

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 # 31691
Name: Coral Coast Petroleum, LC
Address 1: 8100 E. 22nd St. N. #600-R
Address 2: _____
City: Wichita State: KS Zip: 67226 + _____
Contact Person: Daniel M. Reynolds
Phone: (316) 269-1233
CONTRACTOR: License # 30606
Name: Murfin Drilling Company
Wellsite Geologist: Pat Deenihan
Purchaser: D&A

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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 (Corr. 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 #: _____
10/25/2007 11/03/2007 11/03/2007
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 063-21680-00-00
Spot Description: _____
NE NE NW Sec. 26 Twp. 14 S. R. 30 East West
330 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: Gove
Lease Name: Cook Well #: 1
Field Name: wildcat
Producing Formation: na
Elevation: Ground: 2721 Kelly Bushing: 2731
Total Depth: 4560 Plug Back Total Depth: na
Amount of Surface Pipe Set and Cemented at: 210 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: 7000 ppm Fluid volume: 1000 bbls
Dewatering method used: evaporation
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: [Signature]
Title: Managing Member Date: 6/28/2011

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: [Signature] Date: 7/5/11

Operator Name: Coral Coast Petroleum, LC Lease Name: Cook Well #: 1
 Sec. 26 Twp. 14 S. R. 30 East West County: Gove

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input 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: CND, DI, Micro, Sonic	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>Anhydrite</td> <td>2161</td> <td>+570</td> </tr> <tr> <td>Heebner</td> <td>3769</td> <td>-1038</td> </tr> <tr> <td>Lansing</td> <td>3807</td> <td>-1076</td> </tr> <tr> <td>BKC</td> <td>4122</td> <td>-1391</td> </tr> <tr> <td>Fort Scott</td> <td>4313</td> <td>-1582</td> </tr> <tr> <td>Mississippi</td> <td>4415</td> <td>-1684</td> </tr> </tbody> </table>	Name	Top	Datum	Anhydrite	2161	+570	Heebner	3769	-1038	Lansing	3807	-1076	BKC	4122	-1391	Fort Scott	4313	-1582	Mississippi	4415	-1684
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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	23	210	common	160	3%cc 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

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TUBING RECORD: Size: Set At: Packer At: Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____								
Estimated Production Per 24 Hours	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Oil</td> <td style="width:15%;">Bbls.</td> <td style="width:15%;">Gas</td> <td style="width:15%;">Mcf</td> <td style="width:15%;">Water</td> <td style="width:15%;">Bbls.</td> <td style="width:15%;">Gas-Oil Ratio</td> <td style="width:10%;">Gravity</td> </tr> </table>	Oil	Bbls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity
Oil	Bbls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Coral Coast Petroleum, L.C.

DST Report - #1 Cook

DST #1 (Lansing E-F) 3878 to 3912, 6 inch blow. 30-45-45-60; Recovered 279' of muddy water with a slight show of oil on top. FP 16-69; 73-137; SIP 997-983; Hyd 1978-1879, 124 degrees, 17000ppm Cl-

DST #2 Myrick Station, 4365-4300, 30-30-30-30, Recovered 5' mud, FP 17-18, 17-19 SIP 2143-2147 124degrees F.

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Customer: Coral Coast Petro.	Lease No.:	Date: 10-26-2007
Lease: Cook	Well #: 1	
Field Order #: 20169	Station: Liberal	Casing: 8 5/8 Depth: 215' County: Gove State: KS
Type Job: 8 5/8 Surface	Formation: CNW	Legal Description: 26-14-30

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	Premium	RATE	PRESS	ISIP
Depth	Depth	From	To	Pre Pad	3% CC	1 1/5k	Cell 1/2k	7 Min
Volume	Volume	From	To	Pad	3/5k	6.4	10 Min	10 Min
Max Press	Max Press	From	To	Frac				15 Min
Well Connection	Annulus Vol.	From	To			HHP Used		Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush		Gas Volume		Total Load

Customer Representative	Station Manager: J. Bennett	Treater: M. Cochran
Service Units: 19887 8122 19553 19804 19809		
Driver Names: M. Cochran W. J. Mc G. Cody S.		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
23:00					On Loc.
00:15		75	10	4	Start H2O Ahead
00:18		100	42	4	Start Cmt 1755k @ 15'
00:29					Drop Plug
00:30		50	0	2	Start Disp. w/Fresh H2O
00:36		90	12.5	0	Shut Down
00:37		90	12.5	0	Shut in Well
00:40					End Job

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