

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

**ORIGINAL**

Form ACO-1  
September 1999  
Form Must Be Typed

**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Operator: License # 33019  
Name: Rosewood Resources, Inc.  
Address: 2101 Cedar Springs RD, Suite 1500  
City/State/Zip: Dallas, TX 75201  
Purchaser: \_\_\_\_\_  
Operator Contact Person: Tom Roelfs  
Phone: ( 785 ) 332-0374  
Contractor: Name: Advanced Drilling Technology  
License: 33532  
Wellsite Geologist: Steven VonFeldt

Designate Type of Completion:  
 New Well     Re-Entry     Workover  
Oil            SWD            SIOW            Temp. Abd.  
 Gas            ENHR            SIGW  
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. <input type="checkbox"/> Conv. to Enhr./SWD
Plug Back	Plug Back Total Depth
Commingled	Docket No. _____
Dual Completion	Docket No. _____
Other (SWD or Enhr.?)	Docket No. _____

8/13/2010	8/22/2010	8/22/2010
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 181-20568-0000  
County: Sherman  
SE   NW   NW   SE   Sec. 29   Twp. 7   S. R. 39   East  West  
2308 feet from (S) N (circle one) Line of Section  
2297 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE (SE) NW SW  
Lease Name: Leonard Well #: 33-29  
Field Name: Goodland  
Producing Formation: Niobrara  
Elevation: Ground: 3614' Kelly Bushing: 3626'  
Total Depth: 1357' Plug Back Total Depth: 1308'  
Amount of Surface Pipe Set and Cemented at 414' set @ 426' 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 5000 ppm Fluid volume 200 bbls  
Dewatering method used Evaporation  
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: Gannell Gevee  
Title: Production Asst. Date: 10-27-10  
Subscribed and sworn to before me this 3 day of December  
2010  
Notary Public: Kathy Roelfs  
Date Commission Expires: 6-3-2013

KCC Office Use ONLY	
<input checked="" type="checkbox"/> Letter of Confidentiality Received	
<input type="checkbox"/> If Denied, Yes <input type="checkbox"/> Date: _____	
<input checked="" type="checkbox"/> Wireline Log Received	
<input type="checkbox"/> Geologist Report Received	
<input type="checkbox"/> UIC Distribution	

NOTARY PUBLIC - State of Kansas  
KATHY BOELES  
My Appt. Exp. 6-3-13

RECEIVED  
KANSAS CORPORATION COMMISSION  
ALT-1-Dg-1/27/11  
JAN 26 2011

CONSERVATION DIVISION  
WICHITA, KS

Operator Name: Rosewood Resources, Inc. Lease Name: Leonard Well #: 33-29  
 Sec. 29 Twp. 7 S. R. 39 [ ] East [x] West County: Sherman

**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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Niobrara	1038'	KB
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

Platform Express, Triple Combo Log

CASING RECORD  New  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	9 7/8"	7"	17#	426'	Neat	110	
Production	6 1/4"	4 1/2"	10.5#	1348'	Neat	60	

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
Perforate				
Protect Casing				
Plug Back TD				
Plug Off Zone				

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
2	1044' to 1076'	Frac w/48,222gals MavFoam 70 &100,000#	
		16/30 Texas Gold Sand scf N2	

TUBING RECORD	Size	Set At	Packer At	Liner Run
none				[ ] Yes [x] No

Date of First, Resumed Production, SWD or Enhr. 09/30/2010	Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours Oil Bbls. none	Gas Mcf 35	Water Bbls.	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 <input type="checkbox"/> Other (Specify)	Production Interval
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KANSAS CORPORATION COMMISSION

JAN 26 2011

CONSERVATION DIVISION  
TOPEKA, KS

SCHAAL DRILLING, CO.  
PO BOX 416  
BURLINGTON, CO. 80807  
719-346-8032  
FIELD REPORT  
SURFACE CASING, DRILLING AND CEMENTING

