

**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 # 34098
Name: DHP Investments, Ltd
Address 1: 212 Old Grande Blvd., Suite C-100
Address 2: _____
City: Tyler State: TX Zip: 75703 + _____
Contact Person: Tom Pyle or Linda Skinner
Phone: (903) 509-8161
CONTRACTOR: License # 31548
Name: Discovery Drilling
Wellsite Geologist: RANDY LILAK
Purchaser: Coffeyville Resources

RECEIVED

SEP 29 2010

KCC WICHITA

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 #: _____

<u>1/20/2010</u>	<u>1/27/2010</u>	<u>3/15/2010</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 065-23610-00-00

Spot Description: _____

SE_NW_SW_NE Sec. 30 Twp. 7 S. R. 25 East West
3,393 Feet from North / South Line of Section
2,206 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: GRAHAM

Lease Name: SPENCER Well #: 1

Field Name: SPENCER

Producing Formation: LANSING KANSAS CITY

Elevation: Ground: 2540' Kelly Bushing: 2540' ASL

Total Depth: 4436 Plug Back Total Depth: 4100

Amount of Surface Pipe Set and Cemented at: 448' 216' Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: 2220 Feet

If Alternate II completion, cement circulated from: 2220

feet depth to: 0 w/ 245 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 11,000 ppm Fluid volume: 400 bbls

Dewatering method used: EVAPORATION

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: Earl Tom Pyle
Title: MANAGING PARTNER Date: 09/24/2010

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: Dlg Date: 12/17/10

Operator Name: DHP Investments, Ltd Lease Name: SPENCER Well #: 1
 Sec. 30 Twp. 7 S. R. 25 East West County: GRAHAM

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 Wireline 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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: DUAL INDUCTION LOG; DUAL COMPENSATED POROSITY LOG; MICRORESISTIVITY LOG; BOREHOLE COMPENSATED SONIC LOG.	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Name</th> <th>Top</th> <th>Datum</th> </tr> </thead> <tbody> <tr> <td>STONE CORAL ANHIDRITE</td> <td>2220</td> <td>318</td> </tr> <tr> <td>SHAWNEE</td> <td>3524</td> <td>-980</td> </tr> <tr> <td>HEEBNER</td> <td>3729</td> <td>-1189</td> </tr> <tr> <td>TORONTO</td> <td>3752</td> <td>-1209</td> </tr> <tr> <td>LANSING</td> <td>3771</td> <td>-1224</td> </tr> <tr> <td>ARBUCKLE</td> <td>4411</td> <td>-1896</td> </tr> <tr> <td>TD</td> <td>4436</td> <td>-1896</td> </tr> </tbody> </table>	Name	Top	Datum	STONE CORAL ANHIDRITE	2220	318	SHAWNEE	3524	-980	HEEBNER	3729	-1189	TORONTO	3752	-1209	LANSING	3771	-1224	ARBUCKLE	4411	-1896	TD	4436	-1896
Name	Top	Datum																							
STONE CORAL ANHIDRITE	2220	318																							
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LANSING	3771	-1224																							
ARBUCKLE	4411	-1896																							
TD	4436	-1896																							

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	216'	216'	COMMON	150	3% CC; 2% GEL
PRODUCTION	7 7/8	4 1/2	4436	4435.91	COMMON	245	10% SALT; 2% GEL
PORT COLLAR		6 1/4		4400			

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				

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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
4	3928 - 3929	500 GALLON 15% MCA; 1250 GALLONS	
4	3896 - 3900	OF 20 NE; 25 GALLONS MUTUAL SOLVENT	
4	3843 - 3851	IN 20% SOLUTION; 6.5 GALLONS INHIBITOR	
4	4180 - 4184		

TUBING RECORD:	Size: <u>2"</u>	Set At: <u>4130'</u>	Packer At: <u>4100'</u>	Liner Run: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
----------------	-----------------	----------------------	-------------------------	--

Date of First, Resumed Production, SWD or ENHR. <u>02/01/2010</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 Bbbs. <u>10</u>	Gas Mcf	Water Bbbs.	Gas-Oil Ratio	Gravity
-----------------------------------	---------------------	---------	-------------	---------------	---------

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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24 S. Lincoln Street
 P.O. Box 31
 Russell, KS 67665-2906

Voice: (785) 483-3887
 Fax: (785) 483-5566

INVOICE

Invoice Number: 121289

Invoice Date: Jan 20, 2010

Page: 1

Bill To:
D H P Investments Limited 212 Old Grande Blvd C100 Tyler, TX 75703

Customer ID	Well Name# or Customer P.O.	Payment Terms	
DHP	Spencer #1	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-01	Oakley	Jan 20, 2010	2/19/10

Quantity	Item	Description	Unit Price	Amount
150.00	MAT	Class A Common	13.50	2,025.00
3.00	MAT	Gel	20.25	60.75
5.00	MAT	Chloride	51.50	257.50
100.00	SER	Handling	2.40	240.00
1.00	SER	Handling Mileage Charge	300.00	300.00
1.00	SER	Surface	991.00	991.00
20.00	SER	Pump Truck Mileage	7.00	140.00

*Spencer
Surface*

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 DEC 13 2010
 KCC WICHITA

DATE REC'D JAN 25 2010
 OK BY [Signature] CODE _____
 LOCATION DHP
 DATE PD 1-30-10 CK# 11-95

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

\$ 1003.56

ONLY IF PAID ON OR BEFORE
Feb 14, 2010

Subtotal	4,014.25
Sales Tax	130.05
Total Invoice Amount	4,144.30
Payment/Credit Applied	
TOTAL	4,144.30

Pay — 3140²⁴

ALLIED CEMENTING CO., LLC. 039097

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

SERVICE POINT: Oakley KS

DATE <u>11/20/10</u>	SEC <u>30</u>	TWP <u>7</u>	RANGE <u>25</u>	CALLED OUT	ON LOCATION <u>9:30pm</u>	JOB START <u>10:30</u>	JOB FINISH <u>11:00</u>
LEASE <u>Spencer</u>	WELL # <u>1</u>	LOCATION <u>ES, Studley N 70 Bl U</u>			COUNTY <u>Croghan</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)		<u>1/2 E S 9th</u>					

CONTRACTOR Discovery 1

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 216'

CASING SIZE 8 1/8 DEPTH

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 15'

PERFS.

DISPLACEMENT 12.74 BBL

OWNER Same

CEMENT

AMOUNT ORDERED 150 SK, Com 390cc
270 gel

COMMON	<u>150</u>	@	<u>13.50</u>	<u>2025.00</u>
POZMIX		@		
GEL	<u>3</u>	@	<u>20.25</u>	<u>60.75</u>
CHLORIDE	<u>5</u>	@	<u>51.50</u>	<u>257.50</u>
ASC		@		

EQUIPMENT

PUMP TRUCK CEMENTER Alan

422 HELPER Wayne

BULK TRUCK DRIVER Harren

377

BULK TRUCK DRIVER

#

HANDLING 100 @ 2.40 240.00

MILEAGE 104 SK/mile @ 3.00 300.00

TOTAL 283.25

REMARKS:

RECEIVED
SERVICE
DEC 13 2010

DEPTH OF JOB

PUMP TRUCK CHARGE KCC WICHITA 991.00

EXTRA FOOTAGE @

MILEAGE 20 @ 7.00 140.00

MANIFOLD @

CHARGE TO: DHP Investments LLC

STREET

CITY STATE ZIP

TOTAL 1131.00

PLUG & FLOAT EQUIPMENT

@

@

@

@

CK#1195

To Allied Cementing Co., LLC.
You are hereby requested to rent-cementing equipment



24 S. Lincoln Street
 P.O. Box 31
 Russell, KS 67665-2906

Voice: (785) 483-3887
 Fax: (785) 483-5566

INVOICE

Invoice Number: 121407

Invoice Date: Jan 28, 2010

Page: 1

Bill To:

D H P Investments Limited
 212 Old Grande Blvd C100
 Tyler, TX 75703

Customer ID	Well Name# or Customer P.O.	Payment Terms	
DHP	Spencer #1	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-02	Oakley	Jan 28, 2010	2/27/10

Quantity	Item	Description	Unit Price	Amount
245.00	MAT	Class A Common	15.45	3,785.25
5.00	MAT	Gel	20.80	104.00
21.00	MAT	Salt	23.95	502.95
500.00	MAT	WFR-2	1.27	635.00
271.00	SER	Handling	2.40	650.40
20.00	SER	Mileage 271 sx @ .10 per sk per mi	27.10	542.00
1.00	SER	Production Casing	2,011.00	2,011.00
20.00	SER	Pump Truck Mileage	7.00	140.00
1.00	EQP	Port Collar	1,673.00	1,673.00
1.00	EQP	Latch Down Assembly	144.00	144.00
1.00	EQP	AFU Float Shoe	206.00	206.00
2.00	EQP	Baskets	147.00	294.00
8.00	EQP	Centralizers	32.00	256.00

