

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

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

OPERATOR: License # 6015
Name: Cambria Corporation
Address 1: P. O. Box 1065
Address 2: _____
City: Great Bend State: Ks Zip: 67530 + 1065
Contact Person: Robert D. Dougherty
Phone: (620) 793-9055
CONTRACTOR: License # 33610
Name: Fossil Drilling Inc.
Wellsite Geologist: James Musgrove & Robert Dougherty
Purchaser: Lumen Midstream Partnership, LLC

API No. 15 - 145 - 21559 - 00001
Spot Description: W2 W2 NE
W2 W2 NE Sec. 32 Twp. 23 S. R. 15 East West
1,320 Feet from North / South Line of Section
2,310 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Pawnee
Lease Name: Frick Well #: 1
Field Name: Benson
Producing Formation: Viola

- 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.): _____

Elevation: Ground: 2029 Kelly Bushing: 2038
Total Depth: 4103 Plug Back Total Depth: 4030
Amount of Surface Pipe Set and Cemented at: 364 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: Cambria Corporation
Well Name: Frick
Original Comp. Date: 10/12/07 Original Total Depth: 4082
 Deepening Re-perf. Conv. to ENHR Conv. to SWD
 Conv. to GSW
 Plug Back: 4030 Plug Back Total Depth
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

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 #: _____

10/12/07 <u>10/15/10</u>	<u>8/10/07</u>	<u>10/15/10</u>
Spud Date or Recompletion Date	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: Robert D. Dougherty
Title: President Date: 7/9/2011

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Letter of Confidentiality Received **RECEIVED**
Date: _____
 Confidential Release Date: JUL 12 2011
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III **wo**
Approved by: Dlg Date: 7/13/11

KCC WICHITA

Operator Name: Cambria Corporation Lease Name: Frick Well #: 1
 Sec. 32 Twp. 23 S. R. 15 East West County: Pawnee

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 checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Anhydrite	944	+1094
Electric Log Run	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Heebner	3467	-1429
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BKC	3855	-1817
List All E. Logs Run:		Miss	3938	-1900
<u>Comp. N.D., Duel Induction</u>		Viola	3965	-1927
		Simpson	4027	-1989

CASING RECORD <input checked="" 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	12.25	8.625	24	364	Common	300	3% 2% gel
Production	7.875	5.50	14	4098	Common	315	5# FL 160

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	4073 -77	Common	35	Squeeze

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
	Cast Iron Bridge Plug		4030
1	3967, 3968, 3967, 3978, 3990, 3992, 3994,		
1	4007, 4009, 4014, 4016	1200 10% Hcl + 1200 gal Aditive	

RECEIVED
JUL 12 2011

TUBING RECORD: Size: <u>2.375</u> Set At: <u>3937</u> Packer At: _____ Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	KCC WICHITA	
Date of First, Resumed Production, SWD or ENHR. _____	Producing Method: <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbbs. <u>40</u> Gas Mcf <u>40</u>	Water Bbbs. _____ Gas-Oil Ratio _____ Gravity _____

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" 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>	PRODUCTION INTERVAL: <u>3975 - 4009</u>
<input type="checkbox"/> Other (Specify) _____		