

AMENDED



KANSAS CORPORATION COMMISSION 1055680
OIL & GAS CONSERVATION DIVISION

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 # 33739
Name: SEK Energy, LLC
Address 1: 149 BENEDICT RD
Address 2: PO BOX 55
City: BENEDICT State: KS Zip: 66714 +
Contact Person: Kerry King
Phone: (620) 698-2150
CONTRACTOR: License # 33739
Name: SEK Energy, LLC
Wellsite Geologist: Julie Shaffer
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:

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 #:

09/06/2006 09/07/2006 05/09/2007
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-205-26885-00-00

Spot Description:

SW_NE_SE_NE Sec. 18 Twp. 29 S. R. 16 East West
1,680 Feet from North / South Line of Section
360 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Wilson

Lease Name: HOFF ELWIN W Well #: 1-18

Field Name:

Producing Formation: Cherokee Basin CBM

Elevation: Ground: 1008 Kelly Bushing: 0

Total Depth: 1307 Plug Back Total Depth: 1295

Amount of Surface Pipe Set and Cemented at: 22 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: Feet

If Alternate II completion, cement circulated from: 1295

feet depth to: 0 w/ 193 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 0 bbls

Dewatering method used: Evaporated

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: 05/16/2011



1055680

Operator Name: SEK Energy, LLC Lease Name: HOFF ELWIN W Well #: 1-18
 Sec. 18 Twp. 29 S. R. 16 East West County: Wilson

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 <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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Attached	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>Lenapah Lime</td> <td>619</td> <td>+371</td> </tr> <tr> <td>Altamont Lime</td> <td>656</td> <td>+334</td> </tr> <tr> <td>Pawnee Lime</td> <td>774</td> <td>+216</td> </tr> <tr> <td>Oswego Lime</td> <td>844</td> <td>+146</td> </tr> <tr> <td>Verdigris Lime</td> <td>961</td> <td>+29</td> </tr> <tr> <td>Mississippi</td> <td>1248</td> <td>-258</td> </tr> </tbody> </table>	Name	Top	Datum	Lenapah Lime	619	+371	Altamont Lime	656	+334	Pawnee Lime	774	+216	Oswego Lime	844	+146	Verdigris Lime	961	+29	Mississippi	1248	-258
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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
Surface	11	8.625	18	22.9	Portland	6	
Production	6.75	4.5	10.5	1295	OWC	193	

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 <i>(Amount and Kind of Material Used)</i>	Depth
4	9 Shots at 870-872'	511 bbls water, 10# gel, kcl, bio,	870-872'
4	17 Shots at 886-890'	maxflo, 5,900# 20/40, 2,700# 12/20,	886-890'
		15 ballsealers	

TUBING RECORD: Size: <u>2 3/8"</u> Set At: <u>976.55'</u> Packer At: <u>n/a</u>		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>05/09/2007</u>		Producing Method: <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. <u>0</u>	Gas Mcf <u>30</u>	Water Bbls. <u>20</u>
			Gas-Oil Ratio <u>20</u>
			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)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Gpsn	BDP2!.IX f mDpn qrfujpo
Pqf sbups	TFL!Fof shz-!MD
X f mObn f	I PGG!FMK J!X !2.29
Epd!E	2166791

BmF rhdugd!Mpht !Svo

Ef o.Of v!Mph
EJMMph
Uf n q!Mph
Sbejpbdiwjuz!Mph