

AMENDED



KANSAS CORPORATION COMMISSION 1055092  
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 # 33606  
Name: Thornton Air Rotary, LLC  
Wellsite Geologist: Mike Ebers  
Purchaser:

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 #:

09/14/2007 09/18/2007 11/11/2010  
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-205-27223-00-00  
Spot Description:  
SE NW NW NW Sec. 4 Twp. 30 S. R. 16  East  West  
360 Feet from  North /  South Line of Section  
590 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Wilson  
Lease Name: BRADFORD, RICHARD Well #: 1-4  
Field Name:  
Producing Formation: Cherokee Basin CBM  
Elevation: Ground: 826 Kelly Bushing: 0  
Total Depth: 1126 Plug Back Total Depth: 1117  
Amount of Surface Pipe Set and Cemented at: 40 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: Feet  
If Alternate II completion, cement circulated from: 1117  
feet depth to: 0 w/ 115 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: 05/06/2011



1055092

Operator Name: SEK Energy, LLC Lease Name: BRADFORD, RICHARD Well #: 1-4  
 Sec. 4 Twp. 30 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 checked="" type="checkbox"/> Yes <input 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: <small>Den-New Log DIL Log Temp Log</small>	<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>381</td> <td>+446</td> </tr> <tr> <td>Altamont Lime</td> <td>420</td> <td>+407</td> </tr> <tr> <td>Pawnee Lime</td> <td>529</td> <td>+298</td> </tr> <tr> <td>Oswego Lime</td> <td>615</td> <td>+212</td> </tr> <tr> <td>Verdigris Lime</td> <td>731</td> <td>+96</td> </tr> <tr> <td>Mississippi</td> <td>1071</td> <td>-244</td> </tr> </tbody> </table>	Name	Top	Datum	Lenapah Lime	381	+446	Altamont Lime	420	+407	Pawnee Lime	529	+298	Oswego Lime	615	+212	Verdigris Lime	731	+96	Mississippi	1071	-244
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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	40	Portland	8	
Production	6.75	4.5	10.5	1117	Thickset	115	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
____ Perforate				
____ Protect Casing	-			
____ Plug Back TD				
____ 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	17 shots at 639-643'	Spot 100gal HCl, breakdown perms,	639-643'
4	17 shots at 568-662'	stage 400gal HCl w/51 ballsealers	658-662'
		Total 9800# sand	

TUBING RECORD:	Size: <u>2 3/8"</u>	Set At: <u>755'</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>11/11/2010</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 
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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