

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 # 30525
Name: D.S. LANGSTON
Address 1: 310 W. CENTRAL, STE.# 202
Address 2: _____
City: WICHITA State: KS Zip: 67202 + 1004
Contact Person: D.S. LANGSTON
Phone: (620) 786-0874
CONTRACTOR: License # 33350
Name: SOUTHWIND DRILLING, INC.
Wellsite Geologist: BRUCE ARD
Purchaser: NCRA

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: 4/04/11 Original Total Depth: 3598

- 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>3/28/11</u>	<u>4/04/11</u>	<u>4/04/11</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 159-22641-00-00

Spot Description: _____

 N/2 ^{NW/4} Sec. 33 Twp. 21 S. R. 9 East West
610 Feet from North / South Line of Section
1,380 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: RICE

Lease Name: WELLMAN B Well #: B-3

Field Name: UNNAMED

Producing Formation: SIMPSON SAND & POSSIBLY ALSO KINDERHOOK SAND

Elevation: Ground: 1692 Kelly Bushing: 1698

Total Depth: 3598 Plug Back Total Depth: N/A

Amount of Surface Pipe Set and Cemented at: 260 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: 63000 ppm Fluid volume: 1000 bbls

Dewatering method used: allowed to evaporate away

Location of fluid disposal if hauled offsite:

Operator Name: N/A because it was evaporated away

Lease Name: N/A License #: N/A

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: RICE 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: _____

Title: INDEP. OIL & GAS OPERATOR #30525 Date: 6/08/11

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: Dog Date: 6/13/11

RECEIVED
JUN 13 2011

KCC WICHITA

Operator Name: D.S. LANGSTON Lease Name: WELLMAN B Well #: B-3
 Sec. 33 Twp. 21 S. R. 9 East West County: RICE

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 Yes No
 (Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No

Electric Log Submitted Electronically Yes No
 (If no, Submit Copy)

List All E. Logs Run:

GRT, CNT, LDT, PIT, MICRO LOG, X-Y CALIPER

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
LANSING	3000	-1302
BKC	3286	-1588
KINDERHOOK SAND	3368	-1670
VIOLA	3462	-1764
SIMPSON SAND	3526	-1828
ARBUCKLE	3589	-1891
TD	3598	-1900

CASING RECORD New 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 1/2	8 5/8	23#	260	60/40 POZ	220 SX	2% GEL, 3% C.C.
PRODUCTION	7	5 1/2	14#	3588			

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
2 SPF	3366-3376 & 3380-3389 1/2	500 GAL. 10% HCL & 450 DIESEL, 1000 GAL 7 1/2 % & 50 BBL WTR	ALL PERFS.
4 SPF	3530-3537	500 GAL 10%HCL, 1200 GAL. 7 1/2%HCL W/ 25 BALLS	ALL PERFS.

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TUBING RECORD: Size: 2 7/8 Set At: 3535 Packer At: N/A Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. 5/28/11 Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

KCC WICHITA

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf ENOUGH FOR C-66	Water Bbls.	Gas-Oil Ratio	Gravity
	10		140	<2 MCF/1BBL. OIL	42 ESTM.

DISPOSITION OF GAS:	METHOD OF COMPLETION:	PRODUCTION INTERVAL:
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input checked="" type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	<u>3366-76 & 3380-89 1/2</u> <u>3530-3537</u>