

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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

015-23881-00-00

OPERATOR: License # 33971

Name: TriPower Resources, LLC

Address 1: Box 849

Address 2: _____

City: Ardmore State: Ok. Zip: 73402

Contact Person: W.B. Curry

Phone: (580) 226-6700

CONTRACTOR: License # 30141

Name: Summit Drilling Company

Wellsite Geologist: Roger L. Martin

Purchaser: None -non producing well - to be plugged

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 (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 #: _____

11-19-10 11-27-10 12-16-10

Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 015-22-381-00-00

Spot Description: _____

E/2 NW NE Sec. 2 Twp. 23S S. R. 3 East West

_____ 660 Feet from North / South Line of Section

_____ 1650 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Butler

Lease Name: Janzen Well #: 1

Field Name: Edmons Southwest

Producing Formation: None

Elevation: Ground: 1432 Kelly Bushing: 1442

Total Depth: 2633 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 220 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/ _____ sq cm.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 600 ppm Fluid volume: NA 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: W.B. Curry

Title: Agent Date: 7-21-11

KCC Office Use ONLY RECEIVED

Letter of Confidentiality Received

Date: JUL 27 2011

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT II III Approved by: DG Date: 8/2/11

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Side Two

Operator Name: TriPower Resources, LLC Lease Name: Janzen Well #: 1
 Sec. 12 Twp. 23S R. 3E East West County: Butler

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"/> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Oread	1619	-177
Electric Log Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Heebner SH	1658	-216
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Brown LM	1846	-402
		Lansing	1934	-492
List All E. Logs Run:		Kansas City	2113	-671
Bore hole comp Sonic, Sonic Bond Log,		B/KC	2311	-869
Dual Comp Porosity, Dual Induction		Marmaton	2366	-924
		Mississippian Chert	2507	-1065
		Miss.Lm.	2586	-1144

CASING RECORD <input 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#	220'	Class A	125	2% CC
Production	8-3/4	5-1/2	17#	2633	Thick Set	125	Kcl - Seal

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
4	2508-2518	Acidized w/ 500 gals 15% MCA	2508-18
		Fraced W/ 125 sx 20/40 sand & 375 bbls water.	

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JUL 27 2011

TUBING RECORD:	Size: <u>2-3/8"</u>	Set At: <u>2453'</u>	Packer At: <u>2417'</u>	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First Resumed Production, SWD or ENHR:	Producing Method: <u>Swabbing</u>			
<u>None</u>	<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____			
Estimated Production Per 24 Hours	Oil <u>0</u> Bbls.	Gas <u>0</u> Mcf	Water <u>10</u> Bbls.	Gas-Oil Ratio _____ Gravity _____

KCC WICHITA

DISPOSITION OF GAS: <u>None</u>	METHOD OF COMPLETION:	PRODUCTION INTERVAL:
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Pert. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____ <i>(Submit ACO-5) (Submit ACO-4)</i>	<u>None</u>



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 238176

Invoice Date: 11/22/2010 Terms: 0/30,n/30

Page 1

TRIPower RESOURCES LLC
C/O JEFF JONES
P.O. BOX 849
ARDMORE OK 73402
(580) 226-6700

JANZEN #1
~~29990~~
11-20-10

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	125.00	13.5000	1687.50
1102	CALCIUM CHLORIDE (50#)	350.00	.7500	262.50
1118B	PREMIUM GEL / BENTONITE	235.00	.2000	47.00
1107	FLO-SEAL (25#)	30.00	2.1000	63.00

Description	Hours	Unit Price	Total
479 MIN. BULK DELIVERY	1.00	315.00	315.00
520 CEMENT PUMP (SURFACE)	1.00	725.00	725.00
520 EQUIPMENT MILEAGE (ONE WAY)	40.00	3.65	146.00



11/30/10
SP
1625-0113

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Parts:	2060.00	Freight:	.00	Tax:	134.93	AR	3380.93
Labor:	.00	Misc:	.00	Total:	3380.93		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____

UNCONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 29990
LOCATION EUREKA
FOREMAN Kevin McCoy

34, Chanute, KS 66720
9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
20-10	7935	JANZEN #1	12	23S	3E	Butler
CUSTOMER TRI Power Resources, LLC		Safety Meeting KM SF	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 849			520	Shannon		
CITY Ardmore	STATE OK		479	Allen B.		
ZIP CODE 73402						

JOB TYPE SURFACE 0 HOLE SIZE 12 1/4" HOLE DEPTH 225' CASING SIZE & WEIGHT 8 5/8" 24" New
 CASING DEPTH 223' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15.2* SLURRY VOL 30 Bbl WATER gal/sk 6.5 CEMENT LEFT in CASING 15'
 DISPLACEMENT 13.2 Bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting: Rig up to 8 5/8 casing. Break circulation w/ 5 Bbl fresh water.
Mixed 125 SKS Class 'A' Cement w/ 3% CaCl2, 2% Gel, 1/4" Floccle/sk @ 15.2*/gal, yield
1.35. Displace w/ 13.2 Bbl fresh water. Shut casing in. Good Cement Returns to Surface
= 7 Bbl Slurry to Pit. Job Complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	725.00	725.00
5406	40	MILEAGE	3.65	146.00
11045	125 SKS	Class 'A' Cement	13.50	1687.50
1102	350 *	CaCl2 3%	.75 *	262.50
1118 B	235 *	Gel 2%	.20 *	47.00
1107	30 *	Floccle 1/4" /sk	2.10 *	63.00
5407	TOWNS	Tow Mileage Bulk Delv.	M/C	315.00
			RECEIVED	
			JUL 27 2011	
			KCC WICHITA	
			Sub Total	3246.00
			SALES TAX 6.55%	134.93
			ESTIMATED TOTAL	3380.93

Ravin 3737

THANK YOU
M 238176

AUTHORIZATION Don Cox TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE Invoice # 238299

Invoice Date: 11/30/2010 Terms: 0/30,n/30 Page 1

TRIPower RESOURCES LLC
C/O JEFF JONES
P.O. BOX 849
ARDMORE OK 73402
(580) 226-6700

JANZEN #1
29964
11-27-10

Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	125.00	17.0000	2125.00
1110A	KOL SEAL (50# BAG)	625.00	.4200	262.50
1111A	SODIUM METASILICATE	100.00	1.8000	180.00
1123	CITY WATER	3000.00	.0149	44.70
4159	FLOAT SHOE AFU 5 1/2"	1.00	328.0000	328.00
4104	CEMENT BASKET 5 1/2"	1.00	219.0000	219.00
4130	CENTRALIZER 5 1/2"	4.00	46.0000	184.00
4454	5 1/2" LATCH DOWN PLUG	1.00	242.0000	242.00

Description	Hours	Unit Price	Total
437 80 BBL VACUUM TRUCK (CEMENT)	5.00	85.00	425.00
445 CEMENT PUMP	1.00	925.00	925.00
445 EQUIPMENT MILEAGE (ONE WAY)	40.00	3.65	146.00
543 TON MILEAGE DELIVERY	275.20	1.20	330.24

12/5/10
SP



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arts: 3585.20 Freight: .00 Tax: 234.82 AR 5646.26
abor: .00 Misc: .00 Total: 5646.26
ublt: .00 Supplies: .00 Change: .00
=====

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 29964

LOCATION Eureka

FOREMAN Troy Strickler

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																				
11-27-10	7935	Janzen #1				Butler																				
CUSTOMER <u>Tri-Power Resources, LLC</u>			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>445</td> <td>John</td> <td></td> <td></td> </tr> <tr> <td>543</td> <td>Chris</td> <td></td> <td></td> </tr> <tr> <td>437</td> <td>Jim</td> <td></td> <td></td> </tr> <tr> <td>520</td> <td>Shannon</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	445	John			543	Chris			437	Jim			520	Shannon		
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CITY <u>Ardmore</u>	STATE <u>OK</u>	ZIP CODE <u>73402</u>																								

J.S.
J.S.
CM
Jm
Jr

JOB TYPE 4 1/2" o HOLE SIZE 12 1/4" HOLE DEPTH 2636' CASING SIZE & WEIGHT 5 1/2" 17"
 CASING DEPTH 2633' RB DRILL PIPE _____ TUBING _____ OTHER P870. 2638'
 SLURRY WEIGHT 13.4# SLURRY VOL. 37.68bbl WATER gal/sk 8° CEMENT LEFT in CASING 14'
 DISPLACEMENT 60.75 bbl DISPLACEMENT PSI 700 MIX PSI 1400 bbl Pj RATE _____

REMARKS: Safety Meeting: Rig upto 5 1/2" casing. Break circulation w/ 5 bbl Fresh water. Pump 15 bbl Metasilicate Pre-Flush. 5 bbl Fresh water spacer. Mixed 1255sk Thick Set Cement w/ 5" Kol-Seal @ 13.4#/gal. Workout Pump + lines. Release latch down Plug. Displace w/ 8 bbl Fresh water. Final Pump Pressure PST. Pump Plug to PST. Wait 2 min. Release Pressure. Float + Plug Hold. Good Circulation @ all times while Cementing.

Job Complete.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	925.00	925.00
5406	40	MILEAGE	3.65	146.00
1126A	1255sk	Thick set Cement	17.00	2125.00
1110A	625"	5"/sk Kol-Seal	.42"	262.50
1111A	100"	Metasilicate Pre-Flush	1.80"	180.00
5407A	6.88 Ton	Ton-mileage	1.20	330.24
5502C	Shrs	80 bbl Vsc Truck	85.00/hr	425.00
1123	3000gal	City Water	14.90/1000	44.70
4159	1	5 1/2" AFU Flat shoe	328.00	328.00
4104	1	5 1/2" Cement Basket	219.00	219.00
4130	4	5 1/2" Centralizers	46.00	184.00
4454	1	5 1/2" Latch Down Aug	242.00	242.00
			Sub Total	5411.44
			SALES TAX	234.82
			ESTIMATED TOTAL	5646.26

Ravin 3737

AUTHORIZATION [Signature]

TITLE Consultant

DATE 11-27-10

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.