

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

ORIGINAL

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

OPERATOR: License # 33970
Name: Kerr Oil LLC.
Address 1: 1651 2000 St.
Address 2: _____
City: Iola State: ks Zip: 66749 + _____
Contact Person: Matt Kerr
Phone: (620) 365-0550
CONTRACTOR: License # 33977
Name: EK Energy
Wellsite Geologist: EK Energy
Purchaser: Pacer Marketing

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: _____
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 #: _____
4-6-11 4-8-11 4-9-11
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 001-30142-0000
Spot Description: _____
NW SW NW NW Sec. 8 Twp. 24 S. R. 19 East West
1,155 Feet from North / South Line of Section
495 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Allen
Lease Name: Kerr Well #: 16
Field Name: Kerr
Producing Formation: Tucker
Elevation: Ground: 1000 Kelly Bushing: _____
Total Depth: 955' Plug Back Total Depth: 940'
Amount of Surface Pipe Set and Cemented at: 21' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 955
feet depth to: 0 w/ 105 sx cml.

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

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: Matt B. Kerr
Title: Owner/Operator Date: 5-20-11

KCC Office Use ONLY
 Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
Approved by: Dg Date: 6/16/11

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MAY 23 2011
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Operator Name: Kerr Oil LLC. Lease Name: Kerr Well #: 16
 Sec. 8 Twp. 24 S. R. 19 East West County: Allen

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top Datum
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 <i>(If no. Submit Copy)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
List All E. Logs Run:			

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
surface	9 7/8	7"		21 955'	Monarch	5	
Casing	5 5/8	2 7/8		955'	Monarch	105	

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
	Frac open hole dropped 6 balls	spotted sulfuric acid (50 gal) Fracture with water	

TUBING RECORD: Size: 1" Set At: 940' Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. 4-11-11 Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	1		1		21

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 checked="" type="checkbox"/> Open Hole <input 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: <u>RECEIVED</u> <u>MAY 23 2011</u>
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RECEIVED
MAY 23 2011
KCC WICHITA

802 N. Industrial Rd.
P.O. Box 664
Iola, Kansas 66749
Phone: (620) 365-5588

Payless Concrete Products, Inc.



CONDITIONS
Concrete to be delivered to the nearest accessible point over passable road, under truck's own power. Due to delivery at owner's or intermediary's direction, seller assumes no responsibility for damages in any manner to sidewalks, roadways, driveways, buildings, trees, shrubbery, etc., which are at customer's risk. The maximum allotted time for unloading trucks is 5 minutes per yard. A charge will be made for holding trucks longer. This concrete contains correct water contents for strength or mix indicated. We do not assume responsibility for strength test when water is added at customer's request.
NOTICE TO OWNER
Failure of this contractor to pay those persons supplying material or services to complete this contract can result in the filing of a mechanic's lien on the property which is the subject of this contract.

SHIP TO CUSTOMER	SHIP TO MATT KEHR 1651 OREGON RD. DEL. TO OREGON E TO 2000 N 1175 HI IOLA, KS 66749
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TIME	FORMULA	LOAD SIZE	YARDS ORDERED	% CH	DRIVER/TRUCK	% AIR	PLANT/TRANSACTION #
		10.50 yd	10.50 yd	0.00	DR 34	0.00	
DATE	LOAD #	YARDS DEL.	BATCH#	WATER TRIM	SLUMP	TICKET NUMBER	
		10.50 yd	16249		8.00 in	29157	

WARNING
IRRITATING TO THE SKIN AND EYES
Contains Portland Cement. Wear Rubber Boots and Gloves. PROLONGED CONTACT MAY CAUSE BURNS. Avoid Contact With Eyes and Prolonged Contact With Skin. In Case of Contact With Skin or Eyes, Flush Thoroughly With Water. If Irritation Persists, Get Medical Attention. KEEP CHILDREN AWAY.

CONCRETE is a PERISHABLE COMMODITY and BECOMES the PROPERTY of the PURCHASER UPON LEAVING the PLANT. ANY CHANGES OR CANCELLATION of ORIGINAL INSTRUCTIONS MUST be TELEPHONED to the OFFICE BEFORE LOADING STARTS.

The undersigned promises to pay all costs, including reasonable attorneys' fees, incurred in collecting any sums owed.

All accounts not paid within 30 days of delivery will bear interest at the rate of 24% per annum.

Not Responsible for Reactive Aggregate or Color Quality. No Claim Allowed Unless Made at Time Material is Delivered.

A \$25 Service Charge and Loss of the Cash Discount will be collected on all Returned Checks. Excess Delay Time Charged @ \$50/Hr.

PROPERTY DAMAGE RELEASE
(TO BE SIGNED IF DELIVERY TO BE MADE INSIDE CURB LINE)
Dear Customer-The driver of this truck in presenting this RELEASE to you for your signature is of the opinion that the size and weight of his truck may possibly cause damage to the premises and/or adjacent property if it places the material in the load where you desire it. It is our wish to help you in every way that we can, but in order to do this the driver is requesting that you sign this RELEASE relieving him and this supplier from any responsibility from any damage that may occur to the premises and/or adjacent property, buildings, sidewalks, driveways, curbs, etc., by the delivery of this material, and that you also agree to help him remove mud from the wheels of his vehicle so that he will not litter the public street. Further, as additional consideration, the undersigned agrees to indemnify and hold harmless the driver of this truck and this supplier for any and all damage to the premises and/or adjacent property which may be claimed by anyone to have arisen out of delivery of this order.
SIGNED

X

Excessive Water is Detrimental to Concrete Performance
H₂O Added By Request/Authorized By

GAL X

WEIGHMASTER

NOTICE: MY SIGNATURE BELOW INDICATES THAT I HAVE READ THE HEALTH WARNING NOTICE AND SUPPLIER WILL NOT BE RESPONSIBLE FOR ANY DAMAGE CAUSED WHEN DELIVERING INSIDE CURB LINE.

LOAD RECEIVED BY:

X

QUANTITY	CODE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
10.50		WELL (10 SACKS PER UNIT)	76.00	798.00
1.00		TRUCKING CHARGE	50.00	50.00

K. KEHR
MAY 11 2011

RETURNED TO PLANT	LEFT JOB	FINISH UNLOADING	DELAY EXPLANATION/CYLINDER TEST TAKEN	TIME ALLOWED
			<ol style="list-style-type: none"> 1. JOB NOT READY 2. SLOW POUR OR PUMP 3. TRUCK AHEAD ON JOB 4. CONTRACTOR BROKE DOWN 5. ADDED WATER 6. TRUCK BROKE DOWN 7. ACCIDENT 8. CITATION 9. OTHER 	
				TIME DUE
				DELAY TIME
				ADDITIONAL CHARGE 1 _____
				ADDITIONAL CHARGE 2 _____
				GRAND TOTAL ▶

RECEIVED
MAY 23 2011
KCC WICHITA

Lone Jack Oil Company
509 East Walnut
Blue Mound, KS 66010

Invoice

Date 4/9/2011	Invoice # 1222
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Bill To Kerr Oil 1651 2000 St. Tola, Kansas 66749

		P.O. No.	Terms	Project
Quantity	Description		Rate	Amount
1	4/6/11, Well #16, circulated 105 sacks of cement to surface, pumped 240 gallons of water behind cement and shut in.		600.00	600.00
1	water truck		100.00	100.00
	Sales Tax		7.30%	51.10
			Total	\$751.10

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Thank you for your business.

Lone Jack Oil Company
509 East Walnut
Blue Mound, KS 66010

Invoice

Date 4/9/2011	Invoice # 1223
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Bill To Kerr Oil 1651 2000 St. Iola, Kansas 66749

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
3	4/7/11, Well #16, ran 1 inch in, drilled cement out of 2 7/8 and washed sand out of open hole to TD,	100.00	300.00T
1	pump charge	200.00	200.00T
1	water truck	100.00	100.00T
	Sales Tax	7.30%	43.80
Total			5643.80

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Thank you for your business.

PAYLESS CONCRETE PRODUCTS, INC.

P.O. BOX 664
 802 N. INDUSTRIAL RD.
 IOLA, KS 66749

INVOICE

Invoice Number: 28852
 Invoice Date: Apr 6, 2011
 Page: 1
 Duplicate

Voice: 781-355-5428
 Fax:

Bill To:

CASH CONCRETE PRODUCTS
 802 N. INDUSTRIAL RD.
 IOLA, KS 66749

Ship to:

MATT KERR
 1651 OREGON RD
 IOLA, KS 66749

Customer ID
 CASH (16500)
 Sales Rep ID

Customer PO

KERR/WELL#16

Shipping Method

TRUCK

Payment Terms

C.O.D.

Ship Date

Due Date

4/9/11

Quantity	Item
105.00	CEMENT/WATER
1.00	TRUCKING

Description
CEMENT & WATER PER BAG MIX
TRUCKING CHARGE

Unit Price

7.60

50.00

Amount

798.00

60.00

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KCC WICHITA

Subtotal	848.00
Sales Tax	64.02
Total Invoice Amount	912.02
Payment/Credit Applied	
TOTAL	912.02

Check/ Credit Memo No: