

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

ORIGINAL

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

OPERATOR: License # 34352
Name: N-10 Exploration, LLC
Address 1: 124 N. Main
Address 2: PO Box 195
City: Attica State: KS Zip: 67009
Contact Person: Randy Newberry
Phone: (620) 254-7251
CONTRACTOR: License # 33902
Name: Hardt Drilling, LLC
Wellsite Geologist: Tim Pierce
Purchaser: _____

API No. 15 - 007-23548-00-00
Spot Description: W/2 SE SW
SE SW Sec. 10 Twp. 34 S. R. 11 East West
660 Feet from North / South Line of Section
1,650 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Barber
Lease Name: Medicine River Ranch Well #: D 1
Field Name: Landis
Producing Formation: Mississippi

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.): _____

Elevation: Ground: 1339 Kelly Bushing: 1349
Total Depth: 4900 Plug Back Total Depth: 4858
Amount of Surface Pipe Set and Cemented at: 265 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 #: _____
8-26-2010 9-1-2010 9-16-2010
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: 320 bbls
Dewatering method used: Hauled Off
Location of fluid disposal if hauled offsite:
Operator Name: Hart Energies, LLC
Lease Name: Maryline OWWO SWD License #: 32798
Quarter SE Sec. 2 Twp. 31 S. R. 10 East West
County: Barber Permit #: D-28, 465

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: Randy Newberry
Title: Manager Date: 11-10-2010

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: DG Date: 11/16/10

Operator Name: N-10 Exploration, LLC Lease Name: Medicine River Ranch Well #: D 1
 Sec. 10 Twp. 34 S. R. 11 East West County: Barber

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 <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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Dual Induction Dual Compensated Porosity	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Mississippi -4559 (-3210)
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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"	23#	265'	60:40 Poz	225	3% CC - 2% Gel
Production	7-7/8"	5-1/2"	14 #	4890	Class H	150	10% Salt, 5# Kol-Seal

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
2	4560 - 4600	2200 gal 15% HCL Acid	
		Frac - 1668 sx 30-70 Sand	
		475 sx 16-30 Sand	
		140 sx Sandtrol	
		Super 16-30 Sand	

TUBING RECORD: Size: <u>2-7/8"</u> Set At: <u>4736</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	KCC WICHITA
Date of First, Resumed Production, SWD or ENHR. <u>9-19-2010</u>	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 Bbbls. <u>32</u>	Gas Mcf <u>110</u>	Water Bbbls. <u>350</u>
			Gas-Oil Ratio <u>3.4 - 1</u>
			Gravity <u>.24</u>

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" 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 checked="" 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: <u>4560 - 4600</u>
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ALLIED CEMENTING CO., LLC. 042205

P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Madison Lodge #5

DATE <u>08 27 10</u>	SEC. <u>10</u>	TWP. <u>34s</u>	RANGE <u>11w</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <u>6:45 AM</u>
LEASE <u>Medicine River Ranch</u>				WELL # <u>D-1</u>	LOCATION	COUNTY <u>Butler</u>	STATE <u>KS</u>
OLD OR NEW (Circle one) <u>NEW</u>							

CONTRACTOR Hardt

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 270

CASING SIZE 8 5/8 DEPTH 265

TUBING SIZE DEPTH

DRILL PIPE 4 1/2 DEPTH 839

TOOL DEPTH

PRES. MAX 250 MINIMUM -

MEAS. LINE SHOE JOINT N/A

CEMENT LEFT IN CSG. 20'

PERFS.

DISPLACEMENT 1 5/8 Bbls Fresh H₂O

OWNER N-10 Explor.

CEMENT AMOUNT ORDERED 225 sx 60:40:3% cc + 2% gel

EQUIPMENT

PUMP TRUCK CEMENTER D. Felio

471-302 HELPER D. Felio

BULK TRUCK

363-250 DRIVER C. Balding

BULK TRUCK

DRIVER

COMMON	<u>135</u> sx	@ <u>15.45</u>	<u>2085.75</u>
POZMIX	<u>90</u> sx	@ <u>8.00</u>	<u>720.00</u>
GEL	<u>4</u> sx	@ <u>20.80</u>	<u>83.20</u>
CHLORIDE	<u>7</u> sx	@ <u>58.20</u>	<u>407.40</u>
ASC		@	
		@	
		@	
		@	
		@	
		@	
		@	
HANDLING	<u>236</u>	@ <u>2.40</u>	<u>566.40</u>
MILEAGE	<u>236 / 10 / 25</u>		<u>590.00</u>
TOTAL			<u>4452.75</u>

REMARKS:
Pipe on Btm, Break Case, Pump Mix 225 sx 60 40 cement Blend, Stop Pump, Release Plug, Start Disp. of Fresh H₂O, Wash up on Plug, See Steady increase in PSI, Slow Rate, Stop Pump at 1 5/8 Bbls total Disp., Shut in, Cement D. id Circ.

