

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

2/12/12

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5056
Name: F.G. Holl Company, L.L.C.
Address 1: 9431 E. Central, Suite 100
Address 2: _____
City: Wichita State: KS Zip: 67206 + _____
Contact Person: Franklin R. Greenbaum
Phone: (316) 684-8481, Ext. 206
CONTRACTOR: License # 5929
Name: Duke Drilling Company Inc.
Wellsite Geologist: Rene Husted
Purchaser: NCRA

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW
 Gas ENHR SIGW
 CM (Coal Bed Methane) Temp. Abd.
 Dry Other _____
(Core, WSW, Expl., Cathodic, etc.)

If Workover/Re-entry: Old Well Info as follows:
Operator: F.G. Holl Company, L.L.C.
Well Name: ROMINE TRUST 1-1
Original Comp. Date: 09/22/2009 Original Total Depth: 3700'
 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.: _____
RU: 01/27/2010 09/01/2009 RD: 02/01/2010
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 009-25,337-000001
Spot Description: _____
SE SW NE SE Sec. 1 Twp. 20 S. R. 15 East West
1577 Feet from North / South Line of Section
833 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Barton
Lease Name: ROMINE TRUST "Ouro" Well #: 1-1
Field Name: Clarence
Producing Formation: Lansing-Kansas City
Elevation: Ground: 1952' Kