

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
June 2009

Form Must Be Signed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33186
Name: LB Exploration, Inc.
Address 1: 2135 2nd Road
Address 2: _____
City: Holyrood State: KS Zip: 67450 + _____
Contact Person: Michael Petermann
Phone: (785) 252-8034
CONTRACTOR: License # 33610
Name: Fossil Drilling, Inc.
Wellsite Geologist: James C. Musgrove
Purchaser: _____

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 #: _____
1/23/2007 2/4/2007 2/20/2007
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 007-23113-0000
Spot Description: _____
_____ NW_NW Sec. 36 Twp. 32 S. R. 13 East West
660 Feet from North / South Line of Section
660 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Barber
Lease Name: Lonker 36 Well #: 1
Field Name: Medicine Lodge-Boggs
Producing Formation: _____
Elevation: Ground: 1601 Kelly Bushing: 1612
Total Depth: 4,988 Plug Back Total Depth: 3,889
Amount of Surface Pipe Set and Cemented at: 292 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: _____ 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: [Signature]
Title: President Date: 12/2/2010

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: 12/6/10

RECEIVED
DEC 03 2010

KCC WICHITA

Operator Name: LB Exploration, Inc. Lease Name: Lonker 36 Well #: 1
 Sec. 36 Twp. 32 S. R. 13 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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Dual Induction, Compensated Neutron Density, Microresistivity, Borehole Compensated Sonic	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum see attached
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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#	292	60/40 poz	225	3% cc
production	7-7/8"	4-1/2"	10.5	3,935	Type H	125	10% gel 10% salt 6% kolseal

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
4	3,737-41	250 gal 10% MCA	3,737-41
4	3,737-45	1000 gal 10% NE	3,737-45

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. _____		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls. 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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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KCC WICHITA

ALLIED CEMENTING CO., INC.

32398

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

SERVICE POINT:
Medicine Lodge K

DATE <i>2-4-07</i>	SEC. <i>25</i>	TWP. <i>32</i>	RANGE <i>13W</i>	CALLED OUT <i>8:00 PM</i>	ON LOCATION <i>10:00 PM</i>	JOB START <i>1:05 AM</i>	JOB FINISH <i>1:55 AM</i>
LEASE <i>Lanker</i>	WELL # <i>36-1</i>	LOCATION <i>160 + Gyp Hill Rd.</i>			COUNTY <i>Barber</i>	STATE <i>Kansas</i>	
OLD OR NEW (Circle one)				<i>5.3 south West + North into</i>			

CONTRACTOR *Fossil Drilling Co.*

TYPE OF JOB *production*

HOLE SIZE _____ T.D. _____

CASING SIZE *4 1/2" x 10-5* DEPTH *3924*

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX *1500* MINIMUM _____

MEAS. LINE _____ SHOE JOINT *4091*

CEMENT LEFT IN CSG. _____

PERFS. _____

OWNER *L. B Exploration*

CEMENT

AMOUNT ORDERED *8 Gals Clapre 500 Gal ASF*
140 sx H + 10% Gypseal 10% salt 6 Kolseal
+ .7% Gas Block + Deframer

DISPLACEMENT *62 Bbls 2% KCL*

EQUIPMENT

COMMON <i>H</i>	<i>140 sx</i>	@ <i>12.75</i>	<i>1785.00</i>
POZMIX		@	
GEL		@	
CHLORIDE		@	
ASC		@	
<i>Gypseal</i>	<i>13 sx</i>	@ <i>23.35</i>	<i>303.55</i>
<i>Salt</i>	<i>15 sx</i>	@ <i>9.60</i>	<i>144.00</i>
<i>Kolseal</i>	<i>#840</i>	@ <i>.70</i>	<i>588.00</i>
<i>Gas Block</i>	<i>#92</i>	@ <i>8.90</i>	<i>818.80</i>
<i>Deframer</i>	<i>#20</i>	@ <i>7.20</i>	<i>144.00</i>
<i>ASF</i>	<i>500 Gal</i>	@ <i>1.00</i>	<i>500.00</i>
<i>Clapre</i>	<i>8 gal</i>	@ <i>25.00</i>	<i>200.00</i>
HANDLING	<i>188</i>	@ <i>1.90</i>	<i>357.20</i>
MILEAGE	<i>188 / 0.9 / 8</i>		<i>240.00</i>
			<i>min chg - 240.00</i>
			TOTAL 5020.55

PUMP TRUCK CEMENTER *Carl Balding*

414-302 HELPER *Dennis Cushmanbery*

BULK TRUCK

353 DRIVER *Mike Becker*

BULK TRUCK

_____ DRIVER _____

REMARKS:

Run 3924' 4 1/2" csg drop ball for shoe + circulate on bottom for 30 minutes pump 20 bbls 2% kcl water + 500 gals ASF plug bot hole w/ 15 sx cement mix + pump 125 sx clau H + additives. Wash out Pump + Lines + Release plugs Displace with 62 Bbls 2% KCL water. Bump plug + Float Held.

