



KANSAS CORPORATION COMMISSION 1062725
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 # 33269
Name: Central Operating, Inc.
Address 1: 1600 BROADWAY STE 1050
Address 2: _____
City: DENVER State: CO Zip: 80202 + 4957
Contact Person: P. A. Brew
Phone: (303) 894-9576
CONTRACTOR: License # 30606
Name: Murfin Drilling Co., Inc.
Wellsite Geologist: Edgar Glassman
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 #: _____

<u>08/22/2011</u>	<u>08/30/2011</u>	<u>08/30/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-063-21940-00-00
Spot Description: _____
SW NE NW NW Sec. 2 Twp. 15 S. R. 26 East West
430 Feet from North / South Line of Section
945 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Gove
Lease Name: Albin Well #: 7-2
Field Name: _____
Producing Formation: none
Elevation: Ground: 2293 Kelly Bushing: 2299
Total Depth: 4280 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 219 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: 4100 ppm Fluid volume: 80 bbls
Dewatering method used: Hauled to Disposal
Location of fluid disposal if hauled offsite: _____
Operator Name: Walker Tank Service, Inc.
Lease Name: Thon #1 License #: 4313
Quarter NW Sec. 10 Twp. 17 S. R. 29 East West
County: lane Permit #: D-24051

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: 02/20/2012
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanna Garrison Date: 02/21/2012



1062725

Operator Name: Central Operating, Inc. Lease Name: Albin Well #: 7-2
 Sec. 2 Twp. 15 S. R. 26 East West County: Gove

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input 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: Attached	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>Anhydrite</td> <td>1774</td> <td>525</td> </tr> <tr> <td>Heebner</td> <td>3565</td> <td>-1266</td> </tr> <tr> <td>Lansing</td> <td>3604</td> <td>-1305</td> </tr> <tr> <td>B/KC</td> <td>3896</td> <td>-1597</td> </tr> <tr> <td>Pawnee</td> <td>4038</td> <td>-1739</td> </tr> <tr> <td>Cherokee</td> <td>4130</td> <td>-1831</td> </tr> <tr> <td>Mississippi</td> <td>4195</td> <td>-1896</td> </tr> </tbody> </table>	Name	Top	Datum	Anhydrite	1774	525	Heebner	3565	-1266	Lansing	3604	-1305	B/KC	3896	-1597	Pawnee	4038	-1739	Cherokee	4130	-1831	Mississippi	4195	-1896
Name	Top	Datum																							
Anhydrite	1774	525																							
Heebner	3565	-1266																							
Lansing	3604	-1305																							
B/KC	3896	-1597																							
Pawnee	4038	-1739																							
Cherokee	4130	-1831																							
Mississippi	4195	-1896																							

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	23	219	Common	190	3%CC 2%Gel

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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

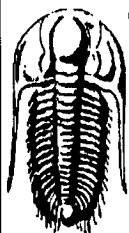
TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.			Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> 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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Form	ACO1 - Well Completion
Operator	Central Operating, Inc.
Well Name	Albin 7-2
Doc ID	1062725

All Electric Logs Run

Dual Induction Log
Porosity Log
Micro Log
Sonic Log



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Central Operating
1600 Broadway Suite 1050
Denver Co 80202

ATTN: Ed Glassman

Albin #7-2

2-15-26

Job Ticket: 43294

DST#: 2

Test Start: 2011.08.28 @ 18:00:15

GENERAL INFORMATION:

Formation: **MISS**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 20:04:45

Time Test Ended: 23:57:30

Test Type: Conventional Bottom Hole

Tester: Mike Roberts

Unit No: 48

Interval: **4201.00 ft (KB) To 4210.00 ft (KB) (TVD)**

Total Depth: 4210.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Fair

Reference Elevations: 2299.00 ft (KB)

2294.00 ft (CF)

KB to GR/CF: 5.00 ft

Serial #: 6669

Outside

Press@RunDepth: 17.67 psig @ 4205.00 ft (KB)

Start Date: 2011.08.28

End Date:

2011.08.28

Start Time: 18:00:15

End Time:

