



KANSAS CORPORATION COMMISSION 1073939
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 # 33186
Name: LB Exploration, Inc.
Address 1: 2135 2ND RD
Address 2: _____
City: HOLYROOD State: KS Zip: 67450 + 9021
Contact Person: Michael Petermann
Phone: (785) 252-8034
CONTRACTOR: License # 34066
Name: Trinity Oilfield Services Inc.
Wellsite Geologist: None
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: Skelly Oil Co.
Well Name: Mammie Hopkins #1
Original Comp. Date: 9/10/1966 Original Total Depth: 4571
 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 #: _____
1/6/2011 1/27/2011 2/28/2011
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-007-30247-00-01
Spot Description: _____
 NW SW SE Sec. 21 Twp. 32 S. R. 13 East West
990 Feet from North / South Line of Section
2310 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Barber
Lease Name: Hopkin's Ranch 21 Well #: 1
Field Name: _____
Producing Formation: Mississippi
Elevation: Ground: 1723 Kelly Bushing: 1725
Total Depth: 4641 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 386 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: 40000 ppm Fluid volume: 50 bbls
Dewatering method used: Hauled to Disposal
Location of fluid disposal if hauled offsite:
Operator Name: BEMCO, LLC
Lease Name: Mac License #: 32613
Quarter NW Sec. 7 Twp. 32 S. R. 11 East West
County: Barber Permit #: D21045

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 Gortsov Date: 02/15/2012



1073939

Operator Name: LB Exploration, Inc. Lease Name: Hopkin's Ranch 21 Well #: 1
 Sec. 21 Twp. 32 S. R. 13 East West County: Barber

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Gamma Ray/Neutron	<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>Mississippi</td> <td>4461</td> <td>KB</td> </tr> </table>	Name	Top	Datum	Mississippi	4461	KB
Name	Top	Datum					
Mississippi	4461	KB					

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
Production	7.875	5.5	14	4639	AA2	150	5% salt, 5lb gilsonite/sack

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 <i>(Amount and Kind of Material Used)</i>	Depth
2	4458-78	1000 gal 15%	4458-78
		6,252 bbl slickwater and 100,000# sand	4458-78

TUBING RECORD: Size: <u>2.875</u> Set At: <u>4,590</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input 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) _____
Estimated Production Per 24 Hours	Oil Bbls. _____ Gas Mcf _____	Water Bbls. _____ Gas-Oil Ratio _____ Gravity _____

DISPOSITION OF GAS: <input 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 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: _____ _____
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BASIC

energy services, L.P.

TREATMENT REPORT

Customer <i>L. B. Exploration</i>		Lease No.		Date <i>01-27-11</i>	
Lease <i>Hopkins Ranch Z1</i>		Well # <i>#1</i>			
Field Order # <i>3561</i>	Station <i>PRATT KS</i>	Casing <i>3 1/2</i>	Depth <i>4647'</i>	County <i>BARBER</i>	State <i>KS</i>
Type Job <i>NEW 5 1/2 LONG ST. 21</i>			Formation	Legal Description <i>21-52-13</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
Depth <i>4647</i>	Depth	From	To	Pre Pad	Max		5 Min.	
Volume <i>492</i>	Volume	From	To	Pad	Min		10 Min.	
Max Press <i>1000</i>	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection <i>PC</i>	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth <i>4605</i>	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative			Station Manager <i>DAVE SECT</i>			Treater <i>Robert Williams</i>		
Service Units	<i>33205</i>	<i>22970</i>	<i>19956</i>	<i>21011</i>				
Driver Names	<i>Sullivan</i>	<i>Mossick</i>	<i>Mossick</i>	<i>Mossick</i>				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>0900</i>					<i>on the site, meeting</i>
					<i>Run 110 500 5 1/2 " 14 csg</i>
					<i>at 1, 345 7, 1118</i>
<i>1330</i>					<i>CSG on Bottom</i>
<i>1450</i>					<i>Make up new pipe and rig</i>
<i>1635</i>	<i>200</i>	<i>200</i>	<i>5</i>	<i>4</i>	<i>at 5 min</i>
			<i>12</i>		<i>at Superi Pad</i>
			<i>5</i>		<i>at 5 min</i>
					<i>at 5 min 1500 at AA 2 and</i>
			<i>36</i>		<i>shut down unit 11 min with Pump Unit</i>
					<i>Release Plug</i>
<i>1650</i>	<i>100</i>	<i>150</i>		<i>6</i>	<i>at 5 min</i>
	<i>300</i>	<i>300</i>	<i>83</i>		<i>at 1 PS</i>
	<i>500</i>			<i>4</i>	<i>Shut down</i>
<i>1710</i>	<i>1600</i>	<i>1600</i>	<i>117</i>		<i>Plug down</i>
					<i>500 complete</i>
<i>1600</i>	<i>1500</i>				<i>Thank you!</i>
					<i>Case: 2100 Ann. Per. P. complete w/ Frack</i>
					<i>Hopkins Ranch Tr. Co. 1/2 hour</i>

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