ORIGINAL

Kansas Corporation Commission Oil & Gas Conservation Division

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 # 34009	API No. 15 - 173-20991-0000
Name: Blue Steel Investments, LLC NOV 2 4 2010	Spot Description; SE, NW, NW
Address 1:1900 E. 15th St., #600E	SE_NW_NW Sec. 14 Twp. 26 S. R. 2 V East West
Address 2: KCC WICHITA	990 Feet from V North / South Line of Section
City: Edmond State: OK Zip: 73013 +	
Contact Person: Rodney A. Babb	Footages Calculated from Nearest Outside Section Corner:
Phone: (405) 340-1178 RECEIVED	□ne □nw □se □sw
CONTRACTOR: License # 33724	County:_Sedgwick
Name: Warren Drilling, LLC OCT 2 1 2010	Lease Name: Blue Steel Hamant Well #: 1-14
Wellsite Geologist:	Field Name:Greenwich
Purchaser: KCC WICHITA	Producing Formation: Mississippi
Designate Type of Completion:	Elevation: Ground: 1364 Kelly Bushing: 1371
✓ New Well Re-Entry Workover	Total Depth: 3450 Plug Back Total Depth:
☑ OII □ WSW □ SWD □ SIOW	Amount of Surface Pipe Set and Cemented at: 227 Feet
☐ Gas ☐ D&A ☐ ENHR ☐ SIGW	Multiple Stage Cementing Collar Used? ☐ Yes ✓ No
☐ OG ☐ GSW ☐ Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from:
Cethodic Other (Core, Expl., etc.):	feet depth to:w/sx cmt.
If Workover/Re-entry: Old Well Info as follows:	W/SX GIII.
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD	Chloride content:ppm Fluid volume:bbls
Conv. to GSW	Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	
ENHR Permit #:	Quarter Sec TwpS. R
GSW Permit #:	County: Permit #:
7-20-08 1-26-08 Fab-08	
Spud Date or Date Reached TD Completion Date or Recompletion Date	
INSTRUCTIONS: An original and two copies of this form shall be filed with	the Kanese Corporation Commission, 120 S. Market, Boom 2079, Wightin

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.

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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: Rohn A 3W						
Title: Managing Member	Date:0					

	KCC Office Use ONLY
	Letter of Confidentiality Received
ĺ	Date:
	Confidential Release Date:
	☐ Wireline Log Received
	Geologist Report Received
	UIC Distribution
	ALT DISTRIBUTION ALT DISTRIBUTION ALT DISTRIBUTION Approved by: Date: 11/30/10

Side Two

Operator Name: Blu	<u>ie Steel Investme</u>	nts, LLC	<u>}</u>	Lease	Name: _	Blue Steel Ha	amant	Well #: <u>1-1</u>	4	
Sec. 14 Twp. 26	s. R. <u>2</u>	✓ East	: West	Count	ty: <u>Sedo</u>	wick	···········			
INSTRUCTIONS: Shiftime tool open and clorecovery, and flow ratiline Logs surveyed.	osed, flowing and sha es if gas to surface to	ıt-in press est, along v	ures, whether s with final chart(hut-in pre	ssure rea	ched static level	, hydrostatic į	pressures, bottom h	ole temp	erature, fluid
Drill Stem Tests Taker (Attach Additional		Y	es 🗸 No			og Formatio	on (Top), Dep	th and Datum		Sample
Samples Sent to Geo	logical Survey	✓Y	′es ∏No		Nam	е		Тор	[Datum
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Copy	d Electronically		es No	-		···· •··			-	
List All E. Logs Run:										
			M							
		Repo		RECORD conductor, s	-	ew ✓Used ermediate, product	ion, etc.			
Purpose of String	Size Hole Drilled		ze Casing it (In O.D.)		eight . / Ft,	Setting Depth	Type of Cemen			and Percent dditives
Production	7 7/8	5 1/2		15.5		3447	А	200		
Surface	10 3/4	8 5/8		27		227	A	40		
			ADDITIONAL	. CEMENT	ING / SQL	JEEZE RECORD				
Purpose: Perforate	Depth Top Bottom	Туре	of Cement	# Sack	s Used		Туре	and Percent Additives		
Protect Casing Plug Back TD										
Plug Off Zone										
Shots Per Foot			RD - Bridge Plug Each Interval Per		,			ement Squeeze Record of Material Used)	i	Depth
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TUBING RECORD:	Size: 2 7/8	Set At: 2860		Packer /	At:	Liner Run:	Yes [v	Z No	7 4 . 2 4	<u> </u>
Date of First, Resumed	Production, SWD or EN	IHR.	Producing Meth	nod:	ing	Gas Lift (Other (Explain)			
Estimated Production Per 24 Hours	Oil 10	Bbls.	Gas 0	Mcf	Wat	er E	Ibls.	Gas-Oil Ratio		Gravity 40
		1								
DISPOSITI	ON OF GAS:		_	METHOD O		_	mmingled	PRODUCTIO	N INTER	VAL:
	bmit ACO-18.)		Other (Specify)		(Submit		mit ACO-4)			

