

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 # 4706
Name: Messenger Petroleum, Inc.
Address 1: 525 S. Main
Address 2: _____
City: Kingman State: KS Zip: 67068 + _____
Contact Person: Jon F. Messenger
Phone: (620) 532-5400
CONTRACTOR: License # 5142
Name: Sterling Drilling Company
Wellsite Geologist: Kurt Talbott
Purchaser: _____

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 #: _____

<u>12-22-2010</u>	<u>01-03-2011</u>	<u>02-18-2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 095-22218-0000

Spot Description: _____

C C E/2 SE Sec. 10 Twp. 29 S. R. 9 East West

1,320 Feet from North / South Line of Section

660 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Kingman

Lease Name: Oeding Well #: L-1

Field Name: Willowdale

Producing Formation: Mississippain

Elevation: Ground: 1701 Kelly Bushing: 1710

Total Depth: 4574 Plug Back Total Depth: 4306

Amount of Surface Pipe Set and Cemented at: 223.32 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 224

feet depth to: surface w/ 225 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 21,000 ppm Fluid volume: 700 bbls

Dewatering method used: settlement

Location of fluid disposal if hauled offsite: _____

Operator Name: Messenger Petroleum, Inc.

Lease Name: Nicholas License #: 4706

Quarter NE Sec. 20 Twp. 30 S. R. 8 East West

County: Kingman Permit #: 27434

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: Jon F. Messenger

Title: President Date: 07-22-2011

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: DG Date: 8/2/11

Operator Name: Messenger Petroleum, Inc. Lease Name: Oeding Well #: L-1
 Sec. 10 Twp. 29 S. R. 9 East West County: Kingman

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: CNL/CDL, DIL, MEL	<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>Heebner</td> <td>3369</td> <td>-1659</td> </tr> <tr> <td>Lansing</td> <td>3586</td> <td>-1876</td> </tr> <tr> <td>Mississippian</td> <td>4217</td> <td>-2507</td> </tr> <tr> <td>Viola</td> <td>4530</td> <td>-2820</td> </tr> <tr> <td>LTD</td> <td>4574</td> <td>-2864</td> </tr> </tbody> </table>	Name	Top	Datum	Heebner	3369	-1659	Lansing	3586	-1876	Mississippian	4217	-2507	Viola	4530	-2820	LTD	4574	-2864
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LTD	4574	-2864																	

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	12-1/4	8-5/8	23	223.32	60/40 poz	225	2% gel, 3% CC, 1/4# CF
production	7-7/8	5-1/2	15.50	4355	60/40 ; AA-2	25 ; 80	.7% GB, .7% FR, FLA
							10# salt,

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 (Amount and Kind of Material Used)	Depth
4	4218-4220	500 g MCA ; 10,000 sand frac	
RECEIVED			
JUL 29 2011			
KCC WICHITA			

TUBING RECORD: Size: <u>2.875</u> Set At: <u>4211</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> Other (Explain) <u>swab testing/evaluating</u>
Estimated Production Per 24 Hours	Oil Bbbs. <u>2 (est)</u>	Gas Mcf <u>10 (est)</u> Water Bbbs. <u>744 (est)</u> Gas-Oil Ratio <u>5000:1</u> Gravity _____

DISPOSITION OF GAS: <input checked="" 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)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>4218-4220</u> Miss (evaluating)
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QUALITY WELL SERVICE, INC.

5149

Home Office 190th US 56 HWY, Ellinwood, KS 67526

Todd's Cell 620-388-5422
Darin's Cell 785-445-2686

Rich's Cell 620-727-3409
Brady's Cell 620-727-6964

Date	Sec.	Twp.	Range	County	State	On Location	Finish
12-22-10	10	29	9	KLINGMAN	KS		12/15/11
Lease	Well No.		Location				
05DING	L-23		ZEM N to A LEO BIRTOP				
Contractor				Owner			
SFC				KAW DINTO			
Type Job				To Quality Well Service, Inc.			
SFC				You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.			
Hole Size		T.D.		Charge To			
12 1/4		229		MEMBER FE.			
Csg.		Depth		Street			
5 1/2		223.32					
Tbg. Size		Depth		City			
				State			
Tool		Depth		The above was done to satisfaction and supervision of owner agent or contractor.			
				Cement Amount Ordered			
Cement Left in Csg.		Shoe Joint		225 60/100 2 1/2 BBL			
10 1/2				3 3/8 CC 1/4 Flo-SEAL			
Meas Line		Displace		EQUIPMENT			
		13.03		Pumptrk			
				No.			
				Common			
				135			
				Bulktrk			
				No.			
				Poz. Mix			
				90			
				Bulktrk			
				No.			
				Gel.			
				4			
				Pickup			
				No.			
				Calcium			
				7			
JOB SERVICES & REMARKS							
RECEIVED							
JUL 29 2011							
KCC WICHITA							
Rat Hole				Hulls			
Mouse Hole				Salt			
Centralizers				Flowseal			
Baskets				56			
D/V or Port Collar				Kol-Seal			
Raw 5578 8' 3" 23"				Mud CLR 48			
212.32				CFL-117 or CD110 CAF 38			
MAX Pump 225 & 60/100				Sand			
ZEM 3 3/8 CC 1/4" CF.				Handling			
147 1/2 GAL 1.25 ft				236			
				Mileage			
				35			
FLOAT EQUIPMENT							
				Guide Shoe			
				Centralizer			
				Baskets			
				AFU Inserts			
				Float Shoe			
				Latch Down			
				1 WOODEN MUG			
Pumptrk Charge				SFC			
Mileage				35			
Signature				Tax			
Todd Darin Blood				Discount			
				Total Charge			

Customer <i>Mossand, Peter</i>	Lease No.	Date <i>01-04-11</i>
Lease <i>051119</i>	Well # <i>L-1</i>	
Field Order # <i>103</i>	Station <i>Delta K</i>	Casing/In <i>5 1/2</i>
	Depth <i>5434</i>	County <i>Kingman</i>
Type Job <i>NW 5 1/4 Leasing</i>	Formation	Legal Description <i>10-29-9</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>2 1/2</i>								
Depth	Depth	From	To	Pre Pad	Max		5 Min.	
<i>7-1/2</i>								
Volume	Volume	From	To	Pad	Min		10 Min.	
<i>102</i>								
Max Press	Max Press	From	To	Frac	Avg		15 Min.	
<i>1500</i>								
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
<i>7-0</i>								
Plug/Depth	Packer Depth	From	To	Flush	Gas Volume		Total Load	
<i>7-303</i>								

Customer Representative	Station Manager <i>DAVE SUTT</i>	Treater <i>Robert Johnson</i>
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Service Units	<i>17867</i>	<i>33708</i>	<i>20920</i>	<i>19960</i>	<i>19718</i>				
Driver Names	<i>Bullman</i>	<i>Melton</i>		<i>Phyll</i>					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>0330</i>					<i>Start meter and run</i>
					RECEIVED
					JUL 29 2011
					KCC WICHITA
<i>0350</i>					<i>CASING ON BOTTOM</i>
<i>0300</i>					<i>Hook Rig To CIRC</i>
<i>0410</i>	<i>250</i>		<i>5</i>	<i>4</i>	<i>at approx 11'</i>
			<i>12</i>		<i>at 11000 ft</i>
			<i>5</i>		<i>at 11000 ft</i>
			<i>6</i>	<i>7</i>	<i>run 25k scavenger and</i>
			<i>11</i>		<i>run 25k at 11000 ft</i>
					<i>shut down with pump, hold</i>
					<i>Release Plug</i>
<i>459</i>				<i>6</i>	<i>at 11000 ft</i>
	<i>400</i>		<i>20</i>		<i>at 11000 ft</i>
	<i>600</i>			<i>4</i>	<i>slow rate</i>
<i>0500</i>	<i>1500</i>		<i>102</i>		<i>plug down</i>
			<i>6</i>		<i>plug 11000</i>
			<i>4</i>		<i>plug 11000</i>