

CONFIDENTIAL

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
October 2008
Form Must Be Typed

12/10/08

12/03/10

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5254
 Name: MIDCO Exploration, Inc.
 Address 1: 414 Plaza Drive, Suite 204
 Address 2: _____
 City: Westmont State: IL Zip: 60559 + 1265
 Contact Person: Earl J. Joyce, Jr.
 Phone: (630) 655-2198
 CONTRACTOR: License # 5822 **CONFIDENTIAL**
 Name: VAL Energy, Inc. **DEC 0 8 2008**
 Wellsite Geologist: N/A
 Purchaser: N/A **KCC**
 Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW
 Gas ENHR SIGW
 CM (Coal Bed Methane) Temp. Abd.
 Dry Other _____
 (Core, WSW, Expl., Cathodic, 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
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Docket No.: _____
 Dual Completion Docket No.: _____
 Other (SWD or Enhr.?) Docket No.: _____

10-14-08	10-24-08	10-25-08
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 025-21467-0000
 Spot Description: NE SE
NE SE - - - - Sec. 30 Twp. 33 S. R. 23 East West
1980 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: Clark
 Lease Name: Johnson Well #: 2-30
 Field Name: Wildcat
 Producing Formation: N/A
 Elevation: Ground: 1970 Kelly Bushing: 1981
 Total Depth: 5802 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at: 820 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 *PANJ 22409*
 (Data must be collected from the Reserve Pit)
 Chloride content: 35,000 ppm Fluid volume: 300 bbls
 Dewatering method used: No free fluids available
 Location of fluid disposal if hauled offsite: _____
 Operator Name: _____
 Lease Name: _____ License No.: _____
 Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
 County: _____ Docket No.: _____

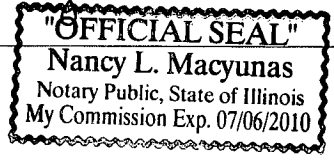
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side 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.

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: Vice-President Date: 12-03-08

Subscribed and sworn to before me this 3rd day of December,
20 08

Notary Public: *Nancy L. Macyunas*
 Date Commission Expires: _____



KCC Office Use ONLY

Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

RECEIVED
 KANSAS CORPORATION COMMISSION

DEC 0 8 2008

CONSERVATION DIVISION
WICHITA, KS

Operator Name: MIDCO Exploration, Inc. Lease Name: Johnson Well #: 2-30
 Sec. 30 Twp. 33 S. R. 23 East West County: Clark

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 copy of all Electric Wireline 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 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 <i>(Submit Copy)</i> List All E. Logs Run: Borehole Compensated Sonic, Microresistivity, Dual Induction, Dual Compensated Porosity	<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>Heebner</td> <td>4234</td> <td>-2253</td> </tr> <tr> <td>Toronto</td> <td>4251</td> <td>-2270</td> </tr> <tr> <td>Lansing</td> <td>4431</td> <td>-2450</td> </tr> <tr> <td>B/KC</td> <td>5009</td> <td>-3028</td> </tr> <tr> <td>Marmaton</td> <td>5023</td> <td>-3402</td> </tr> <tr> <td>Cherokee</td> <td>5190</td> <td>-3209</td> </tr> <tr> <td>Chester</td> <td>5408</td> <td>-3427</td> </tr> </tbody> </table>	Name	Top	Datum	Heebner	4234	-2253	Toronto	4251	-2270	Lansing	4431	-2450	B/KC	5009	-3028	Marmaton	5023	-3402	Cherokee	5190	-3209	Chester	5408	-3427
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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
Conductor	32"	20"		188			
Surface	12 1/4"	8 5/8"	CONFIDENTIAL	820	ALW	300	65:35:6 3% cc
			DEC 03 2008		Class A	150	3% cc 2% gel

ADDITIONAL CEMENTING / SQUEEZE RECORD			
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone		KCC	
		Type and Percent Additives	

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
	N/A		

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 <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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RECEIVED
 KANSAS CORPORATION COMMISSION
DEC 08 2008
 CONSERVATION DIVISION
 WICHITA, KS

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

ALLIED CEMENTING CO., LLC. 32580

P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Medicine Lake, KS
10-18

DATE <u>10-14-08</u>	SEC <u>30</u>	TWP <u>33s</u>	RANGE <u>23W</u>	CALLED OUT <u>8:00 pm</u>	ON LOCATION <u>9:30 pm</u>	JOB START <u>9:30 pm</u>	JOB FINISH <u>10:30 am</u>
LEASE <u>Johnson</u>		WELL # <u>2-30</u>		LOCATION <u>Ashland, KS west to Gardner</u>		COUNTY <u>Clark</u>	STATE <u>KS</u>
OLD OR <u>NEW</u> (Circle one)				<u>Angus sign, 3s, 2E, 3/4 S</u>			

CONTRACTOR V91 #2

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 823

CASING SIZE 8 5/8 DEPTH 820

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM KOC

MEAS. LINE _____ SHOE JOINT 41

CEMENT LEFT IN CSG. 41

PERFS. _____

DISPLACEMENT 49 bbls of cement

EQUIPMENT

PUMP TRUCK CEMENTER Darin F.

372 HELPER Randy F.

BULK TRUCK _____

421 DRIVER Scott P.

BULK TRUCK _____

363 DRIVER Matt T.

REMARKS:

Pipe on bottom & break circulation
pump 3 bbls of freshwater show
mix 300sx of Lite cement, mix
150sx of soil cement, shut down &
release plug, start displacement, slow
rate to 3 bpm @ 40 bbls, bump plug
@ 49 bbls @ 100 psi, float dis
hold cement did circulate

CHARGE TO: Mid CO Exploration

STREET _____

CITY _____ STATE _____ ZIP _____

OWNER MidCO Exploration

CEMENT

AMOUNT ORDERED 300sx 300sx 65/35/6
3% cc + 1/4 # floesol, 150sx class A
3% cc + 2% G-1

COMMON	<u>150 A</u>	@ <u>15.45</u>	<u>2317.50</u>
POZMIX		@	
GEL	<u>3</u>	@ <u>20.80</u>	<u>62.40</u>
CHLORIDE	<u>15</u>	@ <u>58.20</u>	<u>873.00</u>
ASC		@	
<u>ALW 300</u>		@ <u>14.80</u>	<u>4440.00</u>
<u>Flo Seal 75#</u>		@ <u>2.50</u>	<u>187.50</u>
		@	
		@	
		@	
		@	
HANDLING	<u>487</u>	@ <u>2.40</u>	<u>1168.80</u>
MILEAGE	<u>85 x 487 x .10</u>		<u>4139.50</u>
			TOTAL <u>13188.70</u>

SERVICE

DEPTH OF JOB	<u>820</u>		
PUMP TRUCK CHARGE	<u>0-300'</u>		<u>1018.00</u>
EXTRA FOOTAGE	<u>520'</u>	@ <u>.85</u>	<u>442.00</u>
MILEAGE	<u>85</u>	@ <u>7.00</u>	<u>595.00</u>
MANIFOLD		@	
	<u>Headrental</u>	@ <u>113.00</u>	<u>113.00</u>
		@	
			TOTAL <u>2168.00</u>

PLUG & FLOAT EQUIPMENT

<u>8 5/8</u>			
1- AFB Insert		@ <u>372.00</u>	<u>372.00</u>
2- Baskets		@ <u>248.00</u>	<u>496.00</u>
2- Centralizers		@ <u>62.00</u>	<u>124.00</u>
1- TRP		@ <u>113.00</u>	<u>113.00</u>
		@	
			TOTAL <u>1110.00</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 x David H Meyers

SIGNATURE x David H Meyers

SALES TAX (If Any) _____

TOTAL CHARGES 13188.70

DISCOUNT _____ IF PAID IN 30 DAYS

ANY APPLICABLE TAX WILL BE CHARGED UPON INVOICING