CONSOLIDATED OIL WELL SERVICES LLC P.O. BOX 664, CHANUTE, KS 66720 620-431-9210 OR 800-467-8676

TICKET NU			980
LOCATION			-480
FOREMAN_	MARIAN	Med	<u>^</u>

			CEMEN'		KET	1	
DATE	CUSTOMER#		ELL NAME & NUMBER	SECTION	TOWNSHIR	RANGE	COUNTY
1-20-08 CUSTOMER	1116 181	يواكمسا	al HAMANT 1-14	14	ala	25	Se
Blue	theel Tweety	wests	LLC 1	TRUCK#			- # 2
MAILING ADDRE	ESS A				DRIVER	TRUCK #	DRIVER
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CITY		ATE,	ZIP CODE		Mol		
Comoa	<u> </u>	OK.	730/3				
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ACCOUNT CODE	QUANTITY of U	RITE	DESCRIPTION of SI	ERVICES or PROF	Wex	411.0	
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TICKET NUMBE	R_{\perp} 1	2982
LOCATION E	DOLAND	
FOREMAN LA	My Str	sp.m.

TREATMENT REPORT & FIELD TICKET CEMENT

DATE	CUSTOMER#	WEL	L NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
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MAILING ADDRE	SS		- · -u/	1	TRUCK#	DRIVER	TRUCK#	DRIVER
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CITY	· · · · · · · · · · · · · · · · · · ·	STATE	ZIP CODE	j	1434	Share	 	
Edmor	<u> </u>	OK,	ZIOEL]				
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ACCOUNT	QUANTITY	or UNITS	DF!	SCRIPTION of	SERVICES or PRO		HAUT COLO	Ţ <u></u>
SHO!							UNIT PRICE	TOTAL
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1107		50		W-Flak			1.98	70,00
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CONSOLIDATED OIL WELL SERVICES, US P.O. BOX 884, CHANUTE, KS 66720 620-431-9210 OR 800-467-8676

TICKET NUM	IBER 1	<u> 3015</u>
LOCATION	ODENADO	200
FOREMAN_	ت بندورد	mage

TREATMENT REPORT & FIELD TICKET CEMENT

DAYE CUSTOMER#	WELL NAME & NUMB	ER	SECTION	TOWNSHIP	RANGE	CORNE
2-15-08 11/4	Blue Strad Hamour	1-14	14	26	25	3 C
CUSTOMER	atment LLC	r	- 1 1000 A	201/50	TOUGH#	DRIVER
MAILING ADDRESS	atment LLC	}	TRUCK#	DRIVER	TRUCK#	DRIVER
1900 SE 15th Bli	0 600 E		467	CETT		
ČITY O	ZIP CODE					
Camping	OK 73013			<u> </u>	<u> </u>	<u> </u>
JOB TYPE Choulen Sq.	HOLE SIZE	HOLE DEPTH_		CASING SIZE & V	VEIGHT 3	150
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ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5303	7	PUMP CHARGE	750.00	TED.ED
730P	18	MILEAGE	3.45	64,10
3172	<u> </u>	gals duffo-	38.25	210375
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