

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

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 # 4706

Name: Messenger Petroleum, Inc

Address 1: 525 S. Main

Address 2: _____

City: Kingman State: KS Zip: 67068 + _____

Contact Person: Jon F. Messenger

Phone: (620) 532-5400

CONTRACTOR: License # 5142

Name: Sterling Drilling Co.

Wellsite Geologist: _____

Purchaser: WWGG

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: Lario Oil & Gas

Well Name: Troyer #1

Original Comp. Date: 01-03-1989 Original Total Depth: 4950

- 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 #: _____

<u>03-20-2006</u>	<u>03-21-2006</u>	<u>04-07-2006</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 077-21186-00-01

Spot Description: _____

C C NE NE Sec. 35 Twp. 32 S. R. 8 East West

660 Feet from North / South Line of Section

660 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Harper

Lease Name: Troyer Well #: 1 "OWWO"

Field Name: Wildcat

Producing Formation: Mississippian

Elevation: Ground: 1379 Kelly Bushing: 1388

Total Depth: 4895 Plug Back Total Depth: 4676

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.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: settlement

Location of fluid disposal if hauled offsite: _____

Operator Name: Messenger Petroleum, Inc

Lease Name: Nicholas License #: 4706

Quarter NE Sec. 20 Twp. 30 S. R. 8 East West

County: Kingman Permit #: 27434

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: [Signature]
Title: President Date: 5-12-11

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: wo Dg Date: 5/23/11
- RECEIVED
MAY 16 2011
KCC WICHITA

ALLIED CEMENTING CO., INC.

23054

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Medicine Lodge, KS

DATE <u>21 MAR 06</u>	SEC. <u>35</u>	TWP. <u>32s</u>	RANGE <u>8w</u>	CALLED OUT <u>11:00AM</u>	ON LOCATION <u>6:00PM</u>	JOB START <u>12:50 PM</u>	JOB FINISH <u>4:00 PM</u>
LEASE <u>Troyer</u>	WELL# <u>1</u>	LOCATION <u>Attica, KS, 4E, 1/4s, w/...</u>			COUNTY <u>Harper</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)							

CONTRACTOR Stealing #4
 TYPE OF JOB Production Casing (wash down)
 HOLE SIZE 7 7/8" T.D. 4950
 CASING SIZE 4 1/2" DEPTH 4727
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX 1350 MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 39.05
 CEMENT LEFT IN CSG. 39
 PERFS. _____
 DISPLACEMENT 1 1/4 Bbls 2% KCL water

OWNER Messenger Petco
 CEMENT
 AMOUNT ORDERED 50s x 60:40:4 + .4% S.M.S. and 110s x ASC + 5# Kinkaid + .5% FL-160 + .7% Gas Block and 500gal Mud Clean and 9gal Clapno
 COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING _____ @ _____
 MILEAGE _____ @ _____

EQUIPMENT

PUMP TRUCK CEMENTER D. Felso
 # 352 HELPER M. Coley
 BULK TRUCK
 # 329 DRIVER G. Kessler
 BULK TRUCK
 # _____ DRIVER _____

REMARKS:

Plug in Boring Break Core Pump Pack Flush, PL...
and 110s x ASC Cement, 5mp Pump, Wash P...
1 Line Release Plug, Smart Dr...
1 1/4 Bbls 2% KCL water, PL...
1 1/4 Bbls 2% KCL water, PL...
4 1/2"

RECEIVED
 MAY 16 2011
 TOTAL
 KCC WICHITA

SERVICE

DEPTH OF JOB _____
 PUMP TRUCK CHARGE _____
 EXTRA FOOTAGE _____ @ _____
 MILEAGE 25 @ _____
 MANIFOLD 400 rental @ _____
 _____ @ _____
 _____ @ _____

CHARGE TO: Messenger Petroleum
 STREET _____
 CITY _____ STATE _____ ZIP _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

4 1/2"
 1-Latch down Plug Assy. @ _____
 1-AFU Float Shoe @ _____
 1-Basket @ _____
 10-Rotating Scratches @ _____
 4-utiliz. cas @ _____

TOTAL _____

To Allied Cementing Co., Inc.
 You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TAX _____
 TOTAL CHARGE _____
 DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE [Signature]

Messenger
 PRINTED NAME

Operator Name: Messenger Petroleum, Inc Lease Name: Troyer Well #: 1 "OWWO"
 Sec. 35 Twp. 32 S. R. 8 East West County: Harper

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 Yes No
 (Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No

Electric Log Submitted Electronically Yes No
 (If no, Submit Copy)

List All E. Logs Run:

Log Formation (Top), Depth and Datum Sample
 Name Top Datum

"wash down"

CASING RECORD New 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
production	8-5/8"	4-1/2"	10.50	4724	ASC	110	5#kol seal, .5%FL, .7%GB

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 (Amount and Kind of Material Used)	Depth
2	4428-30 ; 4436-40 ; 4442-46	500 gal 12% HCl w/ 2% HF mixed w/ 300 gal diesel	

TUBING RECORD: Size: <u>2-3/8</u> Set At: <u>4540</u> Packer At: _____ Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		RECEIVED MAY 16 2011 KCC WICHITA
Date of First, Resumed Production, SWD or ENHR. <u>June 2006</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>2.50</u> Gas Mcf <u>38</u> Water Bbls. <u>55</u>	Gas-Oil Ratio <u>15200:1</u> Gravity <u>33.5</u>

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>Mississippian 4428-4446 OA</u>
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