

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

-10 STATE
12-09
ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

corrected

OPERATOR: License # 32109
Name: Dakota Production Company Inc.
Address 1: P.O. Box 350
Address 2: _____
City: Neodesha State: KS Zip: 66757 + _____
Contact Person: Doug Shay
Phone: (620) 325-3909
CONTRACTOR: License # 33072
Name: Well Refined Drilling
Wellsite Geologist: Dick Cornell
Purchaser: Oneok
Designate Type of Completion:
____ New Well _____ Re-Entry _____
____ Oil _____ SWD _____ SLOW
 Gas _____ ENHR _____ SIGW
____ CM (Coal Bed Methane) _____ Temp. Abd.
____ Dry _____ Other _____
(Core, WSW, Expl., Cathodic, etc.)

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API No. 15 - 205-27772-0000
Spot Description: Wilson
____ SW ____ SE ____ NE Sec. 6 Twp. 30 S. R. 17 East West
3092 Feet from North / South Line of Section
1080 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Wilson
Lease Name: Newland Well #: 6-2
Field Name: Neodesha DRYWOOD
Producing Formation: Bluejacket - Black Shale + Coal
Elevation: Ground: N/A Kelly Bushing: _____
Total Depth: 1078 Plug Back Total Depth: 1050
Amount of Surface Pipe Set and Cemented at: 20 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 1050
feet depth to: Surface w/ 115 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: _____ ppm Fluid volume: _____ bbls
Dewatering method used: _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

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
____ Plug Back: _____ Plug Back Total Depth
____ Commingled Docket No.: _____
____ Dual Completion Docket No.: _____
____ Other (SWD or Enhr.?) Docket No.: _____
06-02-2009 06-03-2009 08-04-09
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

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: [Signature]
Title: President Date: 12-15-09
Subscribed and sworn to before me this 15th day of December,
20 09.
Notary Public: [Signature]
Date Commission Expires: Aug 3, 2013

KCC Office Use ONLY

____ Letter of Confidentiality Received
____ If Denied. Yes Date: _____
____ Wireline Log Received
____ Geologist Report Received
____ UIC Distribution
Alt 2-Dlg - 12/1/11

KATHLEEN M. CHIPS
Notary Public - State of Kansas
My Appt. Expires 8/3/2013

Operator Name: Dakota Production Company Inc. Lease Name: Newland Well #: 6-2
 Sec. 6 Twp. 30 S. R. 17 East West County: Wilson

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:
Density, Induction, GR-N

Log Formation (Top), Depth and Datum Sample
 Name Top Datum
See Attached Drillers Log

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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
Surface	12.25	8.625	22	23'	Portland	5	
Production	6.75	4.5	9.5	1049	Thick Set	115	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ 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
4	919 - 923	200 gal. 15% HCL	
		63 sx. 20/40 Sand	
		49 sx. 12/20 Sand	

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or Enthr. 08-04-09		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.	Gas Mcf	Water Bbls.
		10	75
			Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)		METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____		PRODUCTION INTERVAL: _____ _____
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