

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL
(w/ corrects.)
of per SB Form Must Be Typed
Form ACO-1
September 1999
2/02/01

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 33530
 Name: Reif Oil & Gas Company, LLC
 Address: P.O. Box 298
 City/State/Zip: Hoisington, Kansas 67544-0298
 Purchaser: _____
 Operator Contact Person: Don Reif
 Phone: (620) 653-2976
 Contractor: Name: Royal Drilling, Inc.
 License: 33905
 Wellsite Geologist: Jim Musgrove
 Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW 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. _____

<u>10/3/2008</u>	<u>10/9/2008</u>	<u>11-26-08</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

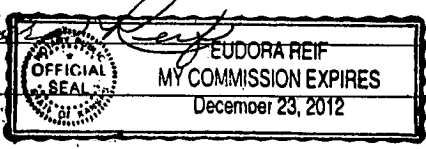
API No. 15 - 009-25265-00-00
 County: Barton
 E/2 NW NW NW Sec. 35 Twp. 16 S. R. 13 East West
330 feet from S N (circle one) Line of Section
393 feet from E W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Woydziak Well #: 1
 Field Name: Trapp
 Producing Formation: _____
 Elevation: Ground: 1891' Kelly Bushing: 1896'
 Total Depth: 3351' Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 430 Feet
 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 AT INJ 41009
 (Data must be collected from the Reserve Pit)
 Chloride content 62000 ppm Fluid volume 1000 bbls
 Dewatering method used Allow to dry and backfill
 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: 12-29-08
 Subscribed and sworn to before me this 29th day of December
20 08
 Notary Public: [Signature]
 Date Commission Expires: _____



KCC Office Use ONLY

Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name: Relf Oil & Gas Company, LLC Lease Name: Woydziak Well #: 1
 Sec. 35 Twp. 16 S. R. 13 East West County: Barton

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 Yes No
 (Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
 (Submit Copy)

List All E. Logs Run:

Log Formation (Top), Depth and Datum Sample
 Name Top Datum
 Per Geo Report

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
Surface		8 5/8"	24#	430	60/40Poz	275	2%Gel 5%CC
Long String		5 1/2 casing	14#	3346	60/40Poz	175	2%Gel 18%Salt

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	N/A			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type		Acid, Fracture, Shot, Cement Squeeze Record		Depth
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)		

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2 7/8"	3346		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.			Producing Method		
11-21-08			<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.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	30				

See table 4/2/08

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 _____

BASIC

energy services, L.P.

REC
FEB 02, 2008
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TREATMENT REPORT

Customer NIPF Oil + Gas	Lease No.	Date
Lease Wardzink	Well # 1	10-04-08
Field Order # 19047	Station Pratt	Casing 8 5/8
Type Job CNW-SP	Depth	County Barton
	Formation	State KS
		Legal Description 36-16.5-13W

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
7 7/8				75%K. 60/10 P02				5 Min.
Depth 4730	Depth	From	To	Pre Pad 1.25 FT ³	Max			
Volume 27	Volume	From	To	Pad	Min			10 Min.
Max Press. 3100	Max Press.	From	To	Frac	Avg			15 Min.
Well Connection 2 1/2"	Annulus Vol.	From	To		HHP Used			Annulus Pressure
Plug Depth 4715	Packer Depth	From	To	Flush 26 Bbl.	Gas Volume			Total Load

Customer Representative: Don Riet Station Manager: Spotty Treater: Bobby

Service Units	19860	19806	19826	19860					
Driver Names	Draker	Shantine	Bodes						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
2300					On location - Safety Meeting
2310					Run 10jts. 28" 8 5/8 Csg.
2405					Csg. on Bottom
2415					Hook up for Csg. - Break Circ w/ pump
2420	150		10	5.0	H2O Ahead
2422	300		62	6.0	Mix Cmt. @ 14.7 #/gal.
2435					Release Plug
2437	300			5.0	Start Disp.
2442	300		26		Plug Down
					Circulation Then Job
					Circulated Cmt. to Pt
					Job Complete
					Thanks, Bobby

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JAN 02 2009

CONSERVATION DIVISION
WICHITA, KS

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KCC

Feb 12 2008

TREATMENT REPORT

COMMERCIAL

Customer Reif Oil and Gas Company	Lease No.	Date 10-9-08
Well # Woydzial	Well #	
Field Order # 9884	Station Pratt	Casing 5 1/2 14 Lb
Type Job C.N.W. - Longstring	Depth 3,346	County Barton
	Formation	State KS
		Legal Description 36-165-13W

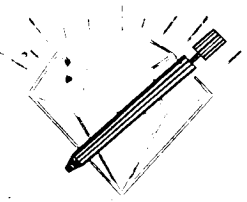
PIPE DATA		PERFORATING DATA		MATERIALS USED		TREATMENT RESUME		
Casing Size 5 1/2 14 Lb	Tubing Size	Shots/Ft	150 sacks	60/40 Poz with	28 Gel	RATE	PRESS	ISIP
Depth 3,346	Depth	From	188	To	5 1/2 sk. Gilsonite	Max		5 Min.
Volume 81.6 Bbl.	Volume	From	15.4	To	4.29 Gal/sk	Min		10 Min.
Max Press 1,500 P.S.I.	Max Press	From	255	To	60/40 Poz to plug Rat	Avg		15 Min.
Well Connection Plug Container	Annulus Vol.	From		To		HHP Used		Annulus Pressure
Plug Depth 2,337 Feet	Packer Depth	From		To	81.3 Bbl. Fresh Water	Gas Volume		Total Load

Customer Representative: Don Reif Station Manager: David Scott Treater: Clarence R. Messick

Service Units	19,870	19,806	19,832	21,010				
Driver Names	Messick	Shields	Rousch					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
11:00					Cementer and Float Equipment on location
11:45					Trucks on location and hold safety meeting.
12:00					Royal Drilling start to run Regular Guide Shoe, Shoe Joint with Auto-Fi Insert screwed into collar and a total of 77 Joints new 14 Lb/Ft. 5 1/2 casing Ran Turbolizers on Collars #1, 3, 5 and #7.
1:30					Casing in well. Circulate for
3:00	300			6	Start 28 HCL Pre-Flush.
	5		20	6	Start Mud Flush.
			32	5	Start Fresh Water Spacer.
3:22	300		37	5	Start mixing 150 sacks 60/40 Poz Ceme
	-0-		68		Stop pumping. Shut in well. Wash pump and lines. Release Top Rubber Plug. Open Well.
3:33	100			6.5	Start Fresh Water Displacement.
			68	5	Start to lift cement.
3:47	600		81.3		Plug down.
	1,500				Pressure up.
					Release pressure. Insert did not hold. Rel
			4-3	3	Plug Rat and Mouse holes Plug and shut
					Wash up pump truck. Well.
5:00					Job Complete.
					Thank You.
					Clarence, Billy, Chad

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KANSAS CORPORATION CO.
OCT 2 2008
OBSERVATION DIVISION
WICHITA, KS



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative **JOHN C. RIEDL**

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size **6 3/4** in. Packer depth _____ ft. Size **6 3/4** in.
Packer Depth _____ ft. Size **6 3/4** in. Packer depth _____ ft. Size **6 3/4** in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. **2 1/4** in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. **2 7/8** in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. **3 1/2** in.
Jars: Make **STERLING** Serial Number _____ Test Tool Length _____ ft. Tool Size **3 1/2-IF** in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size **4 1/2-FH** in.
Main Hole Size **7 7/8** Tool Joint Size **4 1/2** in. Surface Choke Size **1** in. Bottom Choke Size **5/8** in.

Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____

Remarks: _____	Price Job
	Other Charges
	Insurance
	Total

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JAN 02 2009
CONSERVATION DIVISION
WICHITA, KS

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes (D) _____ P.S.I.
Final Flow Period..... Minutes (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.