23:57:30

Capacity: 8000.00 psig

Last Calib.: 2011.08.29

Time On Btm: 2011.08.28 @ 20:04:30

Time Off Btm: 2011.08.28 @ 22:07:30

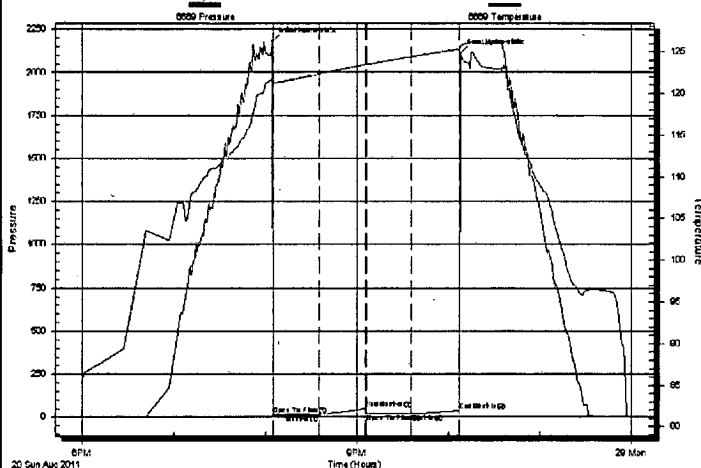
TEST COMMENT: IF:Weak surface blow died in 15 min.

IS:No return blow

FF:No blow

FS:No return blow

Pressure vs. Time



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2178.69	121.59	Initial Hydro-static
1	16.09	121.29	Open To Flow (1)
31	15.72	122.33	Shut-In(1)
61	51.06	123.44	End Shut-In(1)
62	17.38	123.45	Open To Flow (2)
91	17.67	124.38	Shut-In(2)
123	37.31	125.29	End Shut-In(2)
123	2109.25	125.63	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
5.00	ocm 5%o 95%m	0.02

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Central Operating

Albin #7-2

1600 Broadway Suite 1050
Denver Co.80202

2-15-26

Job Ticket: 43294

DST#: 2

ATTN: Ed Glassman

Test Start: 2011.08.28 @ 18:00:15

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

0 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

0 ppm

Viscosity: 54.00 sec/qt

Cushion Volume:

bbl

Water Loss: 6.77 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 4100.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
5.00	ocm 5%o 95%m	0.025

