

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 # 6397
Name: Webco Oil Company, Inc.
Address 1: 2136 NE 90th Avenue
Address 2: _____
City: Hoisington State: KS Zip: 67544 + _____
Contact Person: N.R. Weber
Phone: (620) 587-3539
CONTRACTOR: License # 33350
Name: Southwind Drilling, Inc.
Wellsite Geologist: Jim Musgrove
Purchaser: Parnon Gathering Inc.

API No. 15 - 009-25460-00-00
Spot Description: 100' East of
N/2 NE Sec. 12 Twp. 16 S. R. 12 East West
660 Feet from North / South Line of Section
1,220 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Barton
Lease Name: Woydziak Well #: 1-A

Field Name: Kraft-Prusa
Producing Formation: Kansas City/Lansing/Brown Lime/Douglas/Toronto/Heeber/Topeka

Elevation: Ground: 1882' Kelly Bushing: 1888'
Total Depth: 3385' Plug Back Total Depth: 3290'
Amount of Surface Pipe Set and Cemented at: 418.45 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: NA 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 #: _____

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.): _____

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 #: _____
08-05-10 08-12-10 08-26-10
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

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: N.R. Weber
Title: President Date: 11-15-10

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: Dg Date: 11/16/10

Operator Name: Webco Oil Company, Inc. Lease Name: Woydziak Well #: 1-A
 Sec. 12 Twp. 16 S. R. 12 East West County: Barton

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: Dual Compensated Porosity Log, Microresistivity Log, Dual Induction Log, Computer Process Interpretation Log.	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Anhydrite</td> <td>743</td> <td>+1145</td> </tr> <tr> <td>Topeka</td> <td>2645</td> <td>-757</td> </tr> <tr> <td>Toronto</td> <td>2947</td> <td>-1059</td> </tr> <tr> <td>Brown Lime</td> <td>3021</td> <td>-1133</td> </tr> <tr> <td>Lansing</td> <td>3038</td> <td>-1150</td> </tr> <tr> <td>Base Kansas City</td> <td>3301</td> <td>-1413</td> </tr> <tr> <td>Arbuckle</td> <td>3315</td> <td>-1427</td> </tr> </table>	Name	Top	Datum	Anhydrite	743	+1145	Topeka	2645	-757	Toronto	2947	-1059	Brown Lime	3021	-1133	Lansing	3038	-1150	Base Kansas City	3301	-1413	Arbuckle	3315	-1427
Name	Top	Datum																							
Anhydrite	743	+1145																							
Topeka	2645	-757																							
Toronto	2947	-1059																							
Brown Lime	3021	-1133																							
Lansing	3038	-1150																							
Base Kansas City	3301	-1413																							
Arbuckle	3315	-1427																							

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#	418.45	Common	200	3% calcium chloride, 2% gel
Production	7 7/8"	5 1/2"	14#	3373'	60/40 Poz	175	10% salt, 1/4# floeal

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input checked="" 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
	too many to list - please see attachments		

TUBING RECORD:	Size: <u>2 1/2"</u>	Set At: <u>3250'</u>	Packer At: <u>3166</u>	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>09-02-10</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 Bbls. <u>9-10</u>	Gas Mcf <u>0</u>	Water Bbls. <u>100</u>	Gas-Oil Ratio <u>39.0</u>

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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>see attachments</u>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------

SUPERIOR WELL SERVICES

SALES AND SERVICE FIELD TICKET

TICKET NO. 40- 005673

SERVICE DATE 8-20-10

TICKET PAGE 1 of 1

0903 Master Field Ticket

TO Webco Oil Company, Inc		LEASE NAME OR PROJECT Woydziak # 1-A	
ADDRESS 2136 N.E 90 th Ave.		COUNTY Barton	STATE KS
Hainington, KS 67544		FIELD Kraft - Pruja	WELL PERMIT NUMBER
OWNER		SERVICE ENGINEER Seib / Brungardt / Williams	

PURCHASE ORDER / REFERENCE	JOB TYPE Perf	CALLED OUT TIME DATE	ON LOCATION TIME DATE	COMPLETED TIME DATE
----------------------------	------------------	-------------------------	--------------------------	------------------------

SIGNATURE of CUSTOMER OR CUSTOMER'S AGENT (PLEASE PRINT NAME HERE) *[Signature]* I have read, understood and agreed to the terms and conditions printed on the reverse side hereof which include, but are not limited to, LIMITED WARRANTY, INDEMNITY, RELEASE and PAYMENT and represent that I have full power and authority to execute this agreement.

