

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

5/02/11

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 34225

Name: Buffalo Resources, LLC

Address 1: 301 Commerce Street Suite 1380

Address 2: _____

City: Fort Worth State: TX Zip: 76102 + 4140

Contact Person: Wray Valentine

Phone: (817) 870-2707

CONTRACTOR: License # 33350 **CONFIDENTIAL**

Name: Southwind Drilling MAY 02 2009

Wellsite Geologist: Curtis Covey

Purchaser: NCRA KEE

Designate Type of Completion:

New Well Re-Entry Workover

Oil SWD SIOW

Gas ENHR SIGW

CM (Coal Bed Methane) Temp. Abd.

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. Conv. to SWD

Plug Back: _____ Plug Back Total Depth _____

Commingled Docket No.: _____

Dual Completion Docket No.: _____

Other (SWD or Enhr.?) Docket No.: _____

3/10/09 3/16/09 3/31/09

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 141-20399-00-00

Spot Description: _____

NE SW SW Sec. 33 Twp. 8 S. R. 15 East West

880 Feet from North / South Line of Section

1210 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Osborne

Lease Name: Abby Marie Well #: 1-33

Field Name: Laton East

Producing Formation: Topeka

Elevation: Ground: 1976 Kelly Bushing: 1986

Total Depth: 3620 Plug Back Total Depth: 3063

Amount of Surface Pipe Set and Cemented at: 266 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 AM II NJ 7-709
(Data must be collected from the Reserve Pit)

Chloride content: 32,000 ppm Fluid volume: 1000 bbls

Dewatering method used: Evaporation

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: Daron Patterson

Title: Foreman Date: 4/29/09

Subscribed and sworn to before me this 4th day of May

2009

Notary Public: _____

Date Commission Expires: 11-1-09

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

KANSAS CORPORATION COMMISSION

MAY 06 2009

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Operator Name: **Buffalo Resources, LLC** Lease Name: **Abby Marie** Well #: **1-33**
 Sec. **33** Twp. **8** S. R. **15** East West County: **Osborne**

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 <i>(Attach Additional Sheets)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input checked="" type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Topeka	2911	-925
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Heebner	3136	-1150
List All E. Logs Run:		Toronto	3158	-1172
Micro Log, Dual Induction, Sonic, Compensated Density Neutron		Lansing	3180	-1194
		Marmaton	3487	-1501
		Conglomerate	3570	-1584

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 1/4"	8 5/8"	23	266'	60/40 Poz	160	2% Gel, 3% CC
<i>Producing</i>	<i>7 7/8"</i>	<i>4 1/2"</i>	<i>11.6 lbs.</i>	<i>3619'</i>	<i>PC w/ 10' cement</i>	<i>270</i>	<i>3% CC; 4 1/4 lb. Floxal</i>

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 checked="" type="checkbox"/> Plug Off Zone	3063' - 3073'	Common	1 sack	None

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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 spf	2935'-2938', 3027'-3030', 3032'-3034'	2500 gallons 15% HCL	3078'
4 spf	3078'-3081', 3128'-3131', 3177'-3180'	500 gallons 15% HCL	2935'
4 spf	3283'-3386'		
	<i>CIBP w/ 10' cement @ 3073'</i>		
	<i>PC @ 1316' w/ 130 sacks</i>		

TUBING RECORD:	Size: 2 3/8"	Set At: 3052'	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. 5/04/09	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. 258	Gas Mcf 0	Water Bbls. 25/00	Gas-Oil Ratio N/A Gravity 23.36

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input 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 <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: 2935' - 3034'
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Revised on 5/29/09. SB approved on 5/29/09. FY on this form. KM

JOB LOG

SWIFT Services, Inc.

DATE 3-17-09 PAGE NO. 1

CUSTOMER Bullhead Resources WELL NO. 1-22 LEASE Abby Marie JOB TYPE Cement Longstring TICKET NO. 15890

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		TD-3620 DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0800							4 1/2 On location
	0810							start 4 1/2" casing TR 3612'
								Insert float shoe w/ Auto-fall
								latch down Bo.M's SJ 40 1/2'
								Cont. 8-9-10 - 24626 #54
								Cement Basket #55
								Part collar on collar #55 @ 1316'
	0940							Drop fill up ball - 5 Jts and Tag Bottom
	0945							start circ of Reciprocate casing
	10:30							wait on WTR fits
	10:40							WTR fit on loc.
	10:45							Fin circ of Recip.
	10:50		10					Plug RH-30 SKS + WH 15 SKS
	10:55	5				250		Pump 500 gpm 11 and flush
		6				250		Pump 30 BBL KCL flush
		4 1/2	18			200		Start 80 SK ^{WTR-TKS} standard cut @ 15.6 #/gal
		4 1/2	36			150		Start 150 SK ^{WTR-TKS} EA-2 cut @ 15.5 #/gal
	11:18					1100		Fin cut - wash out Pump & Lines
	11:20	9				300		Drop Latch Down Plug - Start Displ.
		8	35			400/350		@ 35" Latch Press - slow rate
		7	45			500/450		slow rate
		5	50			500/450		slow rate
		5				650		Press before Plug Down
	11:25	0	55 1/2			1500		Plug Down - Hold - Release & Hold
	11:30					0		Job complete - wash up & Reack

Thank You Alan, Blaine & Scott

Swift Services

KANSAS CORPORATION COMMISSION

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ALLIED

CEMENTING CO., LLC
Cementing & Acidizing Services

CEMENTING LOG

STAGE NO.