RECEIVED
 DEC 13 2010
 KCC WICHITA

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

\$ 2735.90

ONLY IF PAID ON OR BEFORE
 Feb 22, 2010

Subtotal	10,943.60
Sales Tax	421.81
Total Invoice Amount	11,365.41
Payment/Credit Applied	
TOTAL	11,365.41

DATE REC'D FEB 05 2010
 OK BY _____ CODE _____
 LOCATION DAP Spencer
 DATE PD 2-5-10 CK# 1210

\$ 8629.51

ALLIED CEMENTING CO., LLC. 039104

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

SERVICE POINT: Dodley, KS

DATE <u>1/28/10</u>	SEC <u>30</u>	TWP. <u>7</u>	RANGE <u>25</u>	CALLED OUT	ON LOCATION <u>6:00pm</u>	JOB START <u>8:00pm</u>	JOB FINISH <u>9:00pm</u>
LEASE <u>Spencer</u>		WELL # <u>1</u>	LOCATION <u>Stadley 4 1/2 N E 1/2</u>		COUNTY <u>Crawford</u>	STATE <u>Ks</u>	
OLD OR NEW (Circle one) <u>NEW</u>			<u>ECS Int'l</u>				

CONTRACTOR Discovery 1 Products Co

TYPE OF JOB Production

HOLE SIZE 2 7/8 T.D. _____

CASING SIZE 4 1/2 DEPTH 4435.91

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL Port Collar DEPTH 2220

PRES. MAX #58 MINIMUM _____

MEAS. LINE _____ SHOE JOINT 16.9

CEMENT LEFT IN CSG. 16.9

PERFS. _____

DISPLACEMENT 20.26

EQUIPMENT _____

PUMP TRUCK CEMENTER Alan

422 HELPER Wayne

BULK TRUCK _____

377 DRIVER Terry

BULK TRUCK _____

_____ DRIVER _____

OWNER Sand

CEMENT AMOUNT ORDERED 245 SKs Con 1090 salt 200 gal

COMMON <u>245</u>	@ <u>15.45</u>	<u>3785.25</u>
POZMIX _____	@ _____	_____
GEL <u>5</u>	@ <u>20.00</u>	<u>104.00</u>
CHLORIDE _____	@ _____	_____
ASC _____	@ _____	_____
<u>Salt 21 SKI</u>	@ <u>23.25</u>	<u>502.25</u>
<u>500 gal WFR II</u>	@ <u>1.22</u>	<u>635.00</u>
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
HANDLING <u>271 SKI</u>	@ <u>2.40</u>	<u>650.40</u>
MILEAGE <u>10 + SK/mile</u>	@ _____	<u>542.00</u>
TOTAL		<u>6219.00</u>

REMARKS:

Mix 500 gal WFR II, mix 30 SKs Port Collar, 155 SKs Moni Hole, mix 200 SKs Con 1090, Salt 200 gal, Depth 4 1/2, Work Truck 9 Lines, Displace Plug to fetch down, w/ 20 1/4" Plug Held - Float Held, 600 PSI lift, and Plug 1400 PSI

Alan, Wayne, Terry

SERVICE

DEPTH OF JOB _____	
PUMP TRUCK CHARGE _____	<u>2011.00</u>
EXTRA FOOTAGE @ _____	_____
MILEAGE <u>20 miles</u> @ <u>7.00</u>	<u>140.00</u>
MANIFOLD @ _____	_____
_____ @ _____	_____
TOTAL	<u>2151.00</u>

CHARGE TO: DH P Investments

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

<u>Port collar</u>	@	<u>1673.00</u>
<u>Latch Down Assembly</u>	@	<u>144.00</u>
<u>Open Float shoe</u>	@	<u>206.00</u>
<u>Crush hets</u>	@ <u>147.00</u>	<u>294.00</u>
<u>Centralizers</u>	@ <u>32.00</u>	<u>256.00</u>
TOTAL		<u>2573.00</u>

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 _____

SIGNATURE [Signature]

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS _____

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DEC 13 2010
KCC WICHITA



INVOICE

24 S. Lincoln Street
 P.O. Box 31
 Russell, KS 67665-2906
 Voice: (785) 483-3887
 Fax: (785) 483-5566

Invoice Number: 121597
 Invoice Date: Feb 15, 2010
 Page: 1

Bill To:
 D H P Investments, LTD
 212 Old Grande Blvd
 Suite C100
 Tyler, TX 75703

Customer ID	Well Name# or Customer P.O.	Payment Terms	
DHP	Spencer #1	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-04	Russell	Feb 15, 2010	3/17/10

Quantity	Item	Description	Unit Price	Amount
400.00	MAT	Lightweight Class A	11.85	4,740.00
200.00	SER	Handling	2.25	450.00
45.00	SER	Mileage 200 sx @ .10 per sk per mi	20.00	900.00
1.00	SER	Port Collar	991.00	991.00
45.00	SER	Pump Truck Mileage	7.00	315.00

RECEIVED
 DEC 13 2010
 KCC WICHITA

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

\$ 1849.00

ONLY IF PAID ON OR BEFORE
 Mar 12, 2010

Subtotal	7,396.00
Sales Tax	263.07
Total Invoice Amount	7,659.07
Payment/Credit Applied	
TOTAL	7,659.07

DATE REC'D FEB 22 2010
 OK BY _____ CODE _____
 LOCATION DHP Spencer
 DATE PD 2/26/10 CK# 1220



PO BOX 31 Russell, KS 67665

INVOICE

Invoice Number: 121639

Invoice Date: Feb 18, 2010

Page: 1

Voice: (785) 483-3887
Fax: (785) 483-5566

Bill To:
D H P Investments, LTD 212 Old Grande Blvd Suite C100 Tyler, TX 75703

Customer ID	Well Name# or Customer P.O.	Payment Terms	
DHP	Spencer #1	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-00	Russell Acid	Feb 18, 2010	3/20/10

Quantity	Item	Description	Unit Price	Amount
750.00	MAT	17% Mud Cleanup Acid	1.91	1,432.50
2.00	MAT	Inhibitor	34.50	69.00
2.00	MAT	DMO (Flowmaster)	28.00	56.00
1.00	SER	Pump Truck Charge	650.00	650.00
81.00	SER	Mileage	4.00	324.00

DATE REC'D FEB 26 2010
 OK BY _____ CODE _____
 LOCATION DHP Spencer
 DATE PD 2/26/10 CK# 1220

Subtotal	2,531.50
Sales Tax	
Total Invoice Amount	2,531.50
Payment/Credit Applied	
TOTAL	RECEIVED 2,531.50

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

\$ 506.30

ONLY IF PAID ON OR BEFORE
Mar 15, 2010

DEC 13 2010

KCC WICHITA

Russell, KS
785-483-2003

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

10174
Medicine Lodge, KS
620-886-5926

Date: 2-18-10 PO#: Verbal - John Location: N Studley, KS
 Owner: D.H.A Investments Lease: Spencer Well: # 1 County: Graham State: Ks
 Station: Russell Section: _____ Township: _____ Range: _____ Formation: LKC - I Contractor: Geist w/s

WELL DATA				PERFORATIONS		TREATMENT		INFO:
SIZE	WEIGHT	DEPTH	VOLUME	SHOTS FT.		Max. Pressure		To: Allied Cementing Company LLC (ACID) You are hereby requested to rent acidizing equipment to do work as listed. Charge To: <u>D.H.A. Investments</u> Street _____ City _____ State _____
TUBING	<u>2 7/8</u>	<u>3916</u>	<u>15.15</u>	From <u>3928</u>	to <u>3929</u>	<u>1100</u>		
CASING	<u>4 1/2</u>	<u>3929</u>	<u>121</u>	From _____	to _____	Min. Pressure		
OPEN HOLE				From _____	to _____	Avg. Inj. Rate	<u>Stage</u>	
PKR		<u>396</u>		From _____	to _____	Avg. TrT Pressure		
TDPB		<u>396</u>		From _____	to _____	Total Fluid Pumped	<u>45.7</u> Bbls.	

