



KANSAS CORPORATION COMMISSION 1065121  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
June 2009

**CONFIDENTIAL**

**WELL COMPLETION FORM**

Form Must Be Typed  
Form must be Signed  
All blanks must be Filled

**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License # 31389  
Name: Noble Petroleum, Inc.  
Address 1: 3101 N ROCK RD STE 125  
Address 2: \_\_\_\_\_  
City: WICHITA State: KS Zip: 67226 + 1300  
Contact Person: JAY ABLAH  
Phone: ( 316 ) 636-2222  
CONTRACTOR: License # 32701  
Name: C & G Drilling, Inc.  
Wellsite Geologist: WILLIAM M. STOUT  
Purchaser: \_\_\_\_\_

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: \_\_\_\_\_ 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 #: \_\_\_\_\_  
09/26/2011    10/02/2011    10/13/2011  
Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date       Recompletion Date

API No. 15 - 15-015-23917-00-00  
Spot Description: \_\_\_\_\_  
N2\_SW\_NW\_SW Sec. 17 Twp. 28 S. R. 4  East  West  
1700 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: Butler  
Lease Name: HASKINS - JONES Well #: 1  
Field Name: AUGUSTA  
Producing Formation: ARBUCKLE  
Elevation: Ground: 1246 Kelly Bushing: 1251  
Total Depth: 2540 Plug Back Total Depth: 2540  
Amount of Surface Pipe Set and Cemented at: 208 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: 900 ppm Fluid volume: 400 bbls  
Dewatering method used: Evaporated  
Location of fluid disposal if hauled offsite: \_\_\_\_\_  
Operator Name: \_\_\_\_\_  
Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_  
Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West  
County: \_\_\_\_\_ Permit #: \_\_\_\_\_

**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.

Submitted Electronically

**KCC Office Use ONLY**

Letter of Confidentiality Received  
Date: 11/04/2011

Confidential Release Date: \_\_\_\_\_

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT  I  II  III Approved by: NAOMI JAMES Date: 11/07/2011