



KANSAS CORPORATION COMMISSION 1050025
OIL & GAS CONSERVATION DIVISION

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 # 6039
Name: L. D. Drilling, Inc.
Address 1: 7 SW 26TH AVE
Address 2: _____
City: GREAT BEND State: KS Zip: 67530 + 6525
Contact Person: L. D. DAVIS
Phone: (620) 793-3051
CONTRACTOR: License # 33323
Name: Petromark Drilling, LLC
Wellsite Geologist: JOSH AUSTIN
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 #: _____

<u>08/21/2010</u>	<u>08/26/2010</u>	<u>08/26/2010</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-145-21610-00-00

Spot Description: _____
SE NW NE Sec. 2 Twp. 21 S. R. 16 East West
990 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: Pawnee

Lease Name: ROBERT Well #: 1-2

Field Name: ASH CREEK

Producing Formation: NA

Elevation: Ground: 2003 Kelly Bushing: 2006

Total Depth: 3780 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 1055 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: 4000 ppm Fluid volume: 400 bbls

Dewatering method used: Hauled to Disposal

Location of fluid disposal if hauled offsite:

Operator Name: L. D. DRILLING, INC.

Lease Name: MERMIS License #: 6039

Quarter SE Sec. 24 Twp. 20 S. R. 15 East West

County: BARTON Permit #: D21526

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.

Submitted Electronically

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: Deanna Garrison Date: 01/28/2011

Perce



1050025

Operator Name: L. D. Drilling, Inc. Lease Name: ROBERT Well #: 1-2
 Sec. 2 Twp. 21 S. R. 16 East West County: Pawnee

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample Name Top Datum Attached Attached 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	12.25	8.625	23	1055	A-CON	200	
SURFACE	12.25	8.625	23	1055	COMMON	200	3%CC, 1/4#FS

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

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	L. D. Drilling, Inc.
Well Name	ROBERT 1-2
Doc ID	1050025

Tops

ANHYDRITE	1014	+992
BASE ANHYDRITE	1043	+963
HEEBNER	3345	-1339
TORONTO	3362	-1356
DOUGLAS	3372	-1366
BROWN LIME	3436	-1430
LANSING	3450	-1444
BASE KANSAS CITY	3684	-1678
VIOLA	3706	-1700
SIMPSON SHALE	3744	-1738
ARBUCKLE	3775	-1769
RTD	3780	-1774

GENERAL INFORMATION

Client Information:

Company: L D DRILLING INC

Contact: L D DAVIS

Phone: Fax: e-mail:

Site Information:

Contact: JOSH AUSTIN

Phone: Fax: e-mail:

Well Information:

Name: ROBERT 1-4

Operator: L D DRILLING INC

Location-Downhole:

Location-Surface: S2/21S/16W BARTON CTY

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: JOSH AUSTIN

Test Type: CONVENTIONAL Job Number: D804

Test Unit:

Start Date: 2010/08/26 Start Time: 05:45:00

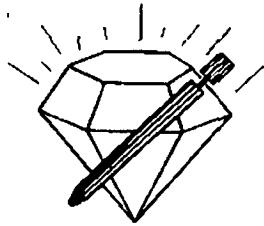
End Date: 2010/08/26 End Time: 12:30:00

Report Date: 2010/08/26 Prepared By: JOHN RIEDL

Qualified By: JOSH AUSTIN

Remarks:

200' SLO+GCWM, 300' G+MCW,750' WATER TOTAL FLUID REC: 1250'
GTS 2ND FLOW: GUAGED 7,120 CF/D



DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (800) 542-7313

ON:05:45 08/26/10

OFF: 12:00 08/26/10

DRILL-STEM TEST TICKET

FILEstc/ROberts1-4dst1

Company L D DRILLING INC Lease & Well No. ROBERT 1-4
 Contractor PETROMARK RIG 2 Charge to L D DRILLING INC
 Elevation 2006 K.B Formation ARBUCKLE Effective Pay _____ Ft. Ticker No. D804
 Date 8/26/10 Sec. 2 Twp. 21 S Range 16 W County PAWNEE State KANSAS
 Test Approved By JOSH AUSTIN Diamond Representative JOHN C. RIEDL

Formation Test No. 1 Interval Tested from 3740 ft. to 3780 ft. Total Depth 3780 ft.
 Packer Depth 3735 ft. Size 6 3/4 in. Packer Depth _____ ft. Size _____ in.
 Packer Depth 3740 ft. Size 6 3/4 in. Packer Depth _____ ft. Size _____ in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ 3743 ft. Recorder Number 30046 Cap. 6,000 P.S.I.
 Bottom Recorder Depth (Outside) _____ 3777 ft. Recorder Number 11073 Cap. 4,000 P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEMICAL Viscosity 65 Drill Collar Length 120 ft. I.D. 2 1/4 in.
 Weight 9.2 Water Loss 8.8 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
 Chlorides 4,000 P.P.M. Drill Pipe Length 3600 ft. I.D. 3 1/2 in.
 Jars: Make BOWEN Serial Number NOT USED Test Tool Length 20 ft. Tool Size 3 1/2-IF in.
 Did Well Flow? NO Reversed Out NO Anchor Length 40 ft. Size 4 1/2-FH in.
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: STRONG (B.O.B 1 MINUTE) STRONG BB
 2nd Open: STRONG (B.O.B 4 MINUTES, GTS 20 MIN.) STRONG BB

Recovered 200 ft. of SLO+GCWM (5%OIL 10%GAS 35%MUD 50%WATER)
 Recovered 300 ft. of G+MCW (10%GAS 15%MUD 75%WATER)
 Recovered 750 ft. of WATER (CHLORIDES 30,000Ppm)

Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
GAS GUAGED 7,120 CF/D THRU-OUT GUAGED PERIOD, GAS BURNED, SAMPLE TAKEN	
TOTAL FLUID REC: 1250' (1130' IN D.P 120' IN D.C)	Total

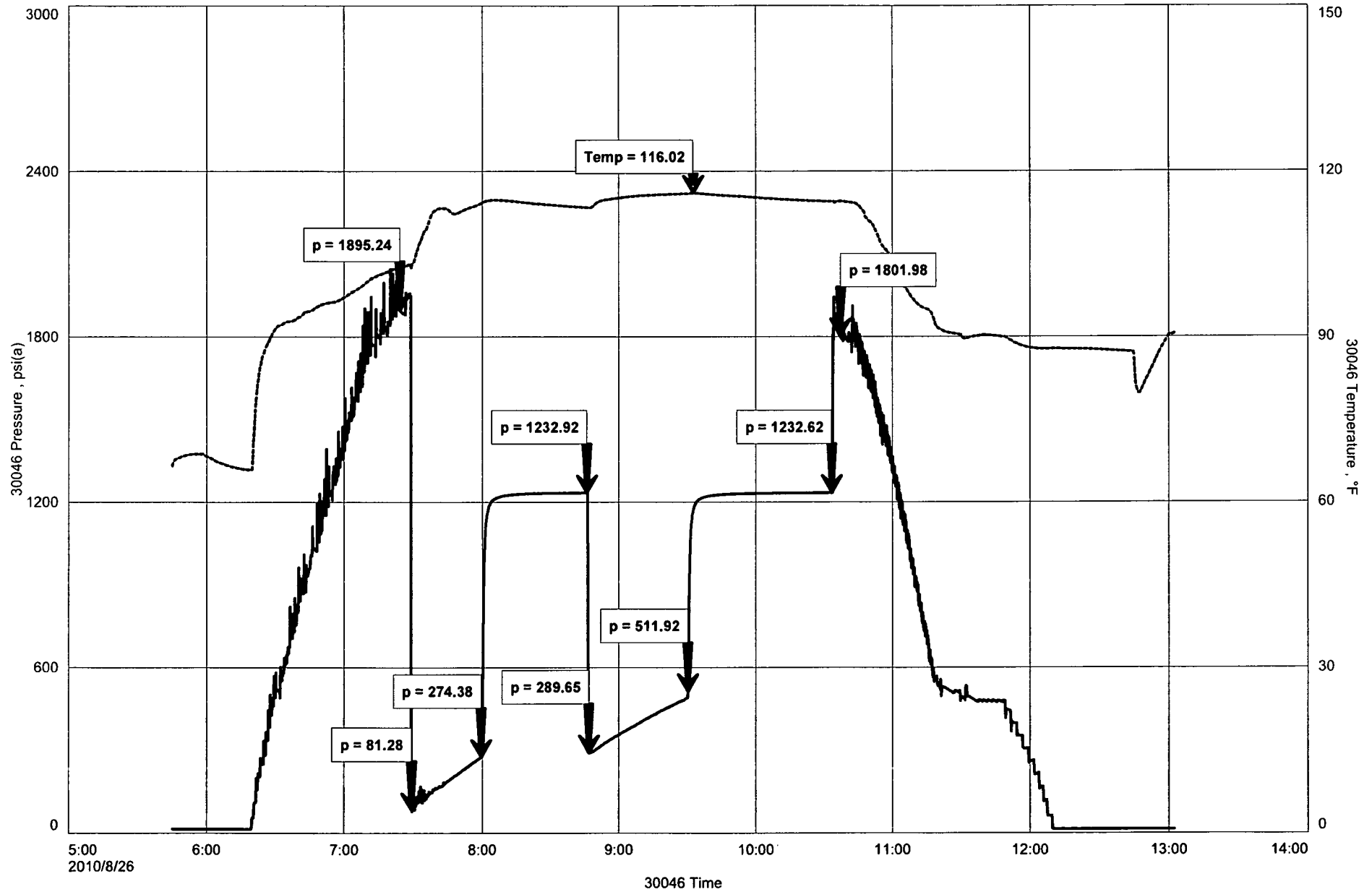
Time Set Packer(s) 7:00 A.M A.M. P.M. Time Started Off Bottom 10:00 A.M A.M. P.M. Maximum Temperature 116
 Initial Hydrostatic Pressure (A) 1895 P.S.I.
 Initial Flow Period Minutes 30 (B) 81 P.S.I. to (C) 274 P.S.I.
 Initial Closed In Period Minutes 45 (D) 1232 P.S.I.
 Final Flow Period Minutes 45 (E) 290 P.S.I. to (F) 512 P.S.I.
 Final Closed In Period Minutes 60 (G) 1232 P.S.I.
 Final Hydrostatic Pressure (H) 1802 P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

