

ORIC

KANSAS CORPORATION COMMISSION
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 # 34179
Name: Thomas M. Brown, LLC
Address 1: P.O. Box 250
Address 2:
City: Plainville State: Ks Zip: 67663
Contact Person: Jake Brown
Phone: (785) 737-7070
CONTRACTOR: License # 33868
Name: Renegade Well Service
Wellsite Geologist: Jake Brown
Purchaser: Coffeyville Resources

Designate Type of Completion:
New Well Re-Entry Workover
Oil Gas OG CM Cathodic
WSW D&A GSW Other (Core, Expl., etc.):
SWD ENHR GSW Temp. Abd.
SIOW SIGW

If Workover/Re-entry: Old Well Info as follows:
Operator: The Gene Brown Co.
Well Name: P. McMillen #2
Original Comp. Date: 9-13-1965 Original Total Depth: 3480
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 #:

3-4-2011 4-21-2011 5-17-2011
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 163-03951-00-04
Spot Description:
SE SE SE Sec. 24 Twp. 8 S. R. 18 East West
330 Feet from North South Line of Section
330 Feet from East West Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE NW SE SW
County: Rooks
Lease Name: P. Mcmillen Well #: 2
Field Name: Dopita
Producing Formation: LKC
Elevation: Ground: 1996 Kelly Bushing: 2002
Total Depth: 3480 Plug Back Total Depth: 3364
Amount of Surface Pipe Set and Cemented at: 252 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: Feet
If Alternate II completion, cement circulated from: 1351
feet depth to: Surface w/ 250 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: N/A ppm Fluid volume: 500 bbls
Dewatering method used: Hauled Offsite
Location of fluid disposal if hauled offsite:
Operator Name: Thomas M. Brown, LLC
Lease Name: P. Dechant License #: 34179
Quarter NE/4 Sec. 26 Twp. 8 S. R. 18 East West
County: Rooks Permit #: D-30093Co

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: Co-Owner Date: 8-8-2011

KCC Office Use ONLY
Letter of Confidentiality Received
Confidential Release Date:
Wireline Log Received
Geologist Report Received
UIC Distribution
ALT I II III Approved by: Date: 8/5/11

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AUG 09 2011

KCC WICHITA

Operator Name: Thomas M. Brown, LLC Lease Name: P.Mcmillen Well #: 2
 Sec. 24 Twp. 8 S. R. 18 East West County: Rooks

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Gamma Ray/ Neutron Log	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>LKC</td> <td>3154</td> <td>-1152</td> </tr> </table>	Name	Top	Datum	LKC	3154	-1152
Name	Top	Datum					
LKC	3154	-1152					

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
Liner	4 7/8"	4 1/2"	10#	3360	60/40 4%Gel	220	CD-31 1%

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input checked="" type="checkbox"/> Plug Off Zone	3234-3331	60/40 4% Gel	250	

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
4	3239-43,3308-3311,3309-3313,3358-3361	3000 Gal. 28% FE NE	3361

TUBING RECORD: Size: <u>2 3/8"</u> Set At: <u>3360</u> Packer At: _____		Liner Run: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>5-17-2011</u>		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbls. <u>5</u>	Gas Mcf <u>80</u>	Water Bbls. <u>80</u>
Gas-Oil Ratio		Gravity <u>33.60</u>	

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> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>3309'-3361'</u>
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

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