LOC	PRICE REFERENCE	AMOUNT	DESCRIPTION	UNIT COST	TOTAL COST
40	70 210 1000		Setup		500.00
40	75 805 0210	24	4" HSC 3215-19 3221-25		
40	75 805 0210	18	4" HSC 3183-89		
40	75 805 0210	12	4" HSC 3120-24		
40	75 805 0210	12	4" HSC 3109-13		
40	75 805 0210	12	4" HSC 3069-73		
40	75 805 0210	12	4" HSC 3040-44		
40	75 805 0210	12	4" HSC 2952-56		
40	75 805 0210	12	4" HSC 2890-94		
40	75 805 0210	12	4" HSC 2876-80		
		126			4,730.00
40	75 800 0055 3290		5 1/2" CIBP		
	86- HSC 4000-317				
	9- dets				
	80- prima cord				
	36- HSC 4000-316				

ENTERED
CD

RECEIVED 1,550.00
NOV 15 2010
KCC WICHITA

CUSTOMER OR AGENT SIGNATURE <i>[Signature]</i>	Subtotal 6,780.00
	Discount 1,695.00
	Bal Due \rightarrow 5,085.00

I acknowledge that the equipment, materials and services as listed on this filed ticket were received.

Unless satisfactory credit terms have been established prior to services performed in advance may be required. All invoices rendered for services performed by Superior Well Services shall be paid as indicated on the invoice within thirty (30) days from date of receipt. If not paid within thirty (30) days the unpaid amount is subject to interest at one and one half percent (1 1/2%) per month (eighteen percent per annum). All discounts indicated on the invoice are based upon payment within the invoice payment term and are subject to being cancelled by Superior Well Services if not paid within terms. If it should be necessary to employ an attorney to collect the amount due, you will be held liable for attorneys' fees and collection costs. Superior Well Services, price book is incorporated herein by reference, which also contains all invoice payment terms.

Russell, KS
785-483-2003

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

10612
Medicine Lodge, KS
620-886-5926

Date 8-23-10	PC# Allan B	Location VIC Dabegan KS
Owner Webber Oil	Lease Woodzyak	Well 1-A
Station Russell	Section 9	Township 16
	Range 12	Formation LKC
		Contractor Kleima W/S

WELL DATA				PERFORATIONS		TREATMENT		INFO:
SIZE	WEIGHT	DEPTH	VOLUME	SHOTS FT.		Max. Pressure		To: Allied Cementing Company LLC (ACID)
TUBING	2 7/8		3166	18.33	From 3215 to 25	1050 #		You are hereby requested to rent acidizing equipment to do work as listed.
CASING	5 1/2		41'	1.00	From 3183 to 89	400 #	Avg. Inj. Rate 4.5	
OPEN HOLE			101 =	19.33	From to		Avg. TrT Pressure 700 #	Charge To: Webber Oil
PKR			3166		From to		Total Fluid Pumped	Street
TDPB			3245		From to		84.3 Bbls.	City
								State

TIME @ P.M.	PRESSURE		TOTAL FLUID PUMPED	FLUID IN FORMATION	INDIVIDUAL FLUID PUMPED	INJECTION RATE	EXPLANATION
	TBG	CSG					
8:20	50 #		0			3.5	START WATER TO LOAD @ 3218
8:21a	200 #		24.0			3.5	CAUGHT PRESSURE
8:28	200 #		30.0			3.5	START NE to SPOT @ 3218
8:30	200 #		6.0			3.0	START CRA
8:35	250 #		19.3			3.2	SHUT DOWN
8:46	20 #		19.3			2.7	RESTART CRA MFR SET @ 3166
	400 #		20.4			STAGE	LOAD, PRESSURE HOLD
8:49	500 #		20.5			11	INCREASE PRESSURE & HOLD
8:50	600 #		20.6			9.25	" " " " BREAK
	700 #		24.0			3.5	INCREASE RATE & PRESSURE, START SALT SOL
	750 #		35.0			4.0	SALT IN, RESTART NE
8:57	800 #		41.0			4.4	START CRA
	800 #		43.0			4.4	SALT ON PAPER
	1050 #		55.0			4.7	SALT CLEAR
9:01	1000 #		60.0			4.7	ACID IN, START FLUSH
	800 #		69.0			3.5	COMMUNICATED UP - SHUT ANN, PUT AWAY,
9:06	650 #		79.3			3.7	ACID CLEAR, START OX. FLUSH
9:08	550 #		84.3			3.7	SHUT DOWN
							ISIP = 200 #
							IMMEDIATE
							TREATED w/ 500-20/NE, 2000-20/NE/CRA
							500 #/NE

EQUIPMENT AND PERSONNEL		MATERIALS USED		AMOUNT	UNIT PRICE	TOTAL COST
Brent	405	Pump Truck		1	650.00	650.00
Blake	406/454	Transport Equipment		2	250.00	500.00
Steve	476/478	20% NE		2500 gal	1.80	4500.00
Jason	437	20% NE/CRA		8000 gal	2.10	16800.00
Toby	434	Inhibitor		42 gal	34.50	1449.00
		Coiling Agent For		1000 gal	0.30/gal	300.00
		Rock Salt		2500 #	0.15 #	375.00
		mileage (3 units x 28 miles)		84.00	4.00	336.00

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

Terms: **18%** discount will be allowed if paid in 30 days from invoice date.

Sub-Total **24910.00**
Tax
Total

Customer Signature _____ Customer Print Name _____

As consideration, the above names (well owner or contractor) agrees to: (a) pay you in accordance with your current price schedule; (b) Allied Cementing Company LLC (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 LLC (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 LLC (ACID). If equipment or instruments of Allied Cementing Company LLC (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 LLC (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 statutes applicable to servicemen you furnish.

Russell, KS
785-483-2003

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

Liberal, KS
620-624-5937
Medicine Lodge, KS
620-886-5926

Ticket # 101612

STATION Russell		CUSTOMER ORDER OR P.O. NUMBER Allan B			DATE 8-23-10	
OWNER Wheco Oil		LEASE Woodzyak		WELL 1-A	COUNTY BT	STATE KS
LOCATION Vic Dabney KS		SECTION 9	TOWNSHIP 16	RANGE 12	FORMATION LKC	CONTRACTOR Klema W/S

EQUIPMENT AND PERSONNEL		WELL DATA			PERFORATIONS		TREATMENT
Brant	405		SIZE	DEPTH	VOLUME	SHOTS FT.	Max. Pressure 700#
Blake Spur	416/478	TUBING	2 7/8	3092	17.90	From 3109 to 13	Min. Pressure 400#
Blake	416/457	CASING	5 1/2	32'	0.78	From 3120 to 24	Avg. Inj. Rate 5.0
Jason	397	ANNULUS		101'	18.68	From to	Avg. TrT Pressure 1625#
Toby	434					From to	Total Fluid Pumped
Service Engineer		OPEN HOLE	PKT 3092	RRP	3166	From to	65.7 Bbls.