Date 3-10-09 District 4 Ticket No. 34967A
 Company Buffalo Resources LLC Rig Southwind #1
 Lease Abby Marie Well No. 1-33
 County Osborne State KS
 Location Natoma KS Rd 657 North Field Katon East
to Rd 180 East into

CEMENT DATA:

Spacer Type: _____
 Amt. _____ Sks Yield _____ ft³/sk Density _____ PPG

LEAD: Pump Time _____ hrs. Type 60/40 3%cc 2% Gel
 Excess _____

Amt. 1160 Sks Yield 1023 ft³/sk Density 14.5 PPG

TAIL: Pump Time _____ hrs. Type _____
 Excess _____

Amt. _____ Sks Yield _____ ft³/sk Density _____ PPG

WATER: Lead 5.61 gals/sk Tail _____ gals/sk Total 21.37 Bbls.

CASING DATA: PTA Squeeze
 Surface Intermediate Production Liner
 Size 8 5/8 Type _____ Weight 234 Collar 86

Casing Depths: Top KB Bottom 266-38'

Pump Trucks Used 409-Travis
 Bulk Equip. 410-Neale

Drill Pipe: Size _____ Weight _____ Collars _____
 Open Hole: Size 12 1/4 T.D. 268 ft. P.B. to _____ ft.

Float Equip: Manufacturer _____

CAPACITY FACTORS:

Casing: Bbls/Lin. ft. 0.0636 Lin. ft./Bbl. 15.702
 Open Holes: Bbls/Lin. ft. 0.0458 Lin. ft./Bbl. 6.86
 Drill Pipe: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Annulus: Bbls/Lin. ft. 0.0735 Lin. ft./Bbl. 13.6
 Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Perforations: From _____ ft. to _____ ft. Amt. _____

Shoe: Type _____ Depth _____

Float: Type _____ Depth _____

Centralizers: Quantity _____ Plugs Top Wooden Btm. _____

Stage Collars _____

Special Equip. _____

Disp. Fluid Type Fresh H₂O Amt. 15.75 Bbls. Weight 8.33 PPG

Mud Type _____ Weight _____ PPG

COMPANY REPRESENTATIVE _____

CEMENTER John Roberts

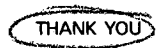
TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	AM/PM	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	
						<u>Ran 8 5/8 casing</u>
						<u>Est. Circulation</u>
			<u>35.05</u>	<u>35.05</u>	<u>4</u>	<u>Mix 160 sk 60/40 3%cc 2% Gel</u> <u>w/ 21.37 Bbl H₂O</u>
			<u>50.80</u>	<u>15.75</u>	<u>3</u>	<u>Displace plug w/ 15.75 bbl H₂O</u>
<u>11:15pm</u>						<u>Cement Did Circulate!</u>

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FINAL DISP. PRESS: _____ PSI BUMP PLUG TO _____ PSI BLEEDBACK _____ BBLs.





CHARGE TO: *Bu Mala Resources*
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET
 No 15890

PAGE 1 OF 2

SERVICE LOCATIONS
 1. *Wayne, MO*
 2. *Abbeville, MO*
 3.
 4.

WELL/PROJECT NO. *1-22*
 LEASE *Abby Martin*
 COUNTY/PARISH *Osborne*
 STATE *MO*
 CITY
 DATE *3-17-09*
 OWNER

TICKET TYPE
 SERVICE
 SALES
 CONTRACTOR *Smith Wind Drilling*
 RIG NAME/NO. *#1*
 SHIPPED VIA *VT*
 DELIVERED TO *N/Notame, KS*
 ORDER NO.

WELL TYPE *All*
 WELL CATEGORY *Wildcat*
 JOB PURPOSE *Cement 4 1/2" Limestone*
 WELL PERMIT NO.
 WELL LOCATION

REFERRAL LOCATION
 INVOICE INSTRUCTIONS *Post Callar to 131A'*

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UM		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE #113	57		mi		5.00	285.00
578		1			Pump Change - Limestone	1		pc	2612	1410.00	1410.00
721		1			Logbook KCL	3		pc		25.00	75.00
781		1			Mudflush	5		gal		100.00	500.00
790		1			D-Air	3		pc		35.00	105.00
902		1			Centralizers	6		pc	4 1/2 in	50.00	300.00
903		1			Cement Basket	1		pc	4 1/2 in	180.00	180.00
901		1			Post Callar	1		pc	16 1/2 in	1900.00	1900.00
906		1			Latch Down Plug 4 Balls	1		pc	4 1/2 in	200.00	200.00
907		1			Insert Float Shoe w/ Auto P.L.D.	1		pc	4 1/2 in	225.00	225.00

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LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

x Damon Peltzer
 DATE SIGNED *3-17-09* TIME SIGNED A.M. P.M.

