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ORIGINAL

KANSAS CORPORATION COMMISSION 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 KCC WICHITA WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 3553 Name: Citation Oil and Gas Corp. Address 1: P O Box 690688 Address 2: City: Houston State: Tx Zip: 77269 + 0688 Contact Person: Kimberly Moorhead Phone: (281) 891-1555 CONTRACTOR: License # Name: Wellsite Geologist: Purchaser:

API No. 15 - 051-25935-00-01 Spot Description: SE NE SE Sec. 1 Twp. 13 S. R. 16 East West 1669 Feet from North South Line of Section 330 330 Feet from East West Line of Section Footages Calculated from Nearest Outside Section Corner: NE NW SE SW County: Ellis Lease Name: Wieland Well #: 6-15 Field Name: Fairport

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.):

Producing Formation: KCL & Topeka Elevation: Ground: 1895 Kelly Bushing: 1903 Total Depth: 3445 Plug Back Total Depth: 3361 Amount of Surface Pipe Set and Cemented at: 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.

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 #: E-10416 ENHR Permit #: GSW Permit #:

Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) Chloride content: 0 ppm Fluid volume: 0 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 #:

10-12-10 Spud Date or Recompletion Date 10/12/2010 Date Reached TD Completion Date or Recompletion Date

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.

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. Signature: Title: Completion Analyst Date: 05/24/2011

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: Date: 6/10/11

Operator Name: Citation Oil and Gas Corp. Lease Name: Wieland Well #: 6-15
 Sec. 1 Twp. 13 S. R. 16 East West County: Ellis

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:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input checked="" 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	24	960		500	
Production	7 7/8	5 1/2	15.5	3441		200	

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

TUBING RECORD:		Size: <u>2 7/8</u>	Set At: <u>6251</u>	Packer At: <u>2920</u>	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>10/12/2010</u>		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain) <u>INJ</u>			
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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