TIME A.M./P.M.	PRESSURE		TOTAL FLUID PUMPED	FLUID IN FORMATION	INDIVIDUAL FLUID PUMPED	INJECTION RATE	EXPLANATION
	TBG	CSG					
1:25	0		0			3.0	Spot acid 5.75 Bbls
1:35	0		5.75			0	Set packer @ 3916
1:42	0		5.75			3.0	Start acid to treat
1:44	0		11.5			2.0	Slowed to load
1:46	0		15.36			1.75	Pumped load, no press
1:47	0		16.6			0	Tubing loaded
1:47	200		16.7			Stage	Pressure up on tubing
1:58	300		16.7			"	Increased pressure
2:03	400		16.7			"	"
2:14	500		16.7			"	"
2:29	600		16.8			"	"
2:44	700		16.8			"	"
2:54	800		16.8			"	"
3:11	900		16.9			"	"
3:30	1000		16.9			"	"
3:36	1100		16.9			"	"
3:40	0		16.9			"	Released press etc / Gave up
3:45	0		16.9			3.75	Load backside to hold acid 14
3:58	0		45.7			0	piece
4:00	0		45.7			0	Pulled packer above H zone & set @ 3874

EQUIPMENT AND PERSONNEL		MATERIALS USED		AMOUNT	UNIT PRICE	TOTAL COST
Blake D	425	Standard pump Trk		1	650.00	650.00
David D	440	Milage (Hays)		81 mi	4.00	324.00
		17% mud cleanup acid		750 gal	1.91	1432.50
		Inhibitor		2 gal	34.50	69.00
		D.M.O. (Flowmaster)		2 gal	28.00	56.00

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

Terms: 20% discount will be allowed if paid in 30 days from invoice date.

Sub-Total	2531.50
Tax	
Total	

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 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.

RECEIVED
DEC 13 2010
KOC WICHITA

Russell, KS
 785-483-1374
 785-483-2627
 785-483-1200

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

Medicine Lodge, KS
 620-886-5926

Ticket # 10174 Cont

STATION Russell Ks		CUSTOMER ORDER OR P.O. NUMBER Verbal - John			DATE 2-18-10	
OWNER D H P Investments		LEASE Spencer		WELL #1	COUNTY Graham	STATE Ks
LOCATION N Studley Ks		SECTION	TOWNSHIP	RANGE	FORMATION LKC I&H	CONTRACTOR Geist w/s

EQUIPMENT AND PERSONNEL		WELL DATA			PERFORATIONS		TREATMENT	
Blake D	425		SIZE	DEPTH	VOLUME	SHOTS FT.	Max. Pressure	1175
David D	446	TUBING	2 3/8	3874	14.99	From 3900 to 3929	Min. Pressure	
		CASING	4 1/2	3900	129	From 3896 to 3900	Avg. Inj. Rate	1.50
		ANNULUS				From	to	Avg. TrT Pressure
		OPEN HOLE				From	to	Total Fluid Pumped (16.0) 61.7 Bbls.

Dan Deatman Service Engineer

TREATMENT LOG						
TIME A.M./P.M.	PRESSURE		TOTAL FLUID PUMPED	FLUID IN FORMATION	INJECTION RATE	EXPLANATION
	TBG	CSG				
4:00	0		45.7		0	Packer set @ 3874
4:05	0		45.7		.25	Start acid again to treat zones together
4:08	0		46.2		.25	all 750 acid in, start flush
4:06	0		46.3		0	Tubing loaded
4:07	200		46.5		Stop	Pressure up on tubing
4:24	300		46.8		"	Increased press
4:36	400		47.0		"	"
4:46	500		47.3		"	"
5:07	600		48.0		"	"
5:19	700		48.5		"	"
5:27	800		48.7		"	"
5:38	1000		49.0		"	"
5:46	1100		49.4		"	"
5:54	1075		49.9		.25	Established rate @ .25 1075
5:56	1100		50.2		.25	Pressure increased
5:57	1125		51.0		.25	"
6:03	1150		52.5		.35	Increased rate & press
6:04	1175		52.8		.50	"
6:14	1150		57.8		.50	Pressure break
6:22	1150		61.7		0	Finished T S I P 1150
6:27	1000					5 min
6:32	900					10 min Bled pressure back
						Job Complete
						Thank You!
						Dan

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DEC 13 2010

KCC WICHITA



PO BOX 31 Russell, KS 67665

Voice: (785) 483-3887
Fax: (785) 483-5566

INVOICE

Invoice Number: 121640
Invoice Date: Feb 19, 2010
Page: 1

Bill To:
D H P Investments, LTD 212 Old Grande Blvd Suite C100 Tyler, TX 75703

Customer ID	Well Name# or Customer P.O.	Payment Terms	
DHP	Spencer #1	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-00	Russell Acid	Feb 19, 2010	3/21/10

Quantity	Item	Description	Unit Price	Amount
500.00	MAT	15% Mud Cleanup Acid	1.79	895.00
1,250.00	MAT	20% NE	1.80	2,250.00
25.00	MAT	In 20% Mutual Solvent	18.75	468.75
6.50	MAT	Inhibitor	34.50	224.25
1.00	SER	Pump Truck Charge	650.00	650.00
1.00	SER	Pup Trailer	150.00	150.00
81.00	SER	Mileage	4.00	324.00

DATE REC'D FEB 26 2010
 OK BY _____ CODE _____
 LOCATION DHP Spencer
 DATE PD 2/26/10 CK# 1220

Subtotal	4,962.00
Sales Tax	
Total Invoice Amount	4,962.00
Payment/Credit Applied	
TOTAL	4,962.00

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

\$ 992.40

ONLY IF PAID ON OR BEFORE
Mar 16, 2010

RECEIVED
DEC 13 2010
KCC WICHITA

Russell, KS
785-483-2003

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

10181
Medicine Lodge, KS
620-886-5926

Date 2-19-10 PO# John Schmeidler Location N. of Stucley, Ks
 Owner DHP Investments Lease Spencer Well # 1 County GH State Ks
 Station Russell Section _____ Township _____ Range _____ Formation LKC H+D Contractor Geist

WELL DATA				PERFORATIONS		TREATMENT		INFO:
	SIZE	WEIGHT	DEPTH	VOLUME	SHOTS FT.	Max. Pressure		
TUBING	<u>2 3/8</u>		<u>3874</u>		From <u>3896 to 3900</u>	<u>1200 #</u>		To: Allied Cementing Company LLC (ACID) You are hereby requested to rent acidizing equipment to do work as listed.
CASING	<u>4 1/2</u>		<u>3900</u>		From _____ to _____	Min. Pressure <u>30 #</u>		
OPEN HOLE				<u>15.4</u>	From _____ to _____	Avg. Inj. Rate <u>.4 Bpm</u>		Charge To: <u>DHP Investments</u> Street _____ City _____ State _____
PKR					From _____ to _____	Avg. Trt Pressure <u>1125 #</u>		
TDPB					From _____ to _____	Total Fluid Pumped <u>45.5</u> Bbls.		

TREATMENT LOG							
TIME A.M.P.M.	PRESSURE		TOTAL FLUID PUMPED	FLUID IN FORMATION	INDIVIDUAL FLUID PUMPED	INJECTION RATE	EXPLANATION
	TBG	CSG					
10:50	30#		15.4			3.0	Start Acid Down Tubing, Pkr. set
	30#		16.4			3.0	Acid on Perfs
	30#		16.8			.25	Loaded, Feeding
	1000#		22.0			.5	Speed Pump
	1150#		30.0			.4	# Increase
	1200#		36.0			.4	Acid In, Start Flush
12:15	1200#		45.5			.35	# Increase
						.35	Acid Clear, Shut Down, ISIP = 1200# 5 min. = 1100# 15 min. = 950#
							Treated With 1250 gal. 20% NE/2% MS

D-Zone Perfs = 3843-51/Pkr. = 3783/Rbp = 3873'/Vol. = 15.7

3:36	30#		(12.0)			3.0	Spot Acid at 3846'
3:55	30#		15.7			3.0	Start Flush, Pkr. set at 3783'
	30#		17.4			.3	Acid on Perfs
	30#		17.8			.15	Loaded, Feeding
	200#		18.5			.25	Rate Slowing
	400#		19.5			.25	Speed Pump
	800#		22.2			.25	# Increase
	1000#		24.8			.25	"
4:53	1000#		27.7			.25	"
							Acid Clear, Shut Down, ISIP = 950# 5 min. = 800#/15 min. = 500#/20 min. = 450# Treated With 500 gal. 15% MCA

EQUIPMENT AND PERSONNEL		MATERIALS USED		AMOUNT	UNIT PRICE	TOTAL COST
Toby	405	Pump Truck Charge		1	650.00	650.00
	475	15% MCA		500 gal.	1.79	895.00
Blake	434	20% NE		1250 gal.	1.80	2,250.00
		Mutual Solvent (In 20%)		25 gal.	18.75	468.75
		Inhibitor		6.5 gal.	34.50	224.25
		Pup Trailer		1	150.00	150.00
		Mileage		81 miles	4.00	324.00

New Producer..... Terms: 20% discount will be allowed if paid in 30 days from invoice date.
 Old Producer.....
 Old Producer- New Zones.....
 New SWD or Injection.....
 Old SWD or Injection.....
 Pressure Test.....

Sub-Total 4,962.00
 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 or 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.

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DEC 13 2010
KCC WICHITA



PO BOX 31 Russell, KS 67665

INVOICE

Invoice Number: 121689

Invoice Date: Feb 22, 2010

Page: 1

Voice: (785) 483-3887

Fax: (785) 483-5566

Bill To:

D H P Investments, LTD
212 Old Grande Blvd
Suite C100
Tyler, TX 75703

Customer ID	Well Name# or Customer P.O.	Payment Terms	
DHP	Spencer #1	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-00	Russell Acid	Feb 22, 2010	3/24/10

Quantity	Item	Description	Unit Price	Amount
1,250.00	MAT	20% NE	1.80	2,250.00
5.00	MAT	Inhibitor	34.50	172.50
25.00	MAT	2% Mutual Solvent	18.75	468.75
1.00	SER	Pump Truck Charge	650.00	650.00
81.00	SER	Mileage	4.00	324.00

DATE REC'D MAR 03 2010
 OK BY _____ CODE _____
 LOCATION DHP Spencer
 DATE PD 3-5-10 CK# 1226

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

\$ 773.05

ONLY IF PAID ON OR BEFORE
Mar 19, 2010

Subtotal	3,865.25
Sales Tax	
Total Invoice Amount	3,865.25
Payment/Credit Applied	
TOTAL	3,865.25

RECEIVED
 DEC 13 2010
 KCC WICHITA

Russell, KS
785-483-2003

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

10182
Medicine Lodge, KS
620-886-5926

Date	2-22-10		PO#	John Schmeidler		Location	N. of Studley, Ks						
Owner	DHP Investments		Lease	Spencer		Well #	#1		County	CH	State	Ks	
Station	Russell		Section			Range			Formation	LKC - D		Contractor	Geist

WELL DATA				PERFORATIONS		TREATMENT		INFO:	
SIZE	WEIGHT	DEPTH	VOLUME	SHOTS FT.		Max. Pressure			
TUBING	2 3/8		3784	From 3843 to 51		1050 #		To: Allied Cementing Company LLC (ACID) You are hereby requested to rent acidizing equipment to do work as listed.	
CASING	4 1/2		3851	From to		Min. Pressure 30 #			
OPEN HOLE			15.7	From to		Avg. Inj. Rate .35 Bpm			
PKR				From to		Avg. TrT Pressure 750 #		Charge To: DHP Investments	
TDPB				From to		Total Fluid Pumped 45.7 Bbls.		Street	
								City	State

TIME (A.M./P.M.)	PRESSURE		TOTAL FLUID PUMPED	FLUID IN FORMATION	INDIVIDUAL FLUID PUMPED	INJECTION RATE	EXPLANATION
	TBG	CSG					
10:21	30 #						
	30 #		15.7			3.0	Start Acid Down Tubing, Pkr. set
	30 #		19.2			3.0	Acid on perfs
	30 #		20.0			.75	
	30 #		22.5			.5	Rate Slowing
	30 #		23.0			.3	" "
	150 #		23.5			.15	" "
	400 #		26.0			.35	Speed Pump
	800 #		30.0			.35	# Increase
	1000 #		37.0			.35	" , Acid In, Start Flush
11:35	1050 #		45.7			.35	" , Acid Clear, Shut Down
							ISIP = 1025 # 10 min = 850 # 20 min = 650 # , Bleed Back
Treated With 1,250 gal. 20% NE/2% MS							

Thanks

EQUIPMENT AND PERSONNEL		MATERIALS USED		AMOUNT	UNIT PRICE	TOTAL COST
Toby	434	Pump Truck Charge		1	650.00	650.00
Jagers	405	20% NE		1,250 gal.	1.80	2,250.00
		Inhibitor		5 gal.	34.50	172.50
		(2%) Mutual Solvent		25 gal.	18.75	468.75
		Mileage		81 miles	4.00	324.00

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

Terms: 20% discount will be allowed
if paid in 30 days from invoice date.

Sub-Total	3,865.25
Tax	
Total	

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DEC 13 2010

KCG WICHITA

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 representation...