

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

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

OPERATOR: License # 30705
Name: Younger Energy Company
Address 1: 453 S. Webb Road, Suite 100
Address 2: _____
City: Wichita State: KS Zip: 67207 + 1310
Contact Person: Diane Rebstock
Phone: (316) 681-2542
CONTRACTOR: License # 6426
Name: Express Well Service & Supply, Inc.
Wellsite Geologist: n/a
Purchaser: n/a

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: National Cooperative Refinery Association
Well Name: Lappin #1

Original Comp. Date: 1/8/1963 Original Total Depth: 4803'

- 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 #: _____

7/26/2010 8/5/2010 8/6/2010
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 083-10160-00-01

Spot Description: _____
_____ SW NW Sec. 33 Twp. 23 S. R. 23 East West
1986 Feet from North / South Line of Section
613 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Hodgeman

Lease Name: Woods Well #: 2-33 OWWO

Field Name: Lappin

Producing Formation: _____

Elevation: Ground: 2417' Kelly Bushing: 10'

Total Depth: 3390' Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 515' (existing) 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: 34,000 ppm Fluid volume: 120 bbls

Dewatering method used: evaporation

Location of fluid disposal if hauled offsite: _____

Operator Name: Cheyenne Oil Services, Inc.

Lease Name: Strecker A#5 License #: 7146

Quarter NW Sec. 9 Twp. 24 S. R. 21 East West

County: Hodgeman Permit #: D21228

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: Diane Rebstock

Title: V.P. Finance Date: 10-12-2010

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: RIA Dlg

Date: 10/20/10

RECEIVED

OCT 13 2010

KCC WICHITA

Operator Name: Younger Energy Company Lease Name: Woods Well #: 2-33 OWWO
 Sec. 33 Twp. 23 S. R. 23 East West County: Hodgeman

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets) 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 type="checkbox"/> No (If no, Submit Copy) List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input checked="" 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"	(existing)	515'		300	
Production	7-7/8"	5-1/2"	(existing)	3121'-4801'		225	
Production	7-7/8"	5-1/2"	15.5#	3121'	60/40 pozmix	140	4% 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

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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____
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ALLIED CEMENTING CO., LLC.

30795

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

SERVICE POINT:
Liberal KS.

DATE <u>8-06-10</u>	SEC. <u>33</u>	TWP. <u>23</u>	RANGE <u>23</u>	CALLED OUT	ON LOCATION	JOB START <u>11:00 AM</u>	JOB FINISH <u>12:00 PM</u>
LEASE <u>Wood's</u>		WELL # <u>2-33 amw</u>	LOCATION <u>Vec Jetmore KS.</u>		COUNTY <u>Hodgeman</u>	STATE <u>KS.</u>	
<input checked="" type="radio"/> OLD OR NEW (Circle one)							

CONTRACTOR _____

TYPE OF JOB PTA

HOLE SIZE 7 7/8 T.D. _____

CASING SIZE 5 1/2 DEPTH 3100

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER _____

CEMENT

AMOUNT ORDERED 200^{SK} 60/40/4 1/2

gel

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

ASC _____ @ _____

EQUIPMENT

PUMP TRUCK CEMENTER Kenny

366 HELPER Jose G & Kenny

BULK TRUCK

364 DRIVER AAron

BULK TRUCK

_____ DRIVER _____

60/40/4 200 @ 14.05 2810.00

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING 200 @ 2.40 480.00

MILEAGE _____ 2000.00

REMARKS:

Pumped 25^{SK} @ 3100F+ Dip with 35ABC

TOTAL 5290.00



PO BOX 31 Russell, KS 67665

INVOICE

Invoice Number: 123953

Invoice Date: Aug 6, 2010

Page: 1

Voice: (785) 483-3887

Fax: (785) 483-5566

Bill To:

Younger Energy Co.
453 S. Webb RD
STE #100
Wichita, KS 67207

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Youn	Woods #2-33 OWWO	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-03	Liberal	Aug 6, 2010	9/5/10

Quantity	Item	Description	Unit Price	Amount
200.00	MAT	Lightweight Class A	14.05	2,810.00
200.00	SER	Handling	2.40	480.00
100.00	SER	Mileage 200 sx @.10 per sk per mi	20.00	2,000.00
1.00	SER	Plug to Abandon	1,185.00	1,185.00
100.00	SER	Pump Truck Mileage	7.00	700.00

180211
plug 800 w/140 sxs 60/40 p^o 2, 4% sel.
- 25 sxs @ 3100'
- 100 sxs @ 700'
- Top off w/15 sxs
-(8-6-10) / #2
DR

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

\$ 1076.25

ONLY IF PAID ON OR BEFORE
Aug 31, 2010

Subtotal	7,175.00
Sales Tax	534.54
Total Invoice Amount	7,709.54
Payment/Credit Applied	
TOTAL	7,709.54

Discount < 1,076.25
 Total \$6,633.29
 copy to 64
 copy to 64
 (1) accts. 2/10
 1/18
 DR