Total Length: 5.00 ft Total Volume: 0.025 bbl

Num Fluid Samples: 0

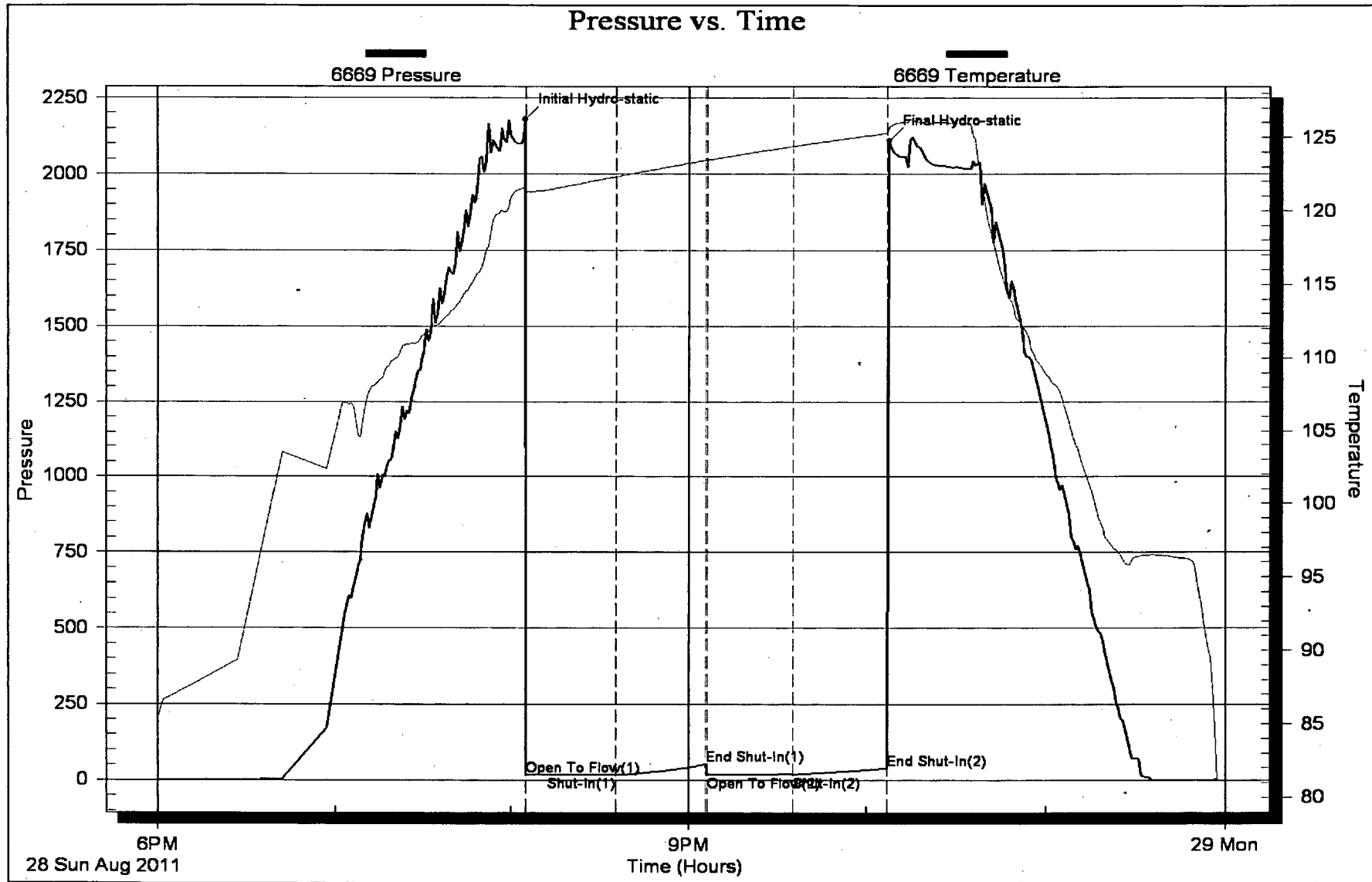
Num Gas Bombs: 0

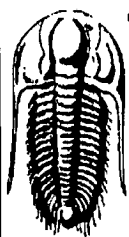
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:





**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Central Operating
1600 Broadway Suite 1050
Denver Co 80202
ATTN: Ed Glassman

Albin #7-2
2-15-26
Job Ticket: 43295 **DST#: 3**
Test Start: 2011.08.29 @ 08:08:15

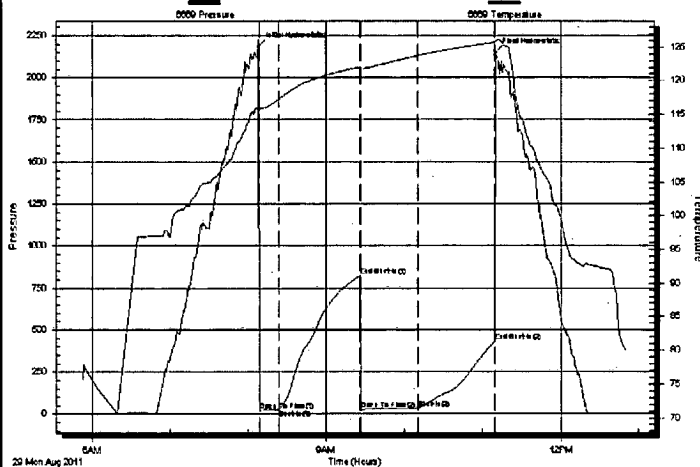
GENERAL INFORMATION:

Formation: **Miss**
Deviated: **No** Whipstock: **ft (KB)**
Time Tool Opened: 10:24:00
Time Test Ended: 15:07:00
Interval: **4210.00 ft (KB) To 4220.00 ft (KB) (TVD)**
Total Depth: **4220.00 ft (KB) (TVD)**
Hole Diameter: **7.88 inches** Hole Condition: **Fair**
Test Type: **Conventional Bottom Hole**
Tester: **Mike Roberts**
Unit No: **48**
Reference Elevations: **2299.00 ft (KB)**
2294.00 ft (CF)
KB to GR/CF: **5.00 ft**

Serial #: 6669 **Outside**
Press@RunDepth: **34.27 psig @ 4215.00 ft (KB)** Capacity: **8000.00 psig**
Start Date: **2011.08.29** End Date: **2011.08.29** Last Calib.: **2011.08.29**
Start Time: **05:53:00** End Time: **12:51:45** Time On Btm: **2011.08.29 @ 08:08:30**
Time Off Btm: **2011.08.29 @ 11:10:15**

TEST COMMENT: IF: Built to 3" blow
IS: No return blow
FF: Built to 4" blow
FS: No return blow

Pressure vs. Time



PRESSURE SUMMARY

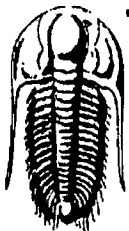
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2184.28	116.14	Initial Hydro-static
1	18.50	115.57	Open To Flow (1)
16	28.01	117.30	Shut-In(1)
78	823.52	122.03	End Shut-In(1)
79	25.73	121.83	Open To Flow (2)
122	34.27	123.75	Shut-In(2)
181	429.39	125.68	End Shut-In(2)
182	2150.29	125.99	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
20.00	ocm 40%o 60%m	0.10
30.00	free oil 100%o	0.15
0.00	GIP 62'	0.00