SERVICE

DEPTH OF JOB	<i>3924'</i>		
PUMP TRUCK CHARGE			<i>1610.00</i>
EXTRA FOOTAGE		@	
MILEAGE	<i>8</i>	@ <i>6.00</i>	<i>48.00</i>
MANIFOLD		@	
<i>Head Rental</i>		@ <i>100.00</i>	<i>100.00</i>
RECEIVED		@	

CHARGE TO: *L B Exploration*

STREET _____

CITY _____ STATE _____ ZIP _____

DEC 03 2010 TOTAL **1758.00**

4 1/2" KCC WICHITA PLUG & FLOAT EQUIPMENT

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper 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 & understand the "TERMS AND CONDITIONS" listed on the reverse side.

<i>1- AFU Flat shoe</i>	@ <i>200.00</i>	<i>200.00</i>
<i>1- Latch down Plug Assembly</i>	@ <i>325.00</i>	<i>325.00</i>
<i>2- Baskets</i>	@ <i>130.00</i>	<i>260.00</i>
<i>5- Centralizers</i>	@ <i>45.00</i>	<i>225.00</i>
ANY APPLICABLE TAX		
WILL BE CHARGED UPON INVOICING		
		TOTAL 1010.00

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE _____

Ricky Papp
PRINTED NAME

ALLIED CEMENTING CO., INC.

24383

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

SERVICE POINT:
medicinelodge, KS.

DATE <u>1-21-07</u>	SEC. <u>25</u>	TWP. <u>22S</u>	RANGE <u>13W.</u>	CALLED OUT <u>11:30p.m</u>	ON LOCATION <u>1:30 A.M.</u>	JOB START <u>4:00AM</u>	JOB FINISH <u>5:00A.M</u>
LEASE <u>lonker</u>	WELL # <u>1</u>	LOCATION <u>60 + wyonhill Rd. 5.3 S.</u>			COUNTY <u>Barber</u>	STATE <u>KS.</u>	
OLD OR <u>NEW</u> (Circle one)				<u>West + North, into</u>			

CONTRACTOR Fossil #1
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 297
 CASING SIZE 8 5/8 DEPTH 295
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX 300 MINIMUM -
 MEAS. LINE _____ SHOE JOINT -
 CEMENT LEFT IN CSG. 15 ft.
 PERFS. _____
 DISPLACEMENT 666 Fresh H2O
 EQUIPMENT _____

PUMP TRUCK CEMENTER mark Coley
 # 360 HELPER Dwayne W.
 BULK TRUCK _____
 # 389 DRIVER Junior F.
 BULK TRUCK _____
 # _____ DRIVER _____

OWNER L.B. Exploration
 CEMENT AMOUNT ORDERED 2255x 60:40:2 + 3%CL

COMMON	<u>135</u>	A	@	<u>10.65</u>	<u>1437.75</u>
POZMIX	<u>90</u>		@	<u>5.80</u>	<u>522.00</u>
GEL	<u>4</u>		@	<u>16.65</u>	<u>66.60</u>
CHLORIDE	<u>?</u>		@	<u>46.60</u>	<u>326.20</u>
ASC			@		
			@		
			@		
			@		
			@		
			@		
			@		
			@		
			@		
HANDLING	<u>236</u>		@	<u>1.90</u>	<u>448.40</u>
MILEAGE	<u>8 x 236</u>		x	<u>.09</u>	<u>240.00</u>
				<u>Min chrg</u>	<u>TOTAL 3040.95</u>

REMARKS:

Pipe on Bottom, Break Circ Pump 36666 Fresh H2O - Pump 2255x 60:40:2 + 3%CL, stop release plug. displace with fresh H2O @ 6:00pm. sec 1, 1/4. slow rate to 300pm @ 12 1/4. stop pumps @ 17 1/4. shut in. release line psi. Cement did. Circ.

SERVICE

DEPTH OF JOB 295
 PUMP TRUCK CHARGE 815.00
 EXTRA FOOTAGE _____ @ _____
 MILEAGE 8 @ 6.00 48.00
 MANIFOLD Head Rental @ 100.00 100.00
 _____ @ _____
 _____ @ _____

TOTAL 963.00

CHARGE TO: L.B. Exploration
 STREET _____
 CITY _____ STATE _____ ZIP _____

8 5/8 PLUG & FLOAT EQUIPMENT
8 5/8 wooden Plug @ 60.00 60.00
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 ANY APPLICABLE TAX WILL BE CHARGED UPON INVOICING
 TOTAL 60.00

To Allied Cementing Co., Inc.
 You are hereby requested to rent cementing equipment and furnish cementer and helper 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 & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TAX _____
 TOTAL CHARGE ~~_____~~
 DISCOUNT ~~_____~~ IF PAID IN 30 DAYS

SIGNATURE [Signature]

[Signature] X
 Scott ALBERG
 PRINTED NAME

RECEIVED
 DEC 03 2010

KCC WICHITA