



KANSAS CORPORATION COMMISSION 1071047
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 # 33977
Name: E K Energy LLC
Address 1: 12220 SW COLONY RD
Address 2: PO BOX 267
City: COLONY State: KS Zip: 66015 + 4017
Contact Person: Dave Kimzey
Phone: (620) 496-6257
CONTRACTOR: License # 33977
Name: E K Energy LLC
Wellsite Geologist: Dave Kimzey
Purchaser: pacer

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 #: _____

| 11/5/2011 | 11/15/2011 | 11/15/2011 |
|-----------------------------------|-----------------|---|
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - 15-001-30285-00-00

Spot Description: _____
SW SE SW SE Sec. 1 Twp. 24 S. R. 18 East West
165 Feet from North / South Line of Section
1815 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Allen
Lease Name: Franklin Well #: 2
Field Name: Iola
Producing Formation: Tucker

Elevation: Ground: 963 Kelly Bushing: 0000
Total Depth: 940 Plug Back Total Depth: _____
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: 20
feet depth to: 0 w/ 5 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 00 ppm Fluid volume: 210 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: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanna Garcia Date: 12/29/2011



1071047

Operator Name: E K Energy LLC Lease Name: Franklin Well #: 2
 Sec. 1 Twp. 24 S. R. 18 East West County: Allen

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 (Attach Additional Sheets) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Log Formation (Top), Depth and Datum | <input type="checkbox"/> Sample |
| Samples Sent to Geological Survey | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Name | Top Datum |
| Cores Taken | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | soil | 0 9 |
| Electric Log Run | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | lime | 9 242 |
| Electric Log Submitted Electronically (If no, Submit Copy) | <input type="checkbox"/> Yes <input type="checkbox"/> No | shale | 242 442 |
| List All E. Logs Run: | | lime | 442 606 |
| | | shale & sand | 606 928 |
| | | oil sand | 928 940 |

| CASING RECORD <input type="checkbox"/> New <input checked="" 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 | 8.875 | 21 | 20 | portland | 5 | none |
| long string | 6.75 | 4.5 | 10.5 | 927 | portland | 120 | none |
| | | | | | | | |

| 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 |
|----------------|---|---|-------|
| | | | |
| | | | |
| | | | |
| | | | |

| | | | | | |
|---|--|--------------|-------------------|---------------|--|
| TUBING RECORD: | Size: | Set At: | Packer At: | Liner Run: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date of First, Resumed Production, SWD or ENHR. 12/28/2011 | 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. 1 | Gas Mcf 0 | Water Bbls. 10 | Gas-Oil Ratio | Gravity 18 |

| | | |
|---|--|---------------------------------|
| DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease (If vented, Submit ACO-18.) | METHOD OF COMPLETION: <input checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____ | PRODUCTION INTERVAL: 927-940 |
|---|--|---------------------------------|

PAYLESS CONCRETE PRODUCTS, INC.

P.O. BOX: 664
 802 N. INDUSTRIAL RD.
 IOLA, KS 66749

Voice: 620-365-5588

Fax:

INVOICE

Invoice Number: 30703
 Invoice Date: Nov 15, 2011
 Page: 1

Duplicate

| |
|--|
| Bill To: |
| E.K. ENERGY LLC 1495 3000 ST. MORAN, KS 66755-3949 |

| |
|-----------------|
| Ship to: |
| |

| | | | |
|---------------------|------------------------|------------------------|-----------------|
| Customer ID | Customer PO | Payment Terms | |
| EK001 | FRANKLIN-2 | Net 10th of Next Month | |
| Sales Rep ID | Shipping Method | Ship Date | Due Date |
| | TRUCK | | 12/10/11 |

| Quantity | Item | Description | Unit Price | Amount |
|----------|--------------|----------------------------|------------|--------|
| 120.00 | CEMENT/WATER | CEMENT & WATER PER BAG MIX | 7.60 | 912.00 |
| 1.00 | TRUCKING | TRUCKING CHARGE | 50.00 | 50.00 |

| | |
|------------------------|-----------------|
| Subtotal | 962.00 |
| Sales Tax | 72.63 |
| Total Invoice Amount | 1,034.63 |
| Payment/Credit Applied | |
| TOTAL | 1,034.63 |

Check/Credit Memo No: