

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

**RECEIVED ORIGINAL**  
NOV 18 2010  
Form ACO-1  
June 2009  
Form Must Be Typed  
Form must be Signed  
All blanks must be Filled

OPERATOR: License # 33977  
Name: EK Energy LLC  
Address 1: p.o. box 267  
Address 2: \_\_\_\_\_  
City: Colony State: Ks Zip: 66015 + \_\_\_\_\_  
Contact Person: David Kimzey  
Phone: ( 620 ) 496-6257  
CONTRACTOR: License # 33977  
Name: EK Energy LLC  
Wellsite Geologist: David Kimzey  
Purchaser: Pacer

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 #: \_\_\_\_\_

<b>5-3-10</b>	<b>5-4-10</b>	<b>5-15-10</b>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-001 - 29961-0000  
Spot Description: nw-se-ne-ne  
\_\_\_\_\_ Sec. 12 Twp. 24 S. R. 18  East  West  
4,455 Feet from  North /  South Line of Section  
495 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW  
County: Allen  
Lease Name: Meiwes Well #: 7  
Field Name: Iola  
Producing Formation: Tucker  
Elevation: Ground: 967 Kelly Bushing: \_\_\_\_\_  
Total Depth: 940 Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at: 21 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from: 933  
feet depth to: surface w/ 125 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 #: \_\_\_\_\_  
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: David Kimzey  
Title: Co/owner Date: 11-3-10

**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: DLS Date: 11/22/10

Operator Name: EK Energy LLC Lease Name: Meiwes Well #: 7  
 Sec. 12 Twp. 24 S. R. 18  East  West County: Allen

**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 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: <b>drillers log</b>	<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>soil</td> <td>0</td> <td>4</td> </tr> <tr> <td>lime &amp; shale</td> <td>4</td> <td>255</td> </tr> <tr> <td>shale &amp; lime</td> <td>255</td> <td>612</td> </tr> <tr> <td>shale &amp; sand</td> <td>612</td> <td>940</td> </tr> </table>	Name	Top	Datum	soil	0	4	lime & shale	4	255	shale & lime	255	612	shale & sand	612	940
Name	Top	Datum														
soil	0	4														
lime & shale	4	255														
shale & lime	255	612														
shale & sand	612	940														

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	22	21	portland	5	
production	5 7/8	2 7/8	6.9	933	portland	125	

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
open hole	open hole 933 - 940	frac 15 sx 12-20 sand	
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		KCC WICHITA	

TUBING RECORD: Size: <u>2 7/8</u> Set At: <u>933</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>5-15-10</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>1</u>	Gas Mcf <u>trace</u>	Water Bbls. <u>50</u>
Gas-Oil Ratio		Gravity <u>17.5</u>	

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input checked="" type="checkbox"/> Open Hole <input 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>933-940</u>
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**PAYLESS CONCRETE PRODUCTS, INC.**

P.O. BOX 664  
 802 N. INDUSTRIAL RD.  
 IOLA, KS 66749

**INVOICE**

Invoice Number: **24001**  
 Invoice Date: **May 4, 2010**  
 Page: **1**

Voice: 620-365-5588

Fax:

Duplicate

<b>Bill To:</b>
E.K. ENERGY LLC 1495 3000 ST. MORAN, KS 66755-3949

<b>Ship to:</b>

<b>Customer ID</b> EK001	<b>Customer PO</b> Meiwes well 7 #	<b>Payment Terms</b> Net 10th of Next Month	
<b>Sales Rep ID</b>	<b>Shipping Method</b> TRUCK	<b>Ship Date</b>	<b>Due Date</b>

Quantity	Item	Description	Unit Price	Amount
125	CEMENT/WATER	CEMENT & WATER PER BAG MIX	7.60	950.00

RECEIVED  
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 KCC WICHITA

Check/Credit Memo No: 6042

Subtotal	950.00
Sales Tax	71.25
Total Invoice Amount	1021.25
Payment/Credit Applied	1021.25
<b>TOTAL</b>	<b>0.00</b>