

** Amend*

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 # 32887

Name: Endeavor Energy Resources, LP

Address 1: PO Box 40

Address 2: _____

City: Delaware State: OK Zip: 74027 + _____

Contact Person: Joe Driskill

Phone: (918) 467-3111

CONTRACTOR: License # 33072

Name: Well Refined Drilling

Wellsite Geologist: NA

Purchaser: Seminole Energy Services

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>7-23-10</u>	<u>7-26-10</u>	<u>10-4-10</u> <i>★</i>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 099-24607-00-00

Spot Description: _____

S2 N2 NW Sec. 35 Twp. 33 S. R. 17 East West

990 Feet from North / South Line of Section

1,320 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Labette

Lease Name: Jeff Stewart Well #: 35-3

Field Name: Cherokee Basin Coal Area

Producing Formation: Riverton, Wier, Summit, Mulky *★*

Elevation: Ground: 773' Kelly Bushing: _____

Total Depth: 1005' Plug Back Total Depth: 990'

Amount of Surface Pipe Set and Cemented at: 23' 1" Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 23' 1"

feet depth to: surface w/ 3 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 #: _____

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: Joe Driskill

Title: Operations Superintendent Date: 3-1-11

KCC Office Use ONLY

Letter of Confidentiality Received

Date: _____

Confidential Release Date: _____ **MAR 07 2011**

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

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Operator Name: Endeavor Energy Resources, LP Lease Name: Jeff Stewart Well #: 35-3
 Sec. 35 Twp. 33 S. R. 17 East West County: Labette

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 <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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: <input checked="" type="checkbox"/> Induction <input checked="" type="checkbox"/> High Resolution Density <input checked="" type="checkbox"/> Cement Bond Log	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Lexington</td> <td>293</td> <td></td> </tr> <tr> <td>Peru</td> <td>340</td> <td></td> </tr> <tr> <td>Bartlesville Sand</td> <td>633</td> <td></td> </tr> <tr> <td>Mississippi Lime</td> <td>912</td> <td></td> </tr> </table>	Name	Top	Datum	Lexington	293		Peru	340		Bartlesville Sand	633		Mississippi Lime	912	
Name	Top	Datum														
Lexington	293															
Peru	340															
Bartlesville Sand	633															
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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	12 1/4"	8 5/8"	24#	23' 1"	Class A	3	
Production	7 7/8"	5 1/2"	15.5	990'	Class A	130	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose: ____ Perforate ____ Protect Casing ____ Plug Back TD ____ Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives

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
4	887.5 - 888.5	250 gal, 6000# 20/40, 500 bbls KCL	
4	627 - 630	100 gal 15%, 10000# 20/40, 600 bbls KCL	
2	378 - 381 & 409 - 413	100 gal 15%, 10000# 20/40, 600 bbls KCL	

TUBING RECORD: *	Size: 2 3/8	Set At: 905	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR: * 10-29-10		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain) <u>submersible pump</u>		
Estimated Production Per 24 Hours	Oil Bbls.	* Gas Mcf 25	* Water Bbls. 150	Gas-Oil Ratio Gravity

DISPOSITION OF GAS * <input type="checkbox"/> Vented <input checked="" 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 <i>(Submit ACO-5) (Submit ACO-4)</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

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MAR 07 2011

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