

*\* 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 #: \_\_\_\_\_  
12-4-09    12-7-09    9-23-10 *\**  
Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date       Recompletion Date

API No. 15 - 125-31915-0000  
Spot Description: \_\_\_\_\_  
\_\_\_\_\_ NE\_NW Sec. 22 Twp. 34 S. R. 17  East  West  
660 Feet from  North /  South Line of Section  
1,980 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Montgomery  
Lease Name: DeTar Well #: 22-3  
Field Name: Cherokee Basin Coal Area  
Producing Formation: Weir Coal *\**  
Elevation: Ground: 773' Kelly Bushing: \_\_\_\_\_  
Total Depth: 955 Plug Back Total Depth: 945  
Amount of Surface Pipe Set and Cemented at: 22' 8" Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from: 945  
feet depth to: surface w/ 110 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: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
ALT  I  II  III Approved by: Dg Date: 3/9/11  
**RECEIVED**  
**MAR 07 2011**  
**KCC WICHITA**

Operator Name: Endeavor Energy Resources, LP Lease Name: DeTar Well #: 22-3  
 Sec. 22 Twp. 34 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 complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

|  |  |       |     |       |               |     |      |
|--|--|-------|-----|-------|---------------|-----|------|
| Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><i>(Attach Additional Sheets)</i><br><br>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><i>(If no, Submit Copy)</i><br><br>List All E. Logs Run:<br>Deep Induction<br>Compensated Density<br>Cement Bond Log | <input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample<br><br><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>Riverton Coal</td> <td>894</td> <td>-211</td> </tr> </table> | Name  | Top | Datum | Riverton Coal | 894 | -211 |
| Name   | Top  | Datum |     |       |               |     |      |
| Riverton Coal  | 894  | -211  |     |       |               |     |      |

| 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   | 11 1/4"           | 8 5/8"                    | 21#               | 22' 8"        | Portland       | 8            |                            |
| Production  | 6.75              | 4 1/2                     | 10.5#             | 945           | Class A        | 110          |                            |
|   |                   |                           |                   |               |                |              |                            |

| ADDITIONAL CEMENTING / SQUEEZE RECORD  |                  |                |              |                            |
|--|------------------|----------------|--------------|----------------------------|
| Purpose:   | Depth Top Bottom | Type of Cement | # Sacks Used | Type and Percent Additives |
| <input type="checkbox"/> Perforate<br><input type="checkbox"/> Protect Casing<br><input type="checkbox"/> Plug Back TD<br><input type="checkbox"/> Plug Off Zone |                  |                |              |                            |
|  |                  |                |              |                            |

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br><i>(Amount and Kind of Material Used)</i> | Depth |
|----------------|---|--|-------|
| 2              | 647-651   | 300 gal 7 1/2% HCL<br>1900 lbs 20/40   |       |
|                |   |  |       |
|                |   |  |       |

|   |  |  |               |             |               |         |  |                                       |  |  |  |
|---|--|--|---------------|-------------|---------------|---------|--|---------------------------------------|--|--|--|
| TUBING RECORD: Size: <u>2 3/8</u> Set At: <u>670</u> <input checked="" type="checkbox"/> Packer At: <u> </u> Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |  |               |             |               |         |  |                                       |  |  |  |
| Date of First, Resumed Production, SWD or ENHR.<br><u>10-20-10</u>  | Producing Method:<br><input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____   |  |               |             |               |         |  |                                       |  |  |  |
| Estimated Production Per 24 Hours   | <table style="width:100%; border-collapse: collapse;"> <tr> <td>Oil Bbls.</td> <td>Gas Mcf</td> <td>Water Bbls.</td> <td>Gas-Oil Ratio</td> <td>Gravity</td> </tr> <tr> <td> </td> <td>0 <input checked="" type="checkbox"/></td> <td>15 <input checked="" type="checkbox"/></td> <td> </td> <td> </td> </tr> </table> | Oil Bbls.                              | Gas Mcf       | Water Bbls. | Gas-Oil Ratio | Gravity |  | 0 <input checked="" type="checkbox"/> | 15 <input checked="" type="checkbox"/> |  |  |
| Oil Bbls.   | Gas Mcf  | Water Bbls.                            | Gas-Oil Ratio | Gravity     |               |         |  |                                       |  |  |  |
|   | 0 <input checked="" type="checkbox"/>  | 15 <input checked="" type="checkbox"/> |               |             |               |         |  |                                       |  |  |  |

|  |  |  |
|--|--|--|
| DISPOSITION OF GAS:<br><input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br><i>(If vented, Submit ACO-18.)</i> | METHOD OF COMPLETION:<br><input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled<br><i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i><br><input type="checkbox"/> Other (Specify) _____ | PRODUCTION INTERVAL:<br>_____<br><div style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED</div> |
|--|--|--|