REMIT PAYMENT TO:

SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				P.1	5110.00
WE UNDERSTOOD AND MET YOUR NEEDS?				P.2	4235.15
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					9945.15
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX	
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		TOTAL	
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					



PO Box 466
 Ness City, KS 67560
 Off: 785-798-2300

TICKET CONTINUATION

KEBY MARTE

TICKET No. 15870

CUSTOMER: *En Molo Resources* WELL: *A 1-33* DATE: *3-17-07* PAGE: *2* OF *2*

Item #	Qty	Description	Unit	Rate	Total
325	2	Standard Cement	135 SK	11250	13750
276	2	Floerla	32 lbs	1150	4800
325	2	Standard Cement EA-7	150 SK	14100	16500
276	2	Floerla	32 lbs	1500	5700
283	2	Salt	750 lbs	15	11250
284	2	Calcoal	705 lbs	75K	21000
225	2	CFR-1	71 lbs	400	38900
581	2	SERVICE CHARGE Cement			
583	2	TOTAL WEIGHT	27446 lbs		
		LOADED MILES			
		CUBIC FEET	975 SK	150	41250
		TON MILES	108615 TM	100	108615

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 JUN 03 2009
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4835.15

JOB LOG

SWIFT Services, Inc.

DATE 3-31-09 PAGE NO.

CUSTOMER
Buffalo Resources

WELL NO. #1-33

LEASE
Abby Marie

JOB TYPE
Cement Port Collar

TICKET NO.
15860

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1045							on loc w/Tool
								4 1/2" x 2 3/8" P.C. @ 1316'
	1240							Start Tbg + Tool Locate P.C.
	1335					1100		Test Csg Open P.C.
	1340	3.5				150		Take inj. rate + check for blow
	1345	4	0			400		Start Cement
	1400	4	60			600		Circ Cement/Raise weight
		4	165/10			600		End Cement/Start Displacement
	1402		4.5					Cement Displaced
								Close P.C.
	1405					1000		Test Csg
								run 4jts
	1415	3	0			150		Reverse out
	1420		12					Hole Clean
								130skts SMD circ 20skts to pit

REGISTRATION COMMISSION

JUN 08 2009

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Thank you

Nick Josh F + Rob



CHARGE TO: *Buffalo Resources*

ADDRESS:

CITY, STATE, ZIP CODE:

KANSAS CORPORATION COMMISSION

JUN 8 2009

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TICKET

No 15350

PAGE 1 OF 1

SERVICE LOCATIONS	WELL/PROJECT NO. <i>#1-33</i>	LEASE <i>Abby Marie</i>	COUNTY/PARISH <i>Osborne</i>	STATE <i>KS</i>	CITY	DATE <i>3-27-09</i>	OWNER <i>Buffalo Resources</i>
1. <i>Well</i>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <i>Ac Well Service</i>	RIG NAME/NO.	SHIPPED VIA <i>4</i>	DELIVERED TO <i>Well</i>	ORDER NO.	
2. <i>Well</i>	WELL TYPE	WELL CATEGORY	JOB PURPOSE <i>Cement Port Collar</i>	WELL PERMIT NO.	WELL LOCATION		
3.							
4.							
REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
<i>575</i>		<i>1</i>			<i>MILEAGE</i>	<i>20</i>	<i>mi</i>				<i>200</i>
<i>576 D</i>		<i>1</i>			<i>Pump Charge (Port Collar)</i>	<i>1</i>	<i>hr</i>	<i>100</i>		<i>100</i>	<i>1100</i>
<i>770</i>		<i>1</i>			<i>D-Air</i>	<i>200</i>	<i>gal</i>			<i>35</i>	<i>7000</i>
<i>370</i>		<i>1</i>			<i>SMD Cement</i>	<i>100</i>	<i>lb</i>			<i>100</i>	<i>10000</i>
<i>776</i>		<i>1</i>			<i>Flocele</i>	<i>100</i>	<i>lb</i>			<i>1</i>	<i>20</i>
<i>381</i>		<i>1</i>			<i>Cement Service Charge</i>	<i>300</i>	<i>hr</i>			<i>1</i>	<i>300</i>
<i>557</i>		<i>1</i>			<i>Drayage</i>	<i>400</i>	<i>hr</i>			<i>1</i>	<i>400</i>

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MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

DATE SIGNED *3-27-09* TIME SIGNED *1430*

A.M.
 P.M.

REMIT PAYMENT TO:

SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				<i>18 24</i>
WE UNDERSTOOD AND MET YOUR NEEDS?				
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		TOTAL
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES

SWIFT OPERATOR: *[Signature]* APPROVAL: *Down Patton*

Thank You!