SERVICE

DEPTH OF JOB 265

PUMP TRUCK CHARGE 1018.00

EXTRA FOOTAGE @

MILEAGE 25 @ 7.00 175.00

MANIFOLD Head Rental @

CHARGE TO: N-10 Explor. LLC

STREET

CITY STATE ZIP

TOTAL 1193.00

PLUG & FLOAT EQUIPMENT

1-TWP @ 68.00

TOTAL 68.00

To Allied Cementing Co., LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME CHRIS STAATS

SIGNATURE Chris Staats

SALES TAX (If Any)

TOTAL CHARGES [scribble]

DISCOUNT IF PAID IN 30 DAYS

RECEIVED
NOV 12 2010
KCC WICHITA

ALLIED CEMENTING CO., LLC. 042155

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

SERVICE POINT:
Medicine Lodge

DATE <u>9-1-10</u>	SEC. <u>10</u>	TWP. <u>34S</u>	RANGE <u>11W</u>	CALLED OUT <u>9:00 AM</u>	ON LOCATION <u>1:30 p.m.</u>	JOB START <u>5:30 p.m.</u>	JOB FINISH <u>6:30 p.m.</u>
LEASE <u>Medicine River Ranch D</u>			WELL # <u>#1</u>	LOCATION <u>Start Canyon Rd, E into</u>		COUNTY <u>Barber</u>	STATE <u>Ks</u>
OLD OR NEW (Circle one)							

CONTRACTOR Hardt
 TYPE OF JOB Production
 HOLE SIZE 7 7/8 T.D. 4900'
 CASING SIZE 5 1/2 DEPTH 4870'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX 1200# MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 43'
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT 118 BBS 2% KCl
 EQUIPMENT _____
 PUMP TRUCK CEMENTER Mark C.
 # 471-265 HELPER Ron G.
 BULK TRUCK # _____
 # 376 DRIVER Bobby R.
 BULK TRUCK # _____ DRIVER _____

OWNER N-10 Exploration
 CEMENT
 AMOUNT ORDERED 40 SX (60/40/4T. 4% SMS)
150 SX H + 10% Seal + 5% KCl - Seal
14 gal - Clapro = 500 gals Ast
 COMMON A 24 SX @ 15.45 370.00
 POZMIX 16 SX @ 8.00 128.00
 GEL 2 SX @ 20.80 41.60
 CHLORIDE @ _____
 ASC @ _____
H 150 SX @ 16.75 2512.00
Salt 15 SX @ 12.00 180.00
Kolseal 750 @ .89 667.50
wf 12-2 500 Gals @ 1.27 635.00
Clapro 14 Gals @ 31.25 437.50
SMS 14 @ 2.45 34.30
 HANDLING 222 @ 2.40 532.80
 MILEAGE 222 / 15 / .10 333.00
 TOTAL 5873.00

REMARKS:

See Job Log.

SERVICE

DEPTH OF JOB 4900'
 PUMP TRUCK CHARGE 2011.00
 EXTRA FOOTAGE @ _____
 MILEAGE 15 @ 7.00 105.00
 MANIFOLD @ _____
 @ _____
 @ _____

TOTAL 2116.00

CHARGE TO: N-10 Exploration
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

1- Float Collar @ 112.00
1- Guide Shoe @ 101.00
7- Controlizers @ 35.00 245.00
10- Stretchers @ 30.00 300.00
1- Rubber plug @ 74.00
 TOTAL 832.00

To Allied Cementing Co., LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Tim Pierce
 SIGNATURE Tim Pierce

SALES TAX (If Any) _____
 TOTAL CHARGES _____
 DISCOUNT _____ IF PAID IN 30 DAYS _____

RECEIVED
 NOV 12 2010
 KCC WICHITA