TREATMENT LOG							
TIME A.M./P.M.	PRESSURE		TOTAL FLUID PUMPED	FLUID IN FORMATION	INJECTION RATE	EXPLANATION	RECEIVED
	TBG	CSG					
9:42	50#		0		3.5	START WATER @ 3122	NOV 15 2010
9:47	100#		19.0/0		3.7	START NE to SPOT	
9:49	150#		6.0		3.7	START CRA	KCC WICHITA
9:51	175#		14.0		3.7	SHUT DOWN (Did NOT LOAD)	
10:00	20#		14.0		3.5	START WATER SPACER	
10:02	20#		18.7		3.7	ACID ON PERFS	
	400#		19.6		4.0	CAUGHT PRESSURE	
10:03	400#		21.0		4.0	START SALT (350#)	
	400#		26.0		4.0	START NE	
10:05	425#		27.0		4.7	SALT IN	
	425#		32.0		4.7	START CRA	
10:07	425#		40.0		4.8	SALT ON PERFS	
	475#		42.0		4.8	ACTION, ACID IN, START FLUSH	
10:08	600#		46.0		4.6	ACTION	
10:09	700#		50.0		5.0	INCREASE RATE & PRESSURE	
	1075#		57.0		5.0	communicated up, SHUT MAN, PUT AWAY	
10:11	1625#		60.7		5.0	ACID CLEAR, START OVERFLUSH	
10:12	1625#		65.7		5.0	SHUT DOWN	
						ISIP = 150#	
						1 min = VAC	
						TREATED w/ 500-20/NE	
						1000 20/NE/CRA 350# Salt	

Russell, KS
785-483-2003

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

Liberal, KS
620-624-5937
Medicine Lodge, KS
620-886-5926

Ticket # 10612

OWNER Russell		CUSTOMER ORDER OR P.O. NUMBER Allen B			DATE 8-23-10	
OWNER Weber Oil		LEASE Woodzyak		WELL 1-A	COUNTY BT	STATE KS
LOCATION Vic Dabney KS		SECTION 9	TOWNSHIP 16	RANGE 12	FORMATION LKC	CONTRACTOR Klema WS

EQUIPMENT AND PERSONNEL		WELL DATA			PERFORATIONS		TREATMENT
Benet	40S		SIZE	DEPTH	VOLUME	SHOTS FT.	Max. Pressure 700#
Blake	400/454	TUBING	2 7/8	3012	1744	From 3069 to 73	Min. Pressure 100#
Steve	476/478	CASING	5 1/2	112'	273	From 3040 to 44	Avg. Inj. Rate 5.75
Jason	392	ANNULUS		1010	20.17	From 3109 to 13	Avg. TrT Pressure 600#
Service Engineer		OPEN HOLE	3012	ABP	3166	From 3120 to 24	Total Fluid Pumped 9712 Bbls.

TREATMENT LOG						
TIME M/P.M.	PRESSURE		TOTAL FLUID PUMPED	FLUID IN FORMATION	INJECTION RATE	EXPLANATION
	TBG	CSG				
10:33	100#		0		4.75	START WATER + 750# Salt Per Set @ 3012
	350#		5.5		4.7	CAUGHT FLUID
	600#		14.5		5.0	SALT IN, START NE
10:37	600#		20.5		5.2	START CRA
	600#		38.0		5.2	START SALT (400#)
	500#		42.0		5.5	START NE
10:42	500#		48.0		5.6	START CRA
10:44	600#		58.0		5.6	SALT ON
10:45	650#		61.0		6.0	INCREASE RATE + PRESSURE
10:47	675#		72.0		6.0	ACID IN, START FLUSH
10:50	700#		72.2		6.0	ACID CLEAR, START OVER FLUSH
10:51	700#		97.2		6.0	SHUTDOWN
						STOP - VAC
						TREATED w/ 500-20/NE
						2000-20/NE KMA 1150 #RS
						<i>Handwritten Signature</i>

RECEIVED
NOV 15 2010
KCC WICHITA

Russell, KS
785-483-2003

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

Liberal, KS
620-624-5937
Medicine Lodge, KS
620-886-5926

Ticket # 101612

STATION Russell		CUSTOMER ORDER OR P.O. NUMBER Allen B			DATE 8-23-10	
OWNER Wehco Oil		LEASE Woodruff		WELL 7A	COUNTY BT	STATE KS
LOCATION UK Dohugue KS		SECTION 9	TOWNSHIP 16	RANGE 12	FORMATION Toronto	CONTRACTOR Kleima WS

EQUIPMENT AND PERSONNEL		WELL DATA			PERFORATIONS	TREATMENT	
Brent	405		SIZE	DEPTH	VOLUME	SHOTS FT.	Max. Pressure 475 #
Blake	406/454	TUBING	2 7/8	2919	16.90	From 2950 to 516	Min. Pressure 20 #
Steve	476/478	CASING	3 1/2	37'	0.90	From to	Avg. Inj. Rate 4.4
Jason	392	ANNULUS		101'	17.80	From to	Avg. TrT Pressure 475#
Service Engineer		OPEN HOLE	16" 2919	ABP	2982	From to	Total Fluid Pumped 52.8 Bbls.

