

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 # 5970
Name: John A. Elmore
Address 1: 776 HWY 99
Address 2: _____
City: Sedan State: KS Zip: 67361 + _____
Contact Person: John Elmore
Phone: (620) 249-2519
CONTRACTOR: License # 34133
Name: Kurtis Energy
Wellsite Geologist: None
Purchaser: Coffeyville Resources

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SLOW
 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 #: _____

| 11-3-10 | 11-8-10 | 11-9-10 |
|--------------------------------|-----------------|--------------------------------------|
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - 019-27019-0000

Spot Description: _____
_____ SW SW SW Sec. 6 Twp. 34 S. R. 11 East West
330 Feet from North / South Line of Section
312 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Chautauqua

Lease Name: Strain Well #: 2

Field Name: Sedan Peru

Producing Formation: Peru

Elevation: Ground: 1000 Kelly Bushing: _____

Total Depth: 1491 Plug Back Total Depth: _____

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: 1491

feet depth to: surface w/ 180 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: 180 bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: John Elmore

Lease Name: Casement License #: 5970

Quarter NW Sec. 6 Twp. 34 S. R. 11 East West

County: Chautauqua Permit #: E21275

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: John A. Elmore

Title: Owner Date: 5-19-2011

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: _____

RECEIVED
MAY 20 2011
Dig 5/25/11
KCC WICHITA

Operator Name: John A. Elmore Lease Name: Strain Well #: 2
 Sec. 6 Twp. 34 S. R. 11 East West County: Chautauqua

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 checked="" type="checkbox"/> Yes <input 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: Gama Ray Neutron | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Peru 1415 to 1470 |
|---|--|

| 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 5/8 | 8 5/8 | 20 | 40' | portland | 10 | None |
| Production | 6 3/4 | 4 1/2 | 9 1/2 | 1491 | portland | 180 | 2% gel |
| | | | | | | | |

| 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 |
|----------------|---|--|-------|
| 1/ per foot | 1448 to 1468 | 100 gal 15% hcl on perf | 1448 |
| | | 300 lb 20-40 sand | |
| | | 9700 lb 12-20 sand | |
| | | dropped 10 ball sealers | |

| | | | |
|---|-----------------------|--|---|
| TUBING RECORD: Size: <u>2"</u> Set At: <u>1440</u> Packer At: _____ | | Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Date of First, Resumed Production, SWD or ENHR. <u>11-26-10</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>5</u> | Gas Mcf <u>NONE</u> | Water Bbls. <u>50</u> Gas-Oil Ratio <u>32</u> 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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____ | PRODUCTION INTERVAL: _____ _____ |
|---|---|--|

New Well

8901

STATEMENT

ELMORE'S INC.

Box 87 - 776 HWY99

Sedan, KS 67361

Cell: (620) 249-2519

Eve: (620) 725-5538

Date 11-3-10

Customer John Elmore

Address

City State Zip

| Qty. | Description | Price | Amount |
|------|----------------------|--------------------|--------|
| 1 | hr Cement Pump | 100. ⁰⁰ | 100.00 |
| 1 | hr Water Truck | 80. ⁰⁰ | 80.00 |
| 10 | SKS Cement | 8.25 | 82.50 |
| | | \$ | 262.50 |
| | Strain #2 | | |
| | Cemented 40' of 8" P | | |
| | Surface Pipe IN Well | | |

Thank You - We appreciate your business!

Rec'd. by

TERMS: Account due upon receipt of services. A 1 1/4% Service Charge, which is an annual percentage rate of 18% will be charged to accounts after 30 days.

New Well

8911

STATEMENT

ELMORE'S INC.

Box 87 - 776 HWY99

Sedan, KS 67361

Cell: (620) 249-2519

Eve: (620) 725-5538

Date 11-17-10

Customer John Elmore

Address

City State Zip

| Qty. | Description | Price | Amount |
|------|---------------------------|--------------------|---------|
| 5 | hr Pulling Unit | 95. ⁰⁰ | 475.00 |
| 180 | SKS Cement | 8.25 | 1485.00 |
| 4 | hr Water Truck | 80. ⁰⁰ | 320.00 |
| 4 | hr Cement Pump | 100. ⁰⁰ | 400.00 |
| 1 | Bank Tank | 80. ⁰⁰ | 80.00 |
| 2 | SKS Gel | 15. ⁰⁰ | 30.00 |
| | | \$ | 2790.00 |
| | Strain #2 | | |
| | Ran 4 1/2 Casing To 1490' | | |
| | Had To Wash 2 Joints | | |
| | Cemented To Surface | | |
| | With 180 SKS Cement | | |

Thank You - We appreciate your business!

Rec'd. by

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RECEIVED
MAY 20 2011

KCC WICHITA