

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 32858
Name: N.C. Oil Company Inc
Address 1: 7545 250th
Address 2: _____
City: Humboldt State: Ks Zip: 66748 + _____
Contact Person: Darryn Young
Phone: (620) 433-1639
CONTRACTOR: License # 33977
Name: E K Energy LLC
Wellsite Geologist: _____
Purchaser: Plains Marketing

Designate Type of Completion:
 New Well _____ Re-Entry _____ Workover _____
 Oil _____ SWD _____ SLOW _____
_____ Gas _____ ENHR _____ SIGW _____
_____ CM (Coal Bed Methane) _____ Temp. Abd. _____
_____ 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. _____ Conv. to Enhr. _____ Conv. to SWD _____
_____ Plug Back: _____ Plug Back Total Depth _____
_____ Commingled _____ Docket No.: _____
_____ Dual Completion _____ Docket No.: _____
_____ Other (SWD or Enhr.?) _____ Docket No.: _____

6-29-09 6-30-09 7-1-09
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15133274920000
Spot Description: NE NW SW NE
SW SE NW Sec. 2 Twp. 27 S. R. 18 East West
1515 Feet from North / South Line of Section
2145 Feet from East / West Line of Section

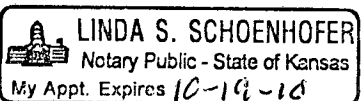
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Neosho
Lease Name: Young Well #: 5
Field Name: Humboldt/Chanute
Producing Formation: Bartlesville
Elevation: Ground: 1000 Kelly Bushing: _____
Total Depth: 860 Plug Back Total Depth: 858.2
~~Plug Back Total Depth~~ 20FT
Multiple 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: _____ bbls
Dewatering method used: _____
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: [Signature]
Title: President Date: 02/15/2010
Subscribed and sworn to before me this 15th day of FEBRUARY,
20 10.
Notary Public: Linda S. Schoenhofer
Date Commission Expires: 10-19-10


LINDA S. SCHOENHOFER
Notary Public - State of Kansas
My Appt. Expires 10-19-10

KCC Office Use ONLY
N Letter of Confidentiality Received
If Denied, Yes Date: _____
_____ Wireline Log Received
_____ Geologist Report Received
_____ UIC Distribution
AH2-D18-3/24/11 RECEIVED

RECEIVED
FEB 18 2010
APR 07 2010
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Operator Name: N.C. Oil Company Inc Lease Name: Young Well #: 5
 Sec. 2 Twp. 27 S. R. 18 East West County: Neosho

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 <input type="checkbox"/> Yes <input checked="" 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 <i>(Submit Copy)</i> List All E. Logs Run: <u>Gamma Ray / Neutron / CCL</u>	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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 casing	12 1/4	8 5/8		20'	portland	5	
Casing	5 5/8	2 7/8		859	portland	105	

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 (Amount and Kind of Material Used)	Depth
2.6	803.0 to 813.0 814.0 to 824.0	15 % 375 gals	

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TUBING RECORD: Size: <u>1"</u> Set At: <u>830'</u> Packer At: _____ Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or Enhr. <u>07/21/2009</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>1.5</u> Gas Mcf <u>.25</u> Water Bbls. <u>3</u> Gas-Oil Ratio _____ Gravity <u>32</u>

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

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PAYLESS CONCRETE PRODUCTS, INC.

P.O. BOX 664
 802 N. INDUSTRIAL RD.
 IOLA, KS 66749

Voice: 620-365-5588
 Fax:

INVOICE

Invoice Number: 24044-45
 Invoice Date: Jul 1, 2009
 Page: 1

Duplicate

Bill To:
CASH FOR C.O.D.'S 802 N. INDUSTRIAL RD. IOLA, KS 66749

Ship to:
DARRYN YOUNG 7845 250TH RD. HUMBOLDT, KS 66748

Customer ID	Customer PO	Payment Terms	
CASH/C.O.D.	YOUNGWELL#YOUNG#5	C.O.D.	
Sales Rep. ID	Shipping Method	Ship Date	Due Date
	TRUCK		7/1/09

Quantity	Item	Description	Unit Price	Amount
52.50	CEMENT/WATER	CEMENT & WATER PER BAG MIX 7/1/09 TICKET#24044	7.60	399.00
1.50	TRUCKING	TRUCKING CHARGE 7/1/09 TICKET#24044	50.00	75.00
52.50	CEMENT/WATER	CEMENT & WATER PER BAG MIX 7/1/09 TICKET#24045	7.60	399.00

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Subtotal	873.00
Sales Tax	55.00
Total Invoice Amount	928.00
Payment/Credit Applied	
TOTAL	928.00

Check/Credit Memo No: