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JUN 15 2011

KCC WICHITA

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 # 5208

Name: ExxonMobil Oil Corporation

Address 1: P.O. Box 4358

Address 2: _____

City: Houston State: TX Zip: 77210 + 4358

Contact Person: Gladys M. Olive

Phone: (281) 654-1921

CONTRACTOR: License # NA

Name: NA

Wellsite Geologist: John L. James (original completion)

Purchaser: ExxonMobil Oil Corporation

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: Northern Natural Gas Producing Co.

Well Name: Lahey "B" Unit

Original Comp. Date: 7/14/56 Original Total Depth: 2698'

- 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 #: _____

4/28/11 6/27/56 5/27/11
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date

API No. 15 - 175-00526-00-02

Spot Description: _____

.SE-SE-NW Sec. 29 Twp. 31 S. R. 34 East West

380 2310 Feet from North / South Line of Section

330 2310 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner: Center

- NE
- NW
- SE
- SW

County: Steward

Lease Name: Lahey "B" Well #: 1

Field Name: Hugoton

Producing Formation: Chase

Elevation: Ground: 2868 Kelly Bushing: _____

Total Depth: 2698 Plug Back Total Depth: 2685

Amount of Surface Pipe Set and Cemented at: 475 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 2698

feet depth to: _____ w/ 475 sq cm.

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: Gladys M. Olive

Title: Technical Assistant Date: 6/14/2011

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: WJP Date: 6/20/11

Operator Name: ExxonMobil Oil Corporation Lease Name: Lahey "B" Well #: 1
 Sec. 29 Twp. 31 S. R. 34 East West County: Steward

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: No logs run, repaired casing leak only and returned well to producing status.

Log Formation (Top), Depth and Datum Sample

Name Top Datum

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	9-7/8"	7"	20#	475	Pozmix	275x	2% CaCl
Production	NA	4-1/2"	9.5#	2699	Pozmix	475x	NA

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				

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
-	Set RBP @ 750' & cap w/ix sd. locate casing leak @ 8' & 10' / dug out around wellhead to 15' cut & reweld 11 feet of 4-1/2" production casing. Back fill all excavated dirt back in hole. POH w/RBP @ 750' & CC hole clean.		

TUBING RECORD: Size: 2-3/8" Set At: 2659 Packer At: SN @ 2660 Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR: 5/27/2011 Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	0	90	35	-	-

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 <input type="checkbox"/> Other (Specify) _____ <i>(Submit ACO-5)</i>	PRODUCTION INTERVAL: <u>2533-2677</u>
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