

ORIGINAL

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

OPERATOR: License # 34130
Name: Manns' ATP Inc.
Address 1: 7865 NW 80th St.
Address 2: _____
City: Potwin State: KS Zip: 67123
Contact Person: Edward Mann
Phone: (620) 752-3200
CONTRACTOR: License # 33217
Name: Three Rivers Exploration LLC
Wellsite Geologist: N/A
Purchaser: Coffeyville Resources

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 #: _____

April 9, 2010 4-29-10 temp abandonment
8-10-2010
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 015-2385800-00
Spot Description: _____
N2 SE NE SW Sec. 26 Twp. 24 R. 4 East West
1965 Feet from North / South Line of Section
2970 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Butler
Lease Name: Manns' Well #: 6
Field Name: Plum Grove South
Producing Formation: Mississippian
Elevation: Ground: 1414 Kelly Bushing: 1419
Total Depth: 2704 Plug Back Total Depth: 2698
Amount of Surface Pipe Set and Cemented at: 201 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: 600 ppm Fluid volume: 1400 bbls
Dewatering method used: Drilled with fresh water-
air dry
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: Edward Mann
Title: president Date: 7-28-11

KCC Office Use ONLY
 Letter of Confidentiality Received **RECEIVED**
Date: _____
 Confidential Release Date: AUG 01 2011
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: DIG Date: 8/15/11
KCC WICHITA

Operator Name: Manns' ATP, Inc. Lease Name: Manns' Well #: 6
 Sec. 26 Twp. 24 S. R. 4 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 <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Dual Induction log Dual compensated proosity log Bond log	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name <u>Mississippian</u> Top <u>2622</u> Datum <u>1208</u>
---	---

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"	22 1/2	201	class A		
production	7 7/8"	used 4 1/2 tested 10.24		2698			

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	2622-2624	Acid 500 Gal-15%	2622-2624
2	2624-2626	Acid 1000 Gal-15%	2622-2624
		Acid 1000 Gal-15%	2624-2626

TUBING RECORD: Size: _____ Set At: _____ 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 type="checkbox"/> Other (Explain) <u>KCC WICHITA</u>	
Estimated Production Per 24 Hours	Oil Bbls. <u>0</u>	Gas Mcf _____ Water Bbls. _____ Gas-Oil Ratio _____ 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: _____ _____
--	--	--



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 24022

LOCATION Eureka

FOREMAN Clifford Struttler

FIELD TICKET & TREATMENT REPORT
CEMENT

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

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-10-10	5500	Mann's ATP #6				Butler
CUSTOMER Mann's ATP Inc.			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 7865 NW 80th			520	John		
CITY Potwin			439	Ed		
STATE Ks		ZIP CODE 67123				

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 206' CASING SIZE & WEIGHT 8 5/8" X 23#
 CASING DEPTH 200' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15# SLURRY VOL 31 Bbl WATER gal/sk 6.5 CEMENT LEFT in CASING 15'
 DISPLACEMENT 11.5 Bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting. Rig up to 8 5/8" casing. Break circulation w/ 10 Bbl fresh water. Mixed 125 sks Class A cement w/ 3% Calcz, 2% Gel, 1/4# flocele per gal @ 15# per gal. Displace w/ 11.5 Bbl fresh water. shut casing in w/ good cement returns to surface 10 Bbl slurry to pit. Job Complete Rig down.

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE	700.00	700.00
5406	40	MILEAGE	3.55	142.00
1104S	125 SKS	Class A Cement	13.10	1637.50
1102	350 #	3% Calcz	.73	255.50
1118A	235 #	2% Gel	.17	39.95
1107	30 #	1/4# Flo-cele per gal	2.00	60.00
5407	5.89	Ton-mileage Bulk Truck	m/c	305.00
			RECEIVED	
			AUG 01 2011	
			KCC WICHITA	
			Subtotal	3139.95
			SALES TAX	105.63
			ESTIMATED TOTAL	3245.58

Ravin 3737

233690

AUTHORIZATION witnessed by Ed Mann TITLE Owner DATE _____



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 24349
LOCATION EUREKA
FOREMAN KEVIN MCCOY

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
4-18-10	5500	MANNS #6	26	245	4E	Butler
CUSTOMER MANNS AIP, INC.			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 7865 NW 80th			445	Justin		
CITY Potwin			515	CHRIS		
STATE KS			437	Jim		
ZIP CODE 67123						

Three Rivers Exploration

JOB TYPE Longstring HOLE SIZE 7 7/8 HOLE DEPTH 2700 CASING SIZE & WEIGHT 4 1/2 10.5" NCG
CASING DEPTH 2698 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 13.6 SLURRY VOL 65 BBL WATER gal/sk 9.0 CEMENT LEFT in CASING 0
DISPLACEMENT 43 BBL DISPLACEMENT PSI 700 BUMP PSI 1200 Bump Plug RATE _____

REMARKS Safety Meeting: Rig up to 4 1/2 casing. Break Circulation w/ 10 BBL fresh water. Mixed 210 sks Thick Set Cement w/ 5" Kol-Seal /sk @ 13.6 gal, yield 1.75. Shut down. Wash out Pump & Lines. Release Plug. Displace w/ 43 BBL Fresh water. FINAL Pumping Pressure 700 psi. Bump Plug to 1200 psi. wait 2 minutes. Release Pressure. Float Held. Good Circulation @ ALL times while Cementing. Job Complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	900.00	900.00
5406	40	MILEAGE	3.55	142.00
1126 A	210 sks	THICK Set Cement	16.50	3465.00
1110 A	1050 "	Kol-Seal 5"/sk	.40	420.00
5407 A	11.55 tons	40 miles BULK TRUCK	1.20	554.40
5502 C	4 Hrs	80 BBL VAC TRUCK	96.00	384.00
1123	3300 gals	City water	14.50/1000	47.85
4404	1	4 1/2 Top Rubber Plug	44.00	44.00
4156	1	4 1/2 FV Float shoe	221.00	221.00
4103	1	4 1/2 Cement BASKET	201.00	201.00
4129	4	4 1/2 x 7 7/8 Centralizers	39.00	156.00
RECEIVED AUG 01 2011 KCC WICHITA				
			Sub Total	6535.25
			SALES TAX 5.3%	241.41
			ESTIMATED TOTAL	6776.66

Rev'n 3737

THANK YOU

833802

AUTHORIZATION Witnessed By Ed MANN

TITLE Partner

DATE 4-18-10