



KANSAS CORPORATION COMMISSION 1056623
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 # 33186
Name: LB Exploration, Inc.
Address 1: 2135 2ND RD
Address 2: _____
City: HOLYROOD State: KS Zip: 67450 + 9021
Contact Person: Michael Petermann
Phone: (785) 252-8034
CONTRACTOR: License # 34066
Name: Trinity Oilfield Services Inc.
Wellsite Geologist: N/A
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: Merchandise Corporation of America
Well Name: Howell #1
Original Comp. Date: 11/5/1946 Original Total Depth: 3545
 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 #: _____

4/4/2011	4/8/2011	4/14/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-009-16566-00-01
Spot Description: _____
SE SE SW NE Sec. 36 Twp. 18 S. R. 15 East West
2965 Feet from North / South Line of Section
1635 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Barton
Lease Name: Hiss Well #: SWD
Field Name: _____
Producing Formation: N/A
Elevation: Ground: 1894 Kelly Bushing: 1895
Total Depth: 3696 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 904 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: 80000 ppm Fluid volume: 50 bbls
Dewatering method used: Hauled to Disposal
Location of fluid disposal if hauled offsite:
Operator Name: Paul's Oilfield Service
Lease Name: Petersen License #: 31805
Quarter NW Sec. 7 Twp. 19 S. R. 15 East West
County: Barton Permit #: 22173

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: 05/27/2011



1056623

Operator Name: LB Exploration, Inc. Lease Name: Hiss Well #: SWD
 Sec. 36 Twp. 18 S. R. 15 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 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 type="checkbox"/> No <i>(If no. Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Lansing</td> <td>-1337</td> <td>1895 DF</td> </tr> <tr> <td>Arbuckle</td> <td>-1636</td> <td>1895 DF</td> </tr> </table>	Name	Top	Datum	Lansing	-1337	1895 DF	Arbuckle	-1636	1895 DF
Name	Top	Datum								
Lansing	-1337	1895 DF								
Arbuckle	-1636	1895 DF								

CASING RECORD <input 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
Long string	7.875	5.5	15.5	3590	common	100	

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 (Amount and Kind of Material Used)	Depth

TUBING RECORD:	Size: 3.5	Set At: 3564	Packer At: 3567	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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	Gravity

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 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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QUALITY OILWELL CEMENTING, INC.

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 - Russell, KS 67665

No. T-1584

Date	Sec.	Twp.	Range	County	State	On Location	Finish
<u>4/11</u>				<u>Wichita</u>	<u>KS</u>		<u>Wichita</u>
Lease <u>155</u>	Well No. <u>155</u>	Location <u>Wichita, KS</u>					
Contractor <u>Tracy W. Service</u>	Owner To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cement and water to assist owner or contractor to do work as listed.						
Type Job <u>Wichita</u>	Charge To <u>15</u>						
Hole Size <u>10</u>	Depth <u>3500</u>						
Cog <u>5</u>	Depth						
Thg. Size	Street						
Tool	City <u>Wichita</u> State <u>KS</u>						
Cement Left in Cag. <u>50</u>	Shoe Joint <u>20</u> The above was done to satisfaction and supervision of owner agent or contractor.						
Meas Line	Displace <u>50</u> Cement Amount Ordered						
EQUIPMENT							
Pumps	No.	Cementor	Common				
Bulktrk	No.	Driver	Por. Mix				
Bulktrk	No.	Driver	Gel				
JOB SERVICES & REMARKS							
Remarks	Calcium						
Rat Hole	Hulls						
Mouse Hole	Salt						
Centralizers	Fluoresat						
Baskets	Kil Seal						
O/V or Port Color	Mud CLR 4K						
<u>5000 gal 155 1000 gal 155 3000</u>	CFL 117 or CD119-CAF 30						
<u>Highly viscous 1000 gal</u>	Sand						
<u>Highly viscous 1000 gal</u>	Handling						
<u>Highly viscous 1000 gal</u>	Mudlog						
FLOAT EQUIPMENT							
	Back Shoe <u>572</u>						
	Cementor <u>1000 gal</u>						
	Baskets <u>1000 gal</u>						
	Air Inserts <u>5000 gal</u>						
	Face Shoe <u>80</u>						
	Latch Down <u>1000</u>						
	Pumpout Charge						
	Mileage						
	Tax						
	Discount						
	Total Charge						
Signature <u>[Signature]</u>							