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Central Operating

Albin #7-2

1600 Broadway Suite 1050
Denver Co 80202

2-15-26

Job Ticket: 43295

DST#: 3

ATTN: Ed Glassman

Test Start: 2011.08.29 @ 08:08:15

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

0 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

0 ppm

Viscosity: 54.00 sec/qt

Cushion Volume:

bbl

Water Loss: 6.79 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 4100.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
20.00	ocm 40%o 60%m	0.098
30.00	free oil 100%o	0.148
0.00	GIP 62'	0.000

Total Length: 50.00 ft Total Volume: 0.246 bbl

Num Fluid Samples: 0

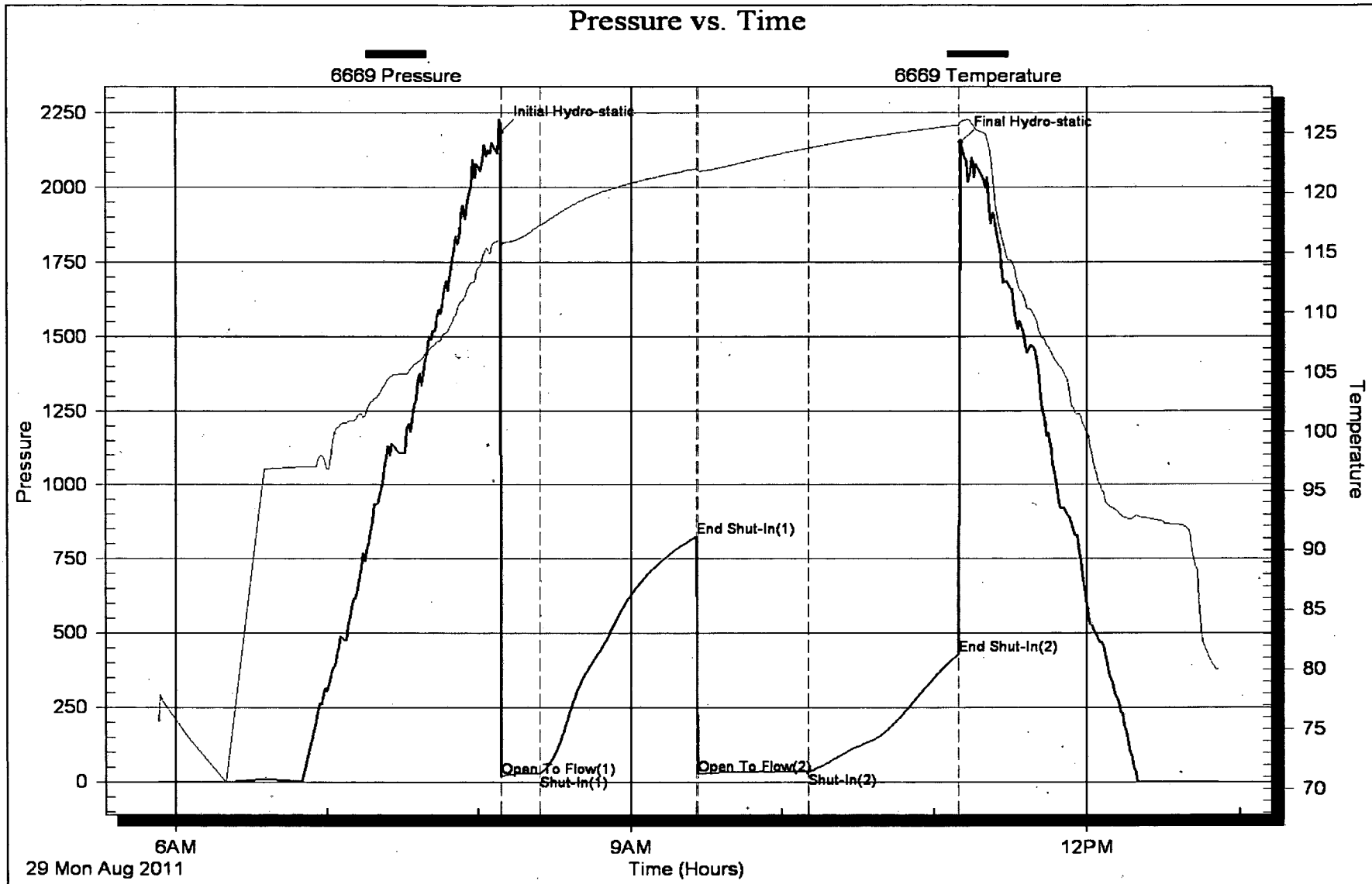
Num Gas Bombs: 0

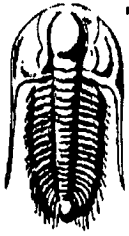
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:





**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Central Operating

Albin #7-2

1600 Broadway Suite 1050
Denver Co 80202

2-15-26

Job Ticket: 43296

DST#: 4

ATTN: Ed Glassman

Test Start: 2011.08.29 @ 21:00:15

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

0 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

0 ppm

Viscosity: 50.00 sec/qt

Cushion Volume:

bbl

Water Loss: 7.19 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 5000.00 ppm~

Filter Cake: 2.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
5.00	free oil	0.025
5.00	ocm 5%o 95%m	0.025

Total Length: 10.00 ft Total Volume: 0.050 bbl

Num Fluid Samples: 0

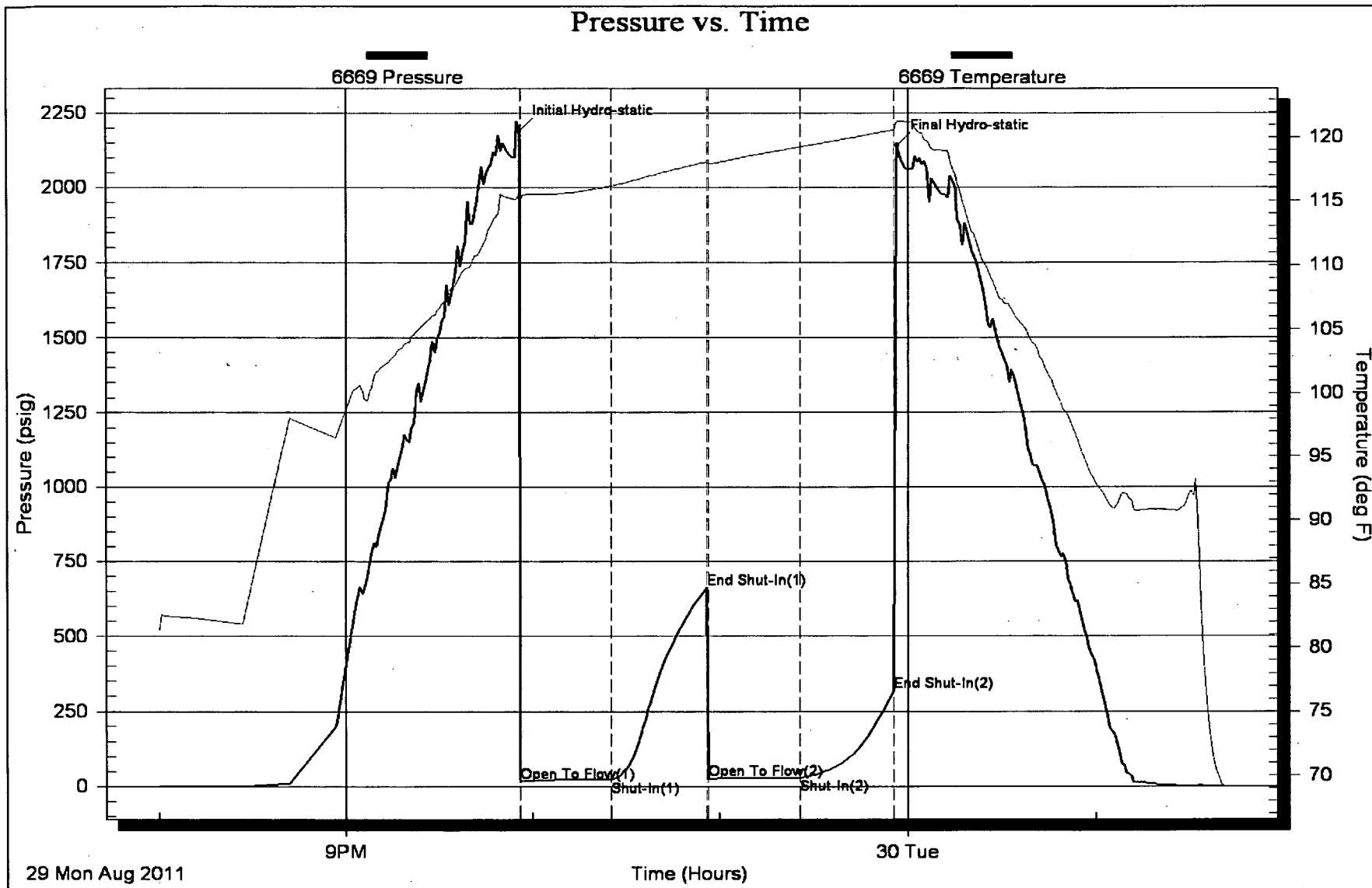
Num Gas Bombs: 0

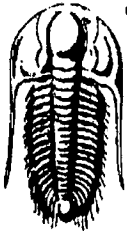
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:





**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Central Operating
1600 Broadway Suite 1050
Denver Co 80202
ATTN: Ed Glassman

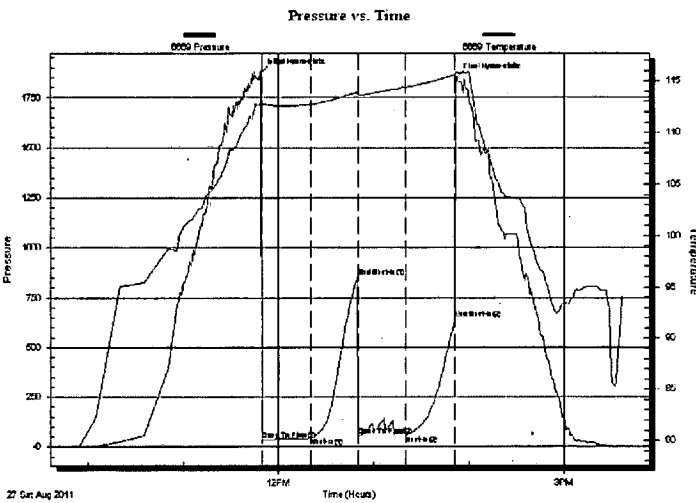
Albin #7-2
2-15-26
Job Ticket: 43293 **DST#: 1**
Test Start: 2011.08.27 @ 09:53:00

GENERAL INFORMATION:

Formation: **"H"**
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 11:49:30
Time Test Ended: 15:36:45
Interval: **3761.00 ft (KB) To 3840.00 ft (KB) (TVD)**
Total Depth: 3840.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Fair
Test Type: Conventional Bottom Hole
Tester: Mike Roberts
Unit No: 48
Reference Elevations: 2299.00 ft (KB)
2294.00 ft (CF)
KB to GR/CF: 5.00 ft

Serial #: 6669 Outside
Press@RunDepth: 58.21 psig @ 3835.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2011.08.27 End Date: 2011.08.27 Last Calib.: 2011.08.27
Start Time: 09:53:15 End Time: 15:36:45 Time On Btm: 2011.08.27 @ 11:49:15
Time Off Btm: 2011.08.27 @ 13:52:00

TEST COMMENT: IF: Built to 3/4 blow
IS: No return blow
FF: Weak surface blow died in 5 min.
FS: No return blow



PRESSURE SUMMARY

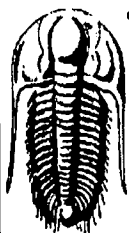
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1874.97	113.08	Initial Hydro-static
1	34.19	112.82	Open To Flow (1)
32	43.49	112.72	Shut-In(1)
61	853.98	113.89	End Shut-In(1)
62	54.43	113.66	Open To Flow (2)
91	58.21	114.37	Shut-In(2)
122	647.82	115.58	End Shut-In(2)
123	1850.11	115.89	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
15.00	ocm 30%o 70%m	0.07

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Central Operating

Albin #7-2

1600 Broadway Suite 1050
Denver Co 80202

2-15-26

Job Ticket: 43293

DST#: 1

ATTN: Ed Glassman

Test Start: 2011.08.27 @ 09:53:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

0 deg API

Mud Weight: 9.00 lb/gal

Cushion Length: ft

Water Salinity: 0 ppm

Viscosity: 69.00 sec/qt

Cushion Volume: bbl

Water Loss: 7.16 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure: psig

Salinity: 2400.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
15.00	ocm 30%o 70%m	0.074

