

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

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 # 34027
Name: CEP MID CONTINENT LLC
Address 1: 15 WEST 6TH ST SUITE 1100
Address 2: _____
City: TULSA State: OK Zip: 74119 + _____
Contact Person: VICKIE HARTER
Phone: (918) 877-2923
CONTRACTOR: License # _____
Name: _____
Wellsite Geologist: JOHN GUESS
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.): LATERAL SIDETRACK EXISTING WELL

If Workover/Re-entry: Old Well Info as follows:

Operator: SUNWEST PETROLEUM INC
Well Name: WHEELER HADDEN 8-2

Original Comp. Date: 1-21-02 Original Total Depth: 1419

- 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 #: _____

8-9-10	8-11-10	9-13-10
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 125-30074-01-00
Spot Description: RIVERTON LATERAL
SW NE NE NW Sec. 8 Twp. 34 S. R. 15 East West
436 Feet from North / South Line of Section
2,237 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: MONTGOMERY
Lease Name: WHEELER HADDEN Well #: 8-2
Field Name: CHEROKEE BASIN COAL AREA
Producing Formation: RIVERTON
Elevation: Ground: 811 Kelly Bushing: _____
Total Depth: 3256 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: _____ 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: _____

Title: ENGINEER Date: 11-30-2010

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: Dk Date: 11/24/11

RECEIVED
DEC 06 2010

KCC WICHITA

Operator Name: CEP MID CONTINENT LLC Lease Name: WHEELER HADDEN Well #: 8-2
 Sec. 8 Twp. 34 S. R. 15 East West County: MONTGOMERY

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 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: SCIENTIFIC DRILLING LOGS MD AND TVD 5" SCALE	<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>RIVERTON</td> <td>1303</td> <td>-492</td> </tr> <tr> <td>ROWE</td> <td>1270</td> <td>-459</td> </tr> <tr> <td>BARTLESVILLE</td> <td>1125</td> <td>-314</td> </tr> <tr> <td>WEIR PITT</td> <td>1030</td> <td>-219</td> </tr> </table>	Name	Top	Datum	RIVERTON	1303	-492	ROWE	1270	-459	BARTLESVILLE	1125	-314	WEIR PITT	1030	-219
Name	Top	Datum														
RIVERTON	1303	-492														
ROWE	1270	-459														
BARTLESVILLE	1125	-314														
WEIR PITT	1030	-219														

CASING RECORD <input 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
NA							

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	NA			

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
12 SHOTS	RIVERTON	1000 GAL 15%	1303-1306

TUBING RECORD: Size: <u>2 7/8</u> Set At: <u>1343</u> Packer At:		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
Estimated Production Per 24 Hours	Oil Bbls. <u>0</u>	Gas Mcf <u>48</u> Water Bbls. <u>12</u> Gas-Oil Ratio _____ Gravity _____

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" 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 checked="" type="checkbox"/> Other <i>(Specify)</i> <u>LATERAL SIDETRACK RIVERTON ZONE</u>	PRODUCTION INTERVAL: <u>LATERAL LENGTH 1764</u> <div style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED</div>
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