

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 32457
Name: Abercrombie Energy, LLC
Address 1: 10209 W. CENTRAL, STE 2
Address 2:
City: WICHITA State: KS Zip: 67212 +
Contact Person: Gary Misak
Phone: (316) 262-1841
CONTRACTOR: License # 34082
Name: Alliance Well Service Inc.
Wellsite Geologist: N/A
Purchaser:

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SLOW
 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: Kansas Petroleum, Inc.

Well Name: Soden No.1
Original Comp. Date: 11/03/1973 Original Total Depth: 3915
 Deepening Re-perf. Conv. to ENHR Conv. to SWD
 Conv. to GSW
 Plug Back: 3565 Plug Back Total Depth
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |
|--------------------------------|-----------------|--------------------------------------|
| 10/04/2010 | | 10/04/2010 |

API No. 15 - 15-185-20467-00-03
Spot Description:
NE SW NE SE Sec. 23 Twp. 23 S. R. 13 East West
1,940 Feet from North / South Line of Section
700 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Stafford
Lease Name: SODEN Well #: 1
Field Name:

Producing Formation: Severy Sand, L-KC
Elevation: Ground: 1884 Kelly Bushing: 1884
Total Depth: 3915 Plug Back Total Depth: 3565
Amount of Surface Pipe Set and Cemented at: 313 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
(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 #: _____

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.

Submitted Electronically

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: Deanna Garrison Date: 05/02/2011

Operator Name: Abercrombie Energy, LLC Lease Name: SODEN Well #: 1
 Sec. 23 Twp. 23 S. R. 13 East West County: Stafford

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 (Attach Additional Sheets) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Log | Formation (Top), Depth and Datum | <input type="checkbox"/> Sample |
| Samples Sent to Geological Survey | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Name | Top | Datum |
| Cores Taken | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Heebner | 3282 | -1398 |
| Electric Log Run | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Brown Lime | 3421 | -1537 |
| Electric Log Submitted Electronically (If no, Submit Copy) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Lansing | 3445 | -1561 |
| List All E. Logs Run: | | Base Kansas City | 3704 | -1820 |
| | | Simpson Dolomite | 3859 | -1975 |
| | | Simpson Sand | 3882 | -1998 |

| 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 | 12.75 | 8.625 | 28 | 313 | 50/50 poz | 350 | 2%gel, 3%cc |
| Production | 7.875 | 5.5 | 14 | 3914 | 50/50 poz | 225 | 18% salt, |
| | | | | | | | |

| ADDITIONAL CEMENTING / SQUEEZE RECORD | | | | |
|-----------------------------------------------|------------------|----------------|--------------|----------------------------|
| Purpose: | Depth Top Bottom | Type of Cement | # Sacks Used | Type and Percent Additives |
| <input checked="" 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 |
|----------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------|
| 4 | 3518-3522 | 500 gals 51% NEFE | |
| | CIBP | | 3900 |
| | CIBP | | 3565 |
| | | | |

| | | | | |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------|--------------------------------------------------------------------------------|
| TUBING RECORD: | Size: <u>2.875</u> | Set At: <u>3560</u> | Packer At: | Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Date of First, Resumed Production, SWD or ENHR. | Producing Method: <input type="checkbox"/> Flowing <input 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 |
| | | 200 | 5 | |

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.) | METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____ | PRODUCTION INTERVAL: _____ _____ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|

Summary of Changes

Lease Name and Number: SODEN 1

API/Permit #: 15-185-20467-00-03

Doc ID: 1055037

Correction Number: 1

Approved By: Deanna Garrison

| Field Name | Previous Value | New Value |
|---------------|--------------------|--------------------|
| API | 15-185-20467-00-02 | 15-185-20467-00-03 |
| Approved Date | 04/28/2011 | 05/02/2011 |