

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 03194
Name: Tri United, Inc.
Address: 950 270th Ave.
City/State/Zip: Hays, Ks 67601
Purchaser: Plains
Operator Contact Person: Eugene Leiker
Phone: (785) 628-3670
Contractor: Name: Shields
License: 5184
Wellsite Geologist: Eugene Leiker
Designate Type of Completion:
___ New Well ___ Re-Entry Workover OWWO
___ Oil SWD ___ SIOW ___ Temp. Abd.
___ Gas ___ ENHR ___ SIGW
___ Dry ___ Other (Core, WSW, Expl., Cathodic, etc)
If Workover/Re-entry: Old Well Info as follows:
Operator: Petroleum Inc.
Well Name: Karlin #1
Original Comp. Date: 10/22/54 Original Total Depth: 3743
___ Deepening ___ Re-perf. ___ Conv. to Enhr./SWD
___ Plug Back ___ Plug Back Total Depth
___ Commingled Docket No. _____
___ Dual Completion Docket No. _____
SWD Other (SWD or Enhr.?) Docket No. D-30,915
6/22/11 6/23/11 8/15/11
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 051-04193-0001
County: ELLIS
NE 'NW' SW Sec. 15 Twp. 12 S. R. 18 East West
2343 2310' feet from S N (circle one) Line of Section
4439 4290 feet from E W (circle one) Line of Section
Footages Calculated from GPS-KCC-Dig Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Karlin Well #: 1
Field Name: Bemis-Shutts
Producing Formation: Cedar Hills
Elevation: Ground: 2174 Kelly Bushing: 2179
Total Depth: 1464 Plug Back Total Depth: 1442
Amount of Surface Pipe Set and Cemented at 185 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 1442'
feet depth to surface w/ 300 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content 24,000 ppm Fluid volume 400 bbls
Dewatering method used Evaporation **RECEIVED**
Location of fluid disposal if hauled offsite: **AUG 19 2011**
Operator Name: _____
Lease Name: _____ License No.: **KCC WICHITA**
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

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.

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: Eugene E. Coker
Title: President Date: 8-17-11
Subscribed and sworn to before me this 17 day of August
20 11
Notary Public: Cindy Combs
Date Commission Expires: 1-27-14

KCC Office Use ONLY
___ Letter of Confidentiality Received
If Denied, Yes Date: _____
___ Wireline Log Received
___ Geologist Report Received
___ UIC Distribution
Alt 2-Dlg - 8/24/11

CINDY COMBS
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 1-27-14

State of Kansas
County of Ellis

Operator Name: Tri United, Inc. Lease Name: Karlin Well #: 1
 Sec. 15 Twp. 12 S. R. 18 East West County: Ellis

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 copy of all Electric Wireline 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
 (Submit Copy)

List All E. Logs Run:
Radiation Guard Log

<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Name	Top	Datum
<u>cedar Hills</u>	<u>895'</u>	<u>1284'</u>
<u>Anhydrite</u>	<u>1440'</u>	<u>739'</u>

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
<u>Surface</u>	<u>13 1/4</u>	<u>8 5/8</u>	<u>20#</u>	<u>185'</u>	<u>com</u>	<u>125</u>	
<u>production</u>	<u>7 7/8</u>	<u>5 1/2</u>	<u>15#</u>	<u>1464'</u>	<u>com 60/40</u>	<u>300</u>	<u>3% cc</u>

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
<u>1 per ft</u>	<u>From 1110' to 1140'</u>		

TUBING RECORD		Size	Set At	Packer At	Liner Run
<u>Seal Tite</u>		<u>2 7/8</u>	<u>1090'</u>	<u>1092'</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. <u>upon KCC Approval</u>			Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain) <u>Vacum.</u>		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	<u>NA</u>	<u>NA</u>	<u>NA</u>		

Disposition of Gas Vented Sold Used on Lease (If vented, Submit ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

ALLIED CEMENTING CO., LLC. 039641

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: Russell Ks.

API # 15-051-04193-00-1

DATE <u>6-23-2011</u>	SEC. 15	TWP. 12	RANGE 18W	CALLED OUT	ON LOCATION	JOB START <u>Am 8:15 AM</u>	JOB FINISH
LEASE <u>KARLIN</u>	WELL # <u>OWVVO</u>	LOCATION <u>Hay's 7 1/4 N 1/2 E INTO</u>			COUNTY <u>ELLIS</u>	STATE <u>KANSAS</u>	
OLD OR NEW (Circle one)							

CONTRACTOR Shield's Drllg. Rig # 2
 TYPE OF JOB SHORT STRING
 HOLE SIZE 7 7/8 T.D. 1585'
 CASING SIZE 5 1/2 NEW DEPTH 1405'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL AFU INSERT DEPTH 1442'
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 20'
 CEMENT LEFT IN CSG. 20'
 PERFS. _____
 DISPLACEMENT 34. / BBL

OWNER _____
 CEMENT 125 Lite
30 Com
 AMOUNT ORDERED 250 sx Lite/weight
50 sx Com. 3%cc

EQUIPMENT

PUMP TRUCK CEMENTER Glenn
 # 417 HELPER TODD
 BULK TRUCK
 # 481 DRIVER Tony
 BULK TRUCK
 # 378 DRIVER MARK

COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING _____ @ _____
 MILEAGE _____ @ _____

REMARKS:

Ran 40 JTS of 15 1/2" 5 1/2" CSG.
Set @ 1404' Received CIRCULATION
of cement w/ 320 sx Lite/wt. Followed by
50 sx Com, 3%cc. Clear-Line + Release
Plug, Displace, 34 BBL/H₂O. Land
plug @ 800', FLOAT (HELD)
Cement did circulate to surface
30 sx @ hole. THANKS

SERVICE

RECEIVED

DEPTH OF JOB _____
 PUMP TRUCK CHARGE _____
 EXTRA FOOTAGE _____ @ _____
 MILEAGE _____ @ KCC WICHITA
 MANIFOLD _____ @ _____
 _____ @ _____
 _____ @ _____

CHARGE TO: TRI-UNITED
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

* State Rep. Pat STAAB on LOCATION
(KCC)
 Cement did circulate to surface R-
 B-

1- BASKET _____ @ _____
 - CENTRALIZERS _____ @ _____
 _____ @ _____
 _____ @ _____

To Allied Cementing Co., LLC.
 You are hereby requested to rent cementing equipment
 and furnish cementer and helper(s) to assist owner or
 contractor to do work as is listed. The above work was
 done to satisfaction and supervision of owner agent or
 contractor. I have read and understand the "GENERAL

TOTAL _____