

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 # 34352  
Name: N-10 Exploration, LLC  
Address 1: 124 N. Main  
Address 2: PO Box 195  
City: Attica State: KS Zip: 67009 + \_\_\_\_\_  
Contact Person: Randy Newberry  
Phone: ( 620 ) 254-7251  
CONTRACTOR: License # 33902  
Name: Hardt Drilling, LLC  
Wellsite Geologist: Tim Pierce  
Purchaser: \_\_\_\_\_

Designate Type of Completion:

- New Well     Re-Entry     Workover
- Oil     WSW     SWD     SLOW
- 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 #: \_\_\_\_\_

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
<u>11-9-2010</u>	<u>11-19-2010</u>	<u>12-22-2010</u>

API No. 15 - 007-23594-00-00

Spot Description: SW NE SW  
SW NE SW Sec. 15 Twp. 34 S. R. 11  East  West  
1,650 Feet from  North /  South Line of Section  
1,650 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW

County: Barber

Lease Name: Medicine River Ranch Well #: B 3

Field Name: Landis

Producing Formation: Miss

Elevation: Ground: 1330' Kelly Bushing: 1340'

Total Depth: 5063 Plug Back Total Depth: 5021

Amount of Surface Pipe Set and Cemented at: 279 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: 320 bbls

Dewatering method used: Hauled Off

Location of fluid disposal if hauled offsite:

Operator Name: Jody Oil & Gas Corporation

Lease Name: Sanders 3A SWD License #: 3288

Quarter SW Sec. 20 Twp. 31 S. R. 8  East  West

County: Harper Permit #: D-23, 313

**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: Randy Newberry  
Title: Manager Date: 1-25-2011

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**KCC Office Use ONLY**

Letter of Confidentiality Received    Date: \_\_\_\_\_ **JAN 26 2011**

Confidential Release Date: \_\_\_\_\_

Wireline Log Received    **CONSERVATION DIVISION WICHITA, KS**

Geologist Report Received

UIC Distribution

ALT  I  II  III Approved by: DJG Date: 1/27/11

Operator Name: N-10 Exploration, LLC Lease Name: Medicine River Ranch Well #: B 3  
 Sec. 15 Twp. 34 S. R. 11  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 Dual Compensated Porosity	<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>Miss</td> <td>4577</td> <td>(-3237)</td> </tr> </table>	Name	Top	Datum	Miss	4577	(-3237)
Name	Top	Datum					
Miss	4577	(-3237)					

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 #	279'	60:40 Poz	225	2% gel, 3% cc
Production	7-7/8"	5-1/2"	14#	5047'	Class H	175	10% Salt, 5# Koseal

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 <i>(Amount and Kind of Material Used)</i>	Depth
2	4586 - 4616 & 4640 - 4660	2500 gal 15% MCA Acid	
		Frac 2360 sx 30/70 sand	
		450 sx 16/30 sand	
		200 sx Resin Coated sand	

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 WICHITA, KS

TUBING RECORD:	Size: <u>2-7/8"</u>	Set At: <u>4756</u>	Packer At: <u> </u>	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>12-23-2010</u>		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) <u> </u>		
Estimated Production Per 24 Hours	Oil Bbls. <u>35</u>	Gas Mcf <u>160</u>	Water Bbls. <u>250</u>	Gas-Oil Ratio <u>4.5 - 1</u>
				Gravity <u>25</u>

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 type="checkbox"/> Other (Specify) <u> </u>	PRODUCTION INTERVAL: <u>4586 - 4616</u> <u>4640 - 4660</u>
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# ALLIED CEMENTING CO., LLC. 040539

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

SERVICE POINT:  
*Medicine Lake KS*

DATE <i>1/10/10</i>	SEC. <i>15</i>	TWP. <i>34s</i>	RANGE <i>11W</i>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <i>Medicine River Ranch</i>	WELL # <i>B-3</i>		LOCATION	COUNTY <i>Finney</i>	STATE <i>KS</i>		
OLD OR NEW (Circle one)							

CONTRACTOR *Hardt #1* OWNER *N-10 Explo.*

TYPE OF JOB *Surface*

HOLE SIZE *12 1/4* T.D. *280*

CASING SIZE *8 5/8* DEPTH *279*

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX *200* MINIMUM *-*

MEAS. LINE SHOE JOINT *N/A*

CEMENT LEFT IN CSG. *20'*

PERFS.

DISPLACEMENT *16 1/2 Bbls Fresh H<sub>2</sub>O*

EQUIPMENT

CEMENT  
AMOUNT ORDERED *225 sk 60:40:2 1/2 gal + 3%*  
CC

COMMON	<i>A 135 sk @ 15.45</i>	<i>2085.75</i>
POZMIX	<i>90 sk @ 8.00</i>	<i>720.00</i>
GEL	<i>4 sk @ 20.80</i>	<i>83.20</i>
CHLORIDE	<i>8 sk @ 58.20</i>	<i>465.60</i>
ASC	@	
	@	
	@	
	@	
	@	
	@	
	@	
	@	
HANDLING	<i>225 @ 2.40</i>	<i>540.00</i>
MILEAGE	<i>225 / .10 / 20</i>	<i>450.00</i>
TOTAL		<i>4344.55</i>

PUMP TRUCK CEMENTER *D. Felia*

# *352* HELPER *M. Thinesch*

BULK TRUCK

# *364* DRIVER *J. Thinesch*

BULK TRUCK

# DRIVER

### REMARKS:

*Pipe on Btm Break Circ. w/ truck, Mix 22.5 sk 60:40 cement Blend, Start Disp w/ Fresh H<sub>2</sub>O, Wash up truck, See Steady increase in PSI, Slow Rate, Stop Pump @ 16 1/2 Bbls total Disp, Shut in Cement Dil Circ.*