Total Length: 15.00 ft Total Volume: 0.074 bbl

Num Fluid Samples: 0

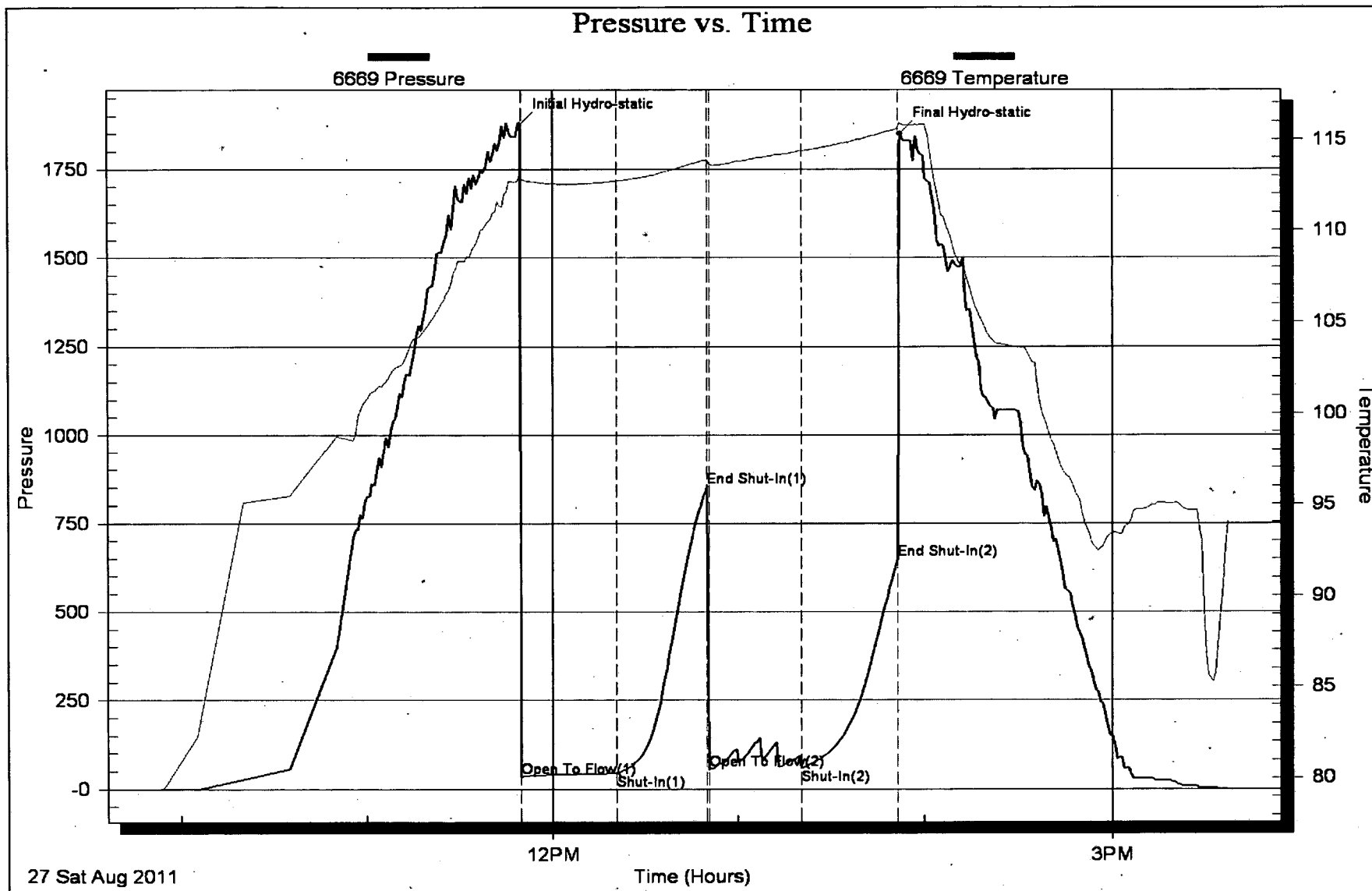
Num Gas Bombs: 0

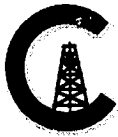
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:





CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 243704

Invoice Date: 08/29/2011 Terms: 15/15/30,n/30

Page 1

CENTRAL OPERATING, INC.
1600 BROADWAY # 1050
DENVER CO 80202
(303) 894-9576

ALBIN 1-2
28178
2-5-76
08-22-11
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	190.00	16.8000	3192.00
1102	CALCIUM CHLORIDE (50#)	536.00	.8400	450.24
1118B	PREMIUM GEL / BENTONITE	357.00	.2400	85.68
4432	8 5/8" WOODEN PLUG	1.00	96.0000	96.00
Sublet Performed				Total
9999-130	CASH DISCOUNT			-573.58
9999-130	CASH DISCOUNT			-282.74
	Description	Hours	Unit Price	Total
439	TON MILEAGE DELIVERY	401.87	1.58	634.95
463	CEMENT PUMP (SURFACE)	1.00	1025.00	1025.00
463	EQUIPMENT MILEAGE (ONE WAY)	45.00	5.00	225.00

PAID
SEP 15 2011
39639

Amount Due 6016.70 if paid after 09/28/2011

Parts:	3823.92	Freight:	.00	Tax:	261.66	AR	5114.21
Labor:	.00	Misc:	.00	Total:	5114.21		
Sublt:	-856.32	Supplies:	.00	Change:	.00		

Signed _____

Date _____



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 243874

Invoice Date: 08/31/2011 Terms: 10/10/30,n/30

Page 1

CENTRAL OPERATING, INC.
1600 BROADWAY # 1050
DENVER CO 80202
(303) 894-9576

ALBIN7-2
28184
2-15-26
08-30-2011
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	205.00	14.3500	2941.75
1118B	PREMIUM GEL / BENTONITE	705.00	.2400	169.20
1107	FLO-SEAL (25#)	51.00	2.6600	135.66
4432	8 5/8" WOODEN PLUG	1.00	96.0000	96.00

Sublet Performed	Description	Total
9999-130	CASH DISCOUNT	-334.26
9999-130	CASH DISCOUNT	-210.05

Description	Hours	Unit Price	Total
463 P & A NEW WELL	1.00	1250.00	1250.00
463 EQUIPMENT MILEAGE (ONE WAY)	45.00	5.00	225.00
463 TON MILEAGE DELIVERY	395.89	1.58	625.51

PAID
SEP 15 2011
31639
FAX
27 9/15/11

1573

Amount Due 5712.20 if paid after 09/30/2011

Parts:	3342.61	Freight:	.00	Tax:	242.17	AR	5140.98
Labor:	.00	Misc:	.00	Total:	5140.98		
Sublt:	-544.31	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

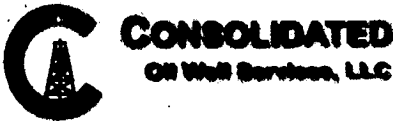
GILLETTE, WY
307/686-4914

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577



TICKET NUMBER 28184
 LOCATION Oakley KS
 FOREMAN Tuzz4

PO Box 884, Chanute, KS 66720
 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
8-30-11	1970	A16:W 7-2	2	15	26	Gove	
CUSTOMER <u>Central Operating</u>		MAILING ADDRESS					
CITY		STATE	ZIP CODE	TRUCK #	DRIVER	TRUCK #	DRIVER
				463	Josh G		
				439	Cody R		

JOB TYPE PTA HOLE SIZE 7 7/8 HOLE DEPTH 4280' CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE 4 1/2 TUBING _____ OTHER _____
 SLURRY WEIGHT 14.2 SLURRY VOL 1.40 WATER gal/sk 6.7 CEMENT LEFT IN CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Mur #16 Rig up and plug as ordered
25 SKS @ 1800'
100 SKS @ 720'
40 SKS @ 270'
10 SKS @ 40' w/plug
30 SKS @ RT

Thanks Tuzz4 & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405A	1	PUMP CHARGE	1250.00	1250.00
5406	45	MILEAGE	5.00	225.00
5407A	8.8 ton	Ton Mileage Delivery	72.50	625.50
1131	205 SKS	60/40 pos	14.33	2941.35
1118B	705 #	Bentonite	24	169.20
1107	51 #	Flo-seal	2.66	135.66
4432	1	8 7/8 wood cup plug	96.00	96.00
		subtotal		5443.31
		less 10 % disc		544.31
		subtotal		4898.99
		243.874	SALES TAX	242.17
			ESTIMATED TOTAL	5140.98

Ravin 3737

AUTHORIZATION [Signature] TITLE T.P. DATE 8-30-11

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

February 20, 2012

P. A. Brew
Central Operating, Inc.
1600 BROADWAY STE 1050
DENVER, CO 80202-4957

Re: ACO1
API 15-063-21940-00-00
Albin 7-2
NW/4 Sec.02-15S-26W
Gove County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
P. A. Brew

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

February 21, 2012

P. A. Brew
Central Operating, Inc.
1600 BROADWAY STE 1050
DENVER, CO 80202-4957

Re: ACO-1
API 15-063-21940-00-00
Albin 7-2
NW/4 Sec.02-15S-26W
Gove County, Kansas

Dear P. A. Brew:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 08/22/2011 and the ACO-1 was received on February 20, 2012 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department