

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

ORIGINAL

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

OPERATOR: License # 4226
Name: galemor oil
Address 1: 305 east rutledge
Address 2: _____
City: yates center State: ks Zip: 66783 + _____
Contact Person: matt galemor
Phone: (620) 625-2621
CONTRACTOR: License # 31751
Name: ju oil
Wellsite Geologist: _____
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>10-15-2010</u>	<u>10-21-2010</u>	<u>11-29-2010</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 001-30111-00-00
Spot Description: _____
se ne sw sw Sec. 17 Twp. 26 S. R. 18 East West
815 Feet from North / South Line of Section
4,125 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: allen
Lease Name: mendenhall Well #: 7
Field Name: humboldt-chanute
Producing Formation: bartlesville and cattelman
Elevation: Ground: 945 Kelly Bushing: _____
Total Depth: 846 Plug Back Total Depth: 842
Amount of Surface Pipe Set and Cemented at: 20' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 842
feet depth to: 8 w/ 125 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: _____ ppm Fluid volume: _____ bbls
Dewatering method used: _____ **RECEIVED**
Location of fluid disposal if hauled offsite: **FEB 25 2011**
Operator Name: _____
Lease Name: _____ License #: **KCC WICHITA**
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: [Signature]
Title: owner Date: 1-18-2011

KCC Office Use ONLY
 Letter of Confidentiality Received
Date: _____ **RECEIVED**
 Confidential Release Date: _____ **FEB 07 2011**
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Dlg Date: 3/3/11
KCC WICHITA

Operator Name: galemore oil Lease Name: mendenhall Well #: 7
 Sec. 17 Twp. 26 S. R. 18 East West County: allen

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input 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			
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

List All E. Logs Run:
Gamma Ray / Neutron / CCL

CASING RECORD <input type="checkbox"/> New <input checked="" 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
casing	5.78	2.38		842	portland	125	6gal water per sack
Surface Casing		8.58		20'	portland	5.5	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	790-800	portland	125	6 gal water per sack

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
3	790-800 31 perms	see tickets attached	842

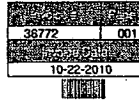
TUBING RECORD: Size: <u>2.38</u> Set At: <u>842</u> Packer At: _____ Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR: <u>12-07-2010</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____
Estimated Production Per 24 Hours	Oil Bbls. <u>3</u> Gas Mcf _____ Water Bbls. <u>1</u> Gas-Oil Ratio _____ Gravity <u>29</u>

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" 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> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

RECEIVED
 FEB 25 2011
 KCC WICHITA
 RECEIVED
 FEB 07 2011
 KCC WICHITA

Superior Building Supply, Inc.
215 West Rutledge
Yates Center, KS 66783
620-625-2447



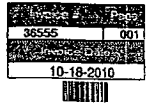
SOLD TO: Galemore Matt & Julie
305 E. Rutledge
Yates Center, KS 66783

620-625-2621

Please Remit To: Superior Building Supply, Inc. 215 West Rutledge, Yates Center, KS 66783

Net 10th	36772	House	MED	G26210	AEO	Extended Price
4.000	MA1235	MA Portland Cement 94#			11.60	46.40
Comment: WE CAN E-MAIL YOUR INVOICES & STATEMENTS LET US KNOW YOUR E-MAIL ADDRESS						Taxable: 46.40 Tax: 4.20 Non-Tax: 0.00 Total: 50.60

Superior Building Supply, Inc.
215 West Rutledge
Yates Center, KS 66783
620-625-2447



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305 E. Rutledge
Yates Center, KS 66783

620-625-2621

Please Remit To: Superior Building Supply, Inc. 215 West Rutledge, Yates Center, KS 66783

Net 10th	36555	House	MED	G26210	AEO	Extended Price
7.000	MA1235	MA Portland Cement 94#			11.60	81.20
Comment: WE CAN E-MAIL YOUR INVOICES & STATEMENTS LET US KNOW YOUR E-MAIL ADDRESS						Taxable: 81.20 Tax: 7.35 Non-Tax: 0.00 Total: 88.55

Received by:

Superior Building Supply, Inc.
215 West Rutledge
Yates Center, KS 66783
620-625-2447



SOLD TO: Galemore Matt & Julie
305 E. Rutledge
Yates Center, KS 66783

620-625-2621

Please Remit To: Superior Building Supply, Inc. 215 West Rutledge, Yates Center, KS 66783

Net 10th	37242	House	MED	G26210	LDB	Extended Price
5.000	MA1235	MA Portland Cement 94#			11.60	58.00
Comment: WE CAN E-MAIL YOUR INVOICES & STATEMENTS LET US KNOW YOUR E-MAIL ADDRESS						Taxable: 58.00 Tax: 5.25 Non-Tax: 0.00 Total: 63.25

Received by:

RECEIVED
FEB 25 2011
KCC WICHITA