provision applying but not limited to subsurface damage and surface damage arising from subsurface damage. Well owner and/or customer shall be responsible for and secure Allied Cementing Company, Inc. (ACID) against any liability for reservoir loss or damage, or property damage arising from a well blowout, unless such loss or damage is caused by willful negligence of Allied Cementing company, Inc. (ACID). If equipment or instruments of Allied Cementing company, Inc. (ACID) are lost or damaged at the well, well owner and/or customer shall either recover the same or pay for such equipment or instruments unless, however, such loss or damage is caused by the negligence of Allied cementing company, Inc. (ACID); (c) that you make no guarantee of the effectiveness of the materials to be used or the results of treatments; and (d) that you will not be bound by any representation or agreement not herein contained. It is understood you will pay wages (and payroll taxes and withholding thereon) and comply with workman's compensation statues applicable to servicemen you furnish.