L D DRILLING INC
Start Test Date: 2010/08/26
Final Test Date: 2010/08/26

ROBERT 1-4
Formation: ARBUCKLE
Job Number: D804

ROBERT 1-4



BASIC

energy services, L.P.

TREATMENT REPORT

Customer <i>L. D. Dooling</i>	Lease No.	Date
Lease <i>Robert</i>	Well # <i>1-2</i>	<i>08-22-10</i>
Field Order # <i>2374</i>	Station <i>PRATT</i>	Casing <i>8 5/8</i>
	Depth <i>1055</i>	County <i>RAWNEE</i>
Type Job <i>CNW 8 5/8 Surface</i>	Formation	Legal Description <i>3-21-16</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <i>8 5/8</i>	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
Depth <i>1055</i>	Depth	From	To	Pre Pad		Max		5 Min.
Volume <i>65</i>	Volume	From	To	Pad		Min		10 Min.
Max Press <i>250</i>	Max Press	From	To	Frac		Avg		15 Min.
Well Connection <i>P.C.</i>	Annulus Vol.	From	To			HHP Used		Annulus Pressure
Plug Depth <i>1030</i>	Packer Depth	From	To	Flush		Gas Volume		Total Load

Customer Representative _____ Station Manager *DAVE SCOTT* Treater *Robert Jolliffe*

Service Units	<i>19867</i>	<i>33708</i>	<i>70920</i>	<i>19960</i>	<i>19860</i>				
Driver Names	<i>Sullivan</i>	<i>Melton</i>	<i>Phye</i>						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>0245</i>					<i>ON for Safety meeting</i>
					<i>RUN 25 STS 8 5/8 #24 CSP.</i>
<i>0800</i>					<i>CASING ON BOTTOM</i>
<i>0815</i>					<i>HOOK UP TO CIRC.</i>
<i>0825</i>			<i>9</i>	<i>4</i>	<i>AT SPACON</i>
			<i>91</i>	<i>5.5</i>	<i>MIX LEAD CONT 200SK A-CON</i>
			<i>43</i>		<i>MIX TAIL CONT 200SK COMM</i>
					<i>SHUT DOWN REPLACE PLUG</i>
<i>0853</i>				<i>5.5</i>	<i>AT DISP</i>
<i>0915</i>			<i>65</i>		<i>PLUG DOWN</i>
					<i>CIRCULATED 20 BBL CONT TO PIT</i>
					<i>JOB COMPLETE</i>
					<i>Thank you's</i>

BASIC

energy services, L.P.

TREATMENT REPORT

Customer <i>L.O. Drilling Inc</i>	Lease No.	Date <i>08-26-10</i>	
Lease <i>Robert</i>	Well # <i>1-2</i>		
Field Order # <i>2530</i>	Station <i>PRATT</i>	Casing <i>D.P.</i>	Depth
Type Job <i>CNW</i>	Formation <i>P.T.H.</i>	County <i>Pawnee</i>	State <i>KS</i>
		Legal Description <i>2-21-16</i>	

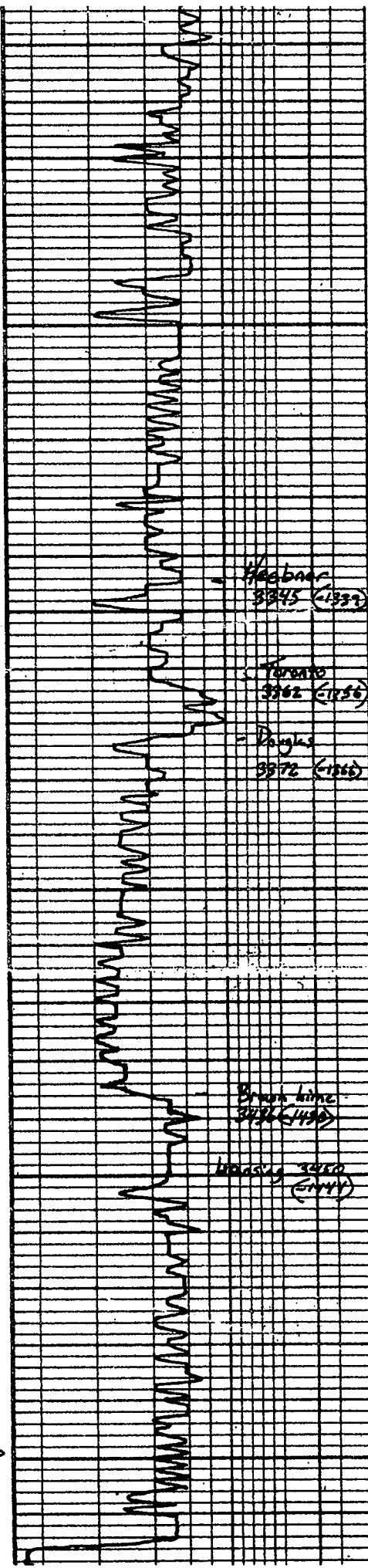
PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
Depth	Depth	From	To	Pre Pad	Max		5 Min.	
Volume	Volume	From	To	Pad	Min		10 Min.	
Max Press	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative	Station Manager <i>DAVE SETH</i>	Treater <i>Robert Lellou</i>
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Service Units	<i>19867</i>	<i>19959</i>	<i>19842</i>	<i>19826</i>	<i>19918</i>				
Driver Names	<i>Sullivan</i>	<i>Jesley</i>	<i>Whitlow</i>	<i>MitCHELL BANC</i>					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1600</i>					<i>on for setting monkey</i>
					<i>P.T.H.</i>
					<i>Bottom Plug @ 3600'</i>
<i>1635</i>	<i>200</i>		<i>10</i>	<i>45</i>	<i>SPACER</i>
			<i>14</i>		<i>mix cm 50 sk 60/100</i>
			<i>3</i>		<i>SPACER</i>
<i>1655</i>			<i>44</i>	<i>1</i>	<i>MUD</i>
					<i>Set Plug 1080'</i>
<i>1750</i>			<i>10</i>		<i>SPACER</i>
			<i>14</i>	<i>1</i>	<i>cm 50 sk 60/100</i>
<i>1800</i>			<i>12</i>		<i>DISP</i>
	<i>2</i>				<i>Set Plug @ 360'</i>
<i>1817</i>	<i>200</i>		<i>10</i>		<i>SPACER</i>
			<i>14</i>	<i>1</i>	<i>mix cm 50 sk</i>
<i>1825</i>			<i>5</i>		<i>Disp</i>
<i>1835</i>			<i>6</i>	<i>3</i>	<i>Plug TOP 60' w/ 20 sk</i>
<i>1840</i>			<i>6</i>	<i>3</i>	<i>plug R.H w/ 20 sk</i>
					<i>Job Complete</i>
					<i>Thank you</i>

60
80
3200
20
40
60
80
3400
20
40
60
80
3500



Heebner
3345 (1932)

Toronto
3362 (1956)

Douglas
3372 (1966)

Brush Hill
3476 (1950)

Massing
3480 (1944)

laca grey - blk sh.

ls. crim-grey fxl slightly
poorly dec. N/S

SS

blk carb shale

ls. crim-buff fxl chky
green fxl fxl/ool scatt
pp to yellowish sh (rpi) n/s
No other

ls. cream tan fxl dense fl

blk carb shale

gy - greyish green silty sh.

ls. tan-ora fxl sea slightly
dolomite fl dense fl

shaly grey - greyish green scatt
slightly silty fine mica

shale a.a.

greyish green - grey silty mica sh.

shaly grey - blk grey - greyish
green scatt silty mica

ls. tan-brown fxl dense
fl

ls. tan-ora fxl fairly ool chky
de ruggy N/S

ls. crim-buff grey fxl chky
(dec) poorly dec. N/S

ls. tan-ora highly fxl/ool in
but poorly dec. chky N/S

ls. tan-ora fxl chky dense
slightly N/S

ls. tan-ora ool ... blk.

