

KANSAS CORPORATION COMMISSION 1059895
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
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 # 34223
Name: Utah Oil LLC
Address 1: 2394 UTAH RD
Address 2: _____
City: RANTOUL State: KS Zip: 66079
Contact Person: Lesli Stuteville
Phone: (913) 980-8207
CONTRACTOR: License # 34223
Name: Utah Oil LLC
Wellsite Geologist: na
Purchaser: _____

API No. 15 - 15-059-25646-00-00
Spot Description: N. 38.56281 W. 95.11949
SE NW NW NW Sec. 20 Twp. 17 S. R. 21 East West
4686 Feet from North / South Line of Section
4861 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Franklin
Lease Name: HOBBS Well #: W-2

Field Name: Paola/Rantoul
Producing Formation: squirrel
Elevation: Ground: 955 Kelly Bushing: 0
Total Depth: 599 Plug Back Total Depth: 572
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: 0
feet depth to: 21 w/ 5 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 1500 ppm Fluid volume: 80 bbls
Dewatering method used: Evaporated
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

- 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 #: _____

<u>06/13/2011</u>	<u>06/24/2011</u>	<u>07/15/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

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.

Submitted Electronically

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: Deanna Gernao Date: 07/22/2011



1059895

Operator Name: Utah Oil LLC Lease Name: HOBBS Well #: W-2
 Sec. 20 Twp. 17 S. R. 21 East West County: Franklin

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"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name _____ Top _____ Datum _____ open hole
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Samples Sent to Geological Survey	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 type="checkbox"/> No	
List All E. Logs Run:	

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	7	5.625	10	21	portland	5	50/50 poz
completion	5.625	2.375	8	581	portland	90	50/50 poz

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

TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run:	<input type="checkbox"/> Yes <input 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 type="checkbox"/> Other (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity	

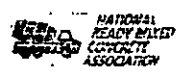
DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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PENNY'S

CONCRETE, INC.
23400 W. 82ND STREET

SHAWNEE MISSION, KANSAS 66227-2705
DISPATCH: (913) 441-4197 OFFICE (913) 441-8781
(800) 322-9710 (800) 524-6474



American Concrete Institute
Certifications



Certifications

KANSAS
Certifications

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PLANT	DATE	ACCOUNT	TRUCK	DRIVER NAME	TICKET #
09	06/27/2011	COD9	0145	Steve Wilson	9020858

CUSTOMER NAME
COD - BRAD LEACH
JOB ADDRESS
2455 UTAH RD - RANTOUL

ADDITIONAL DIRECTIONS AND/OR SPECIAL INSTRUCTIONS
**59 SOUTH - ROCK CREEK RD EAST -UTAH RD NORTH
- ADDRESS ON EASTSIDE OF ROAD**



NOTE:
**ALL DRIVERS MUST WEAR A HARD HAT, SAFETY GLASSES,
STEEL TOE BOOTS, AND SAFETY VEST ON EVERY JOB!**

ORDER #	PO# OR JOB#	APPLICATION	TAX CODE	PREVIOUS TRUCK	SLUMP
46					8

QTY.	UNIT	PRODUCT	DESCRIPTION	ORDERED	DELIVERED	UNIT PRICE	AMOUNT
4.75	CYDS	SLURRY2C20	SACK SLURRY - 6 GALLON	4.75	4.75	\$140.00	\$665.00
1.25	cy	SLC	SHORT LOAD CHARG	1.25	1.25	\$10.00	\$12.50
1.00	ea	FUELVN	FUEL SURCHARGE	0.00		\$8.20	\$8.20

9/10 # of sacks

LEAVE PLANT	ARRIVE JOB	START UNLOAD	FINISH UNLOAD
LEAVE JOB	ARRIVE PLANT	TEST CYLINDERS TAKEN BEFORE H2O ADDED	TEST CYLINDERS TAKEN AFTER H2O ADDED

SUBTOTAL \$685.70
TAX \$53.48
TOTAL \$739.18

PURCHASER OR HIS AUTHORIZED REPRESENTATIVE ACCEPTS RECEIPT OF THIS LOAD OF MATERIAL AND HAS INSTRUCTED THE DRIVER TO ADD WATER AS FOLLOWS: yds gal yds gal yds gal yds gal

GRAND TOTAL \$739.18

Cement powder or freshly mixed concrete, grout or mortar may cause skin injury. Avoid contact with skin and wash exposed areas promptly with water. If any cement powder or mixture gets into the eyes, nose immediately and repeatedly with water, and get prompt medical attention. Keep children away from all freshly mixed cement products. MSDS on reverse side.

This purchase agreement is for delivery to the curb line. In the event Purchaser requests delivery beyond the curb line the Purchaser hereby assumes liability for damages to sidewalks, driveways all other property, and personal injury. Purchaser hereby agrees to indemnify and hold the Seller harmless against all liability, loss or expense incurred as the result of such delivery. If ground conditions beyond the curb line are inadequate for heavy truck travel, and as a result of this condition the truck requires towing, towing will be at the customer's expense.

All concrete sold on a basis of compressive strength, air-entrainment, slump, temperature, density and of yield must be sampled at the mixer truck discharge in accordance to ASTM C177 and tested according to the applicable ASTM testing standards. Compressive strength: ASTM C31 & ASTM C39; air content: ASTM C201 or ASTM C173; Slump: ASTM C143; temperature: ASTM C1064; density and of yield: ASTM C138. Slump and air-entrainment variances in accordance to ASTM C94 are applicable. Unless specified in writing, no other condition of sale shall apply. Customer assumes all responsibility for the placement, consolidation, curing, and protection of all concrete after delivery to the curb line. The placement, consolidation, curing and protection of all concrete can greatly affect its performance. The seller is not responsible for any product performance after placement is made by the customer.

Ambient conditions may produce rapid evaporation of moisture from the concrete surface. As a result, plastic shrinkage cracking may occur. Precautions should be taken. Drying shrinkage is an inherent, unavoidable property of concrete and precautions should be taken to minimize random cracking. Control joints must be properly constructed with reference to location, spacing, depth and timing. Materials hereby sold become property of purchaser at point of origin. The purchaser shall in no event accept deliveries of materials not in accord with the agreement of the parties, but such materials shall be refused by the purchaser and returned to the seller with a written statement of the reason for the refusal thereof. No cancellation accepted after concrete has been batched.

RECEIVED IN GOOD CONDITION BY

PRINTED NAME _____ TITLE _____ CUSTOMER SIGNATURE _____