TREATMENT LOG

TIME A.M./P.M.	PRESSURE		TOTAL FLUID PUMPED	FLUID IN FORMATION	INJECTION RATE	EXPLANATION
	TBG	CSG				
11:50	20#		0		3.5	START NE @ 2950
11:52	20#		6.0		3.5	START CRA
11:55			17.3		-	SHUT DOWN
12:02	20#		17.3		3.0	RESTART CRA
12:03	350#		22.0		4.0	INCREASE RATE & PRESSURE
12:04	475#		25.0		4.75	" " "
12:05	475#		30.0		4.6	ACID IN, START FLUSH
12:09	475#		47.8		4.6	ACID CLEAR, START OVERFLUSH
12:10	475#		52.8		4.6	SHUT DOWN
						75 IP = 75 #
						1 min = VAC
						TREATED w/ 250-20% NE
						1000 - 20% NE/CRA

RECEIVED
NOV 15 2010
KCC WICHITA

**Russell, KS
785-483-2003**

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

**Liberal, KS
620-624-5937
Medicine Lodge, KS
620-886-5926**

Ticket # 10612

LOCATION Russell		CUSTOMER ORDER OR P.O. NUMBER Allan B			DATE 8-23-10	
OWNER Weber Oil		LEASE Woodzuck		WELL LA	COUNTY BT	STATE KS
LOCATION Vic Debuque KS		SECTION 9	TOWNSHIP 16	RANGE 12	FORMATION Platts	CONTRACTOR Klema WS

EQUIPMENT AND PERSONNEL		WELL DATA			PERFORATIONS		TREATMENT
Brent	405		SIZE	DEPTH	VOLUME	SHOTS FT.	Max. Pressure 1050#
Blake	400/454	TUBING	2 7/8	2828	11.55	From 2890 to 94	Min. Pressure 200#
Stax	406/418	CASING	5 1/2	36'	0.88	From 2876 to 80	Avg. Inj. Rate 5.5
Jason	392	ANNULUS		61	17.93	From to	Avg. TrT Pressure 600#
Service Engineer		OPEN HOLE	2828	RBP	2919	From to	Total Fluid Pumped 88.0 Bbls.

TREATMENT LOG

TIME A.M./P.M.	PRESSURE		TOTAL FLUID PUMPED	FLUID IN FORMATION	INJECTION RATE	EXPLANATION
	TBG	CSG				
12:58	20#		0		3.5	START NE TO SPOT @ 2894
1:01	20#		9.0		3.5	START CRA
1:02	50#		16.0		3.5	SHUT DOWN
1:13	20#		16.0		3.5	RESTART CRA, PER SET @ 2828
1:14	20#		17.4		3.5	ACID ON PERFS
1:14	300#		18.1		0.25	LOAD, INCREASE PRESSURE
1:15	250#		18.4		0.25	BREAK
	300#		18.8		1.2	BREAK, INCREASE RATE
1:17	225#		19.4		2.1	" " "
1:18	425#		23.0		4.2	" " "
1:19	400#		30.0		4.2	START SALT
1:22	400#		36.0		5.2	SALT IN, START NE
1:23	400#		44.0		5.2	START CRA
1:23	425#		47.5		5.2	SALT ON
	625#		51.5		5.6	INCREASE RATE & PRESSURE
	650#		54.0		5.6	SALT CLEAR
1:27	650#		65.5		5.6	ACID IN, START FLUSH
1:30	650#		82.9		5.6	ACID CLEAR, START OVER FLUSH
1:31	650#		88.0		5.6	SHUT DOWN
						STOP @ 100#
						5 min. VAC
						TREATED w/ 750 gal. NE
						2000-20% NE / CRA 400#

RECEIVED
NOV 15 2010
KCC WICHITA

Handwritten signature