### SERVICE

DEPTH OF JOB	<i>279</i>	
PUMP TRUCK CHARGE	<i>1018.00</i>	
EXTRA FOOTAGE	@	
MILEAGE	<i>20 @ 7.00</i>	<i>140.00</i>
MANIFOLD	<i>N/A</i>	
	@	
	@	
TOTAL		<i>1158.00</i>

CHARGE TO: *N-10 Explo.*

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### PLUG & FLOAT EQUIPMENT

<i>None</i>	@	
	@	
	@	
	@	
	@	
TOTAL		

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 *Scott C Adair*

SIGNATURE *Scott C Adair*

SALES TAX (If Any) \_\_\_\_\_

TOTAL CHARGES ~~\_\_\_\_\_~~

DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

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JAN 26 2011  
CONSERVATION DIVISION  
WICHITA, KS

# ALLIED CEMENTING CO., LLC. 040541

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

SERVICE POINT:  
*Medicine Lodge, KS*

DATE <i>11/19/10</i>	SEC. <i>15</i>	TWP. <i>34s</i>	RANGE <i>11w</i>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <i>1:10 PM</i>
LEASE <i>Medicine River Ranch</i>				WELL # <i>B-#3</i>		COUNTY <i>Barber</i>	STATE <i>KS</i>
LOCATION				OLD OR NEW (Circle one)			

CONTRACTOR *Handt*  
 TYPE OF JOB *Production Casing*  
 HOLE SIZE @ *7 7/8* T.D. *5061*  
 CASING SIZE *5 1/2* DEPTH *5050*  
 TUBING SIZE DEPTH  
 DRILL PIPE DEPTH  
 TOOL DEPTH  
 PRES. MAX *1300* MINIMUM  
 MEAS. LINE SHOE JOINT *42.85*  
 CEMENT LEFT IN CSG. *43*  
 PERFS.  
 DISPLACEMENT *123 Bbls 2% KCL Water*

OWNER *N-10*

CEMENT  
 AMOUNT ORDERED *40 sx 60:40:4% gel + 4% SMS \$175 sx class H + 10% salt + 5% Kalseal 4500 gals ASF \$15 gals Clapro*

COMMON <i>A</i>	<i>24 sx</i>	@ <i>15.45</i>	<i>370.80</i>
POZMIX	<i>16 sx</i>	@ <i>8.00</i>	<i>128.00</i>
GEL	<i>2 sx</i>	@ <i>20.80</i>	<i>41.60</i>
CHLORIDE		@	
ASC		@	
<i>Class H</i>	<i>175 sx</i>	@ <i>16.75</i>	<i>2931.25</i>
<i>Kalseal</i>	<i>875</i>	@ <i>.89</i>	<i>778.75</i>
<i>Salt</i>	<i>18 sx</i>	@ <i>12.00</i>	<i>216.00</i>
<i>SMS</i>	<i>14</i>	@ <i>2.45</i>	<i>34.30</i>
<i>ASF</i>	<i>500 Gals</i>	@ <i>1.27</i>	<i>635.00</i>
<i>Clapro</i>	<i>15 Gals</i>	@ <i>31.25</i>	<i>468.75</i>
		@	
HANDLING	<i>266</i>	@ <i>2.40</i>	<i>638.40</i>
MILEAGE	<i>266/10/15</i>		<i>399.00</i>
TOTAL			<i>6641.85</i>

EQUIPMENT

PUMP TRUCK CEMENTER *D. Felis*  
 # *352* HELPER *J. Thinesch*  
 BULK TRUCK  
 # *387-290* DRIVER *R. Ramons*  
 BULK TRUCK  
 # DRIVER

REMARKS:

*Pipe on Btm, Break Circ, Pump Pres Flush, Plug Rat Hole w/ 15 sx 60:40 Cement Blend, Pump 25sx Scavenger Cement, Mix 175sx tail cement, Stop Pump, Wash Pump & lines, Release Plug, Start Disp. w/ 2% KCL Water, See Steady increase in PST, Slow Rate, Bump Plug at 123 Bbls total Disp., Release PST, Float did hold*

SERVICE

DEPTH OF JOB	<i>5050</i>		
PUMP TRUCK CHARGE	<i>2011</i>	=	
EXTRA FOOTAGE		@	
MILEAGE	<i>15</i>	@ <i>7.00</i>	<i>105.00</i>
MANIFOLD <i>Head rental</i>		@	
		@	
		@	
TOTAL			<i>2116.00</i>

CHARGE TO: *N-10*  
 STREET  
 CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

<i>1- Guide Shoe</i>	@	<i>100.80</i>
<i>1- AFU insert</i>	@	<i>112.00</i>
<i>1- TRP</i>	@	<i>74.00</i>
<i>10- Recip Scatchers</i>	@ <i>55.65</i>	<i>556.50</i>
<i>7- Centralizers</i>	@ <i>32.20</i>	<i>225.40</i>
TOTAL		<i>1068.70</i>

To Allied Cementing Co., LLC.  
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PRINTED NAME *TIM PIERCE*  
 SIGNATURE *Tim Pierce*

SALES TAX (If Any)  
 TOTAL CHARGES ~~\_\_\_\_\_~~  
 DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

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 KANSAS CORPORATION COMMISSION

JAN 26 2011

CONSERVATION DIVISION  
 WICHITA, KS