DRILLING DATE 8-16-10

WELL NAME & LEASE # Leonard 33-29

MOVE IN, RIG UP, DIG PITS ETC. DATE 8-13-10 TIME 3:45 AM PM

SPUD TIME 6:30 AM PM SHALE DEPTH 300 TIME 8:45 AM PM

HOLE DIA. 9 7/8 FROM 0 TO 429 TD TIME 10:15 AM PM

CIRCULATE, T.O.O.H., MEASURED 413.80 FT CASING 425.80 KB FT SET DEPTH

0 JOINTS 7 OD #/FT 14 15.5 17 20 23

11 JOINTS 7 OD #/FT 14 15.5 17 20 23

PUMP 110 SACKS CEMENT 670 GALLONS DISP. CIRC. 5 BBL TO PIT

PLUG DOWN TIME 12:00 AM PM DATE 8-16-10

CEMENT LEFT IN CSG. 20 FT  
CENTRALIZER 1  
ELEVATION 3614  
+12KB 3626

TYPE: PORTLAND CEMENT I/II ASTM C 150  
CEMENT COST \$ 2196.86

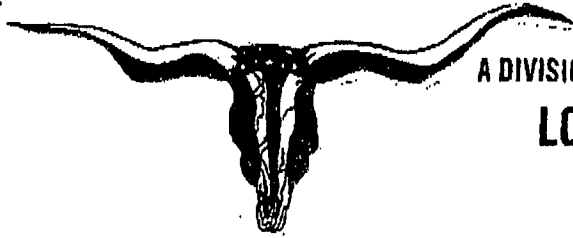
PIPE TALLY

1. 40.90  
2. 39.85  
3. 31.90  
4. 41.85  
5. 39.20  
6. 41.50  
7. 30.80  
8. 33.35  
9. 32.30  
10. 40.05  
11. 42.10  
12.  
13.  
14.  
TOTAL 413.80

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JAN 26 2011

CONSERVATION DIVISION  
WICHITA, KS



A DIVISION OF ADVANCED DRILLING TECHNOLOGIES, LLC.

FIELD SERVICE TICKET AND INVOICE

LONGHORN CEMENTING CO.

P.O. BOX 203 YUMA, COLORADO 80759  
Phone: 970-848-0789 Fax: 970-848-0788

DATE 08-23-10 TICKET NO. 2073

DATE OF JOB	DISTRICT	NEW WELL <input checked="" type="checkbox"/>	OLD WELL <input type="checkbox"/>	PROD <input type="checkbox"/>	INJ <input type="checkbox"/>	WDW <input type="checkbox"/>	CUSTOMER ORDER NO.	
CUSTOMER <b>RLI</b>		LEASE <b>Leonard 33-29</b>					WELL NO.	
ADDRESS		COUNTY	STATE					
CITY	STATE	SERVICE CREW <b>Mike E.</b>						
AUTHORIZED BY		EQUIPMENT <b>UNIT #112</b>						
TYPE JOB: <b>Longhorn</b>	DEPTH FT.	CEMENT DATA: BULK <input type="checkbox"/>			SAND DATA: SACKS <input type="checkbox"/>			TRUCK CALLED
SIZE HOLE: <b>4 1/2</b>	DEPTH FT.	SACKS	BRAND	TYPE	% GEL	ADMIXES	ARRIVED AT JOB	
SIZE & WT. CASTING	DEPTH FT.	WEIGHT OF SLURRY: <b>14.9</b> LBS./GAL					LBS./GAL	START OPERATION
SIZE & WT. D PIPE OR TUBING	DEPTH FT.	VOLUME OF SLURRY: <b>1.326</b> GAL						FINISH OPERATION
TOP PLUGS	TYPE:	VOLUME OF SLURRY TREATED WITH <b>2</b> % OF CALCLOR						RELEASED
<b>1550 1307</b>	MAX DEPTH FT.	MAX PRESSURE PSI.						MILES FROM STATION TO WELL

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered). The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only these terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without written consent of an officer of Advanced Drilling Technologies, LLC.

SIGNED: \_\_\_\_\_ (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM / PRICE REF NUMBER	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
001-2	Depthcharge - Cement - Mileage				
300-2	4 1/2 Accusal. Flantshoe		2		
300-4	4 1/2 Latchdown Baffle plug		2		
300-6	4 1/2 Centralizers		7		
300-8	4 1/2 Scratchers		8		
300-12	7" Centralizer		2		
400-2	Calcium Chloride		2.5 gal		
	Cement 14.9 Bbls				
	Displacement 20.7 Bbls				
	Burped plug 200psi				

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ACID DATA:			
	GALLONS	%	ADDITIVES
HCL			
HCL			

SUB TOTAL		
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

SERVICE REPRESENTATIVE: \_\_\_\_\_  
 FIELD SERVICE ORDER NO. \_\_\_\_\_  
 THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: \_\_\_\_\_  
 (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)