

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 # 31955
Name: Mark Oil, Inc.
Address 1: 21825 Greenwood Rd
Address 2: _____
City: Chanute State: KS Zip: 66720 + _____
Contact Person: Mark Lair
Phone: (620) 431-3002
CONTRACTOR: License # 32079
Name: Leis Oil Services LLC

API No. 15 - 207-27742-0000
Spot Description: _____
NW SE NW NE Sec. 8 Twp. 24 S. R. 17 East West
700 Feet from North / South Line of Section
1,900 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: WOODSO
Lease Name: ALBERT-LAIR Well #: 7-10

Wellsite Geologist: _____

Field Name: VERNON

Purchaser: _____

Producing Formation: MISSISSIPPI

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.): _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: 1242 Plug Back Total Depth: 1235

Amount of Surface Pipe Set and Cemented at: 39 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 1235

feet depth to: SURFACE w/ 135 sx cmt.

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

Operator: _____

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

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 #: _____

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 #: _____

12/06/10 12/06/10 01/12/2011

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

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: AGENT Date: 02/14/2011

KCC Office Use ONLY

- Letter of Confidentiality Received **RECEIVED**
Date: FEB 17 2011
 Confidential Release Date: _____
 Wireline Log Received **KCC WICHITA**
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Dlg Date: 3/1/11

Operator Name: Mark Oil, Inc. Lease Name: ALBERT-LAIR Well #: 7-10
 Sec. 8 Twp. 24 S. R. 17 East West County: WOODSO

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

List All E. Logs Run:

| 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 |
| SURFACE | 9.875 | 7 | | 39 | CLASS A | 45 | |
| LONGSTRING | 5.625 | 2.875 | | 1235 | OWC | 135 | |
| PRODUCTION | | 1 | | TO SEATING NIPPLE | | | |

| 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 |
|----------------|---|--|-------|
| | | | |
| | | | |
| | | | |
| | | | |

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FEB 17 2011
KCC WICHITA

| | | | | |
|---|--|---------|------------------|---|
| 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. 01/12/2011 | 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. 1 | Gas Mcf | Water Bbls. 1 | Gas-Oil Ratio 1:1 Gravity 25 |

| | | |
|--|--|--|
| 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 checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other (Specify) _____ | PRODUCTION INTERVAL: _____ _____ |
|--|--|--|

ENTERED

CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 30038

LOCATION EUREKA

FOREMAN KEVIN MCGAY

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-487-8676

FIELD TICKET & TREATMENT REPORT

CEMENT

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|---|------------|--------------------|-----------------------------------|-----------------|---------|---------|
| 12-9-10 | 4950 | ALBERT - LAIR 7-10 | | | | Woodson |
| CUSTOMER <u>Piqua Petroleum</u> | | | SAFETY Meeting KM CS GHT | | | |
| MAILING ADDRESS <u>1331 Xylon Rd</u> | | | TRUCK # | DRIVER | TRUCK # | DRIVER |
| CITY <u>Piqua</u> | | | STATE <u>Ks</u> | ZIP CODE | | |
| | | | <u>520</u> | <u>CLIFF S.</u> | | |
| | | | <u>515</u> | <u>CALIN H.</u> | | |

JOB TYPE Longstring HOLE SIZE 5 3/4 HOLE DEPTH 1242' CASING SIZE & WEIGHT _____
 CASING DEPTH 1235' DRILL PIPE _____ TUBING 2 7/8 OTHER _____
 SLURRY WEIGHT 13.5* SLURRY VOL 36 BBL WATER gal/sk _____ CEMENT LEFT IN CASING 0'
 DISPLACEMENT 7.2 BBL DISPLACEMENT PSI 600 MIX PSI Shut in @ 800 RATE _____

REMARKS: Safety Meeting: Rig up to 2 7/8 w/ Head & manifold. Break Circulation w/ 5 BBL Fresh water. Pump 6 sks Gel Flush, 5 BBL water Spacer. Mixed 135 sks OWC Cement w/ 1/2" Phenol Seal/sk @ 13.5*/gal. Shut down, wash out Pump & Lines. Release Plugs. Displace w/ 7.2 BBL Fresh water. Final Pumping Pressure 600 psi. Bump Plugs to 1000 psi. Release Pressure. Float Held. Take off Head & manifold. Put on Swedge & Valve. Re-pressure tubing to 800 psi. Shut in @ 800 psi. Good Cement Returns to Surface. Job Complete. Rig down.

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|------------------------------------|-----------------|---------|
| 5401 | 1 | PUMP CHARGE | 925.00 | 925.00 |
| 5406 | 30 | MILEAGE | 3.65 | 109.50 |
| 1126 | 135 SKS | OWC Cement | 17.00 | 2295.00 |
| 1107 A | 68 " | Pheno Seal 1/2" /sk | 1.15 | 78.20 |
| 1118 B | 300 " | Gel Flush | .20 | 60.00 |
| 5407 | 7.02 TONS | Ton Mileage Bulk Delv. | M/c | 315.00 |
| 4402 | 2 | 2 7/8 Top Rubber Plugs | 23.00 | 46.00 |
| | | | Sub Total | 3828.70 |
| | | | SALES TAX 7.3% | 180.98 |
| | | | ESTIMATED TOTAL | 4009.69 |

Ravin 3737
 AUTHORIZATION [Signature]

THANK You
 # 288571

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 FEB 7 2011
 KCC WICHITA

TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

