

**COPY**

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

RECEIVED

AUG 03 2010

Form ACO-1  
September 1999  
Form Must Be Typed

KCC WICHITA

Operator: License # 33017  
 Name: Davis Operating Company  
 Address: 2800 Mid-Continent Tower  
 City/State/Zip: Tulsa, OK 74103  
 Purchaser: Oneok Gas Marketing  
 Operator Contact Person: Autumn R. Minnick  
 Phone: ( 918 ) 587-7782  
 Contractor: Name: Arkoma Drilling Company  
 License: \_\_\_\_\_  
 Wellsite Geologist: \_\_\_\_\_  
 Designate Type of Completion:  
 New Well     Re-Entry     Workover  
 Oil     SWD     SLOW     Temp. Abd.  
 Gas     ENHR     SIGW  
 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./SWD  
 Plug Back     Plug Back Total Depth  
 Commingled    Docket No. \_\_\_\_\_  
 Dual Completion    Docket No. \_\_\_\_\_  
 Other (SWD or Enhr.?)    Docket No. \_\_\_\_\_

11/16/06	12/4/06	12/17/06
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 125-31232 - 01-00  
 County: Montgomery  
 \_\_\_\_\_ SW \_\_\_\_\_ NW \_\_\_\_\_ Sec. 9 Twp. 33 S. R. 17  East  West  
1000 feet from S / N (circle one) Line of Section  
330 feet from E / W (circle one) Line of Section  
 Footages Calculated from Nearest Outside Section Corner:  
 (circle one) NE SE NW SW  
 Lease Name: Shelton Well #: #1H-9  
 Field Name: Coffeyville-Cherryvale  
 Producing Formation: Weir-Pittsburg Coal  
 Elevation: Ground: 790 Kelly Bushing: 801  
 Total Depth: 727.9 FVD Plug Back Total Depth: \_\_\_\_\_  
 Amount of Surface Pipe Set and Cemented at 52' Feet  
 Multiple Stage Cementing Collar Used?  Yes  No  
 If yes, show depth set \_\_\_\_\_ Feet  
 If Alternate II completion, cement circulated from 958' MD  
 feet depth to surface w/ 120 sx cmt.

**Drilling Fluid Management Plan**  
 (Data must be collected from the Reserve Pit)  
 Chloride content 500 ppm Fluid volume leave blank 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: \_\_\_\_\_  
 Title: Geologist Date: 4/18/07  
 Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,  
 20\_\_\_\_\_  
 Notary Public: \_\_\_\_\_  
 Date Commission Expires: \_\_\_\_\_

**KCC Office Use ONLY**

\_\_\_\_\_ Letter of Confidentiality Received  
 If Denied, Yes  Date: \_\_\_\_\_  
 \_\_\_\_\_ Wireline Log Received  
 \_\_\_\_\_ Geologist Report Received  
 \_\_\_\_\_ UIC Distribution  
 1 Dg-3/23/11  
*Copy only  
 No original*

Operator Name: Davis Operating Company Lease Name: Shelton Well #: #1H-9  
 Sec. 9 Twp. 33 S. R. 17  East  West County: Montgomery

**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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i>  List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum          <div style="text-align: right; font-weight: bold; font-size: 1.2em;">                     RECEIVED                      AUG 03 2010                      KCC WICHITA                 </div>
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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
Production	8 3/4"	7"		948' MD		120	

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

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumerd Production, SWD or Enhr. <b>N/A - well not producing</b>	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas  Vented  Sold  Used on Lease *(If vented, Submit ACO-18.)*

**METHOD OF COMPLETION**

Open Hole  Perf.  Dually Comp.  Commingled  
 Other (Specify) \_\_\_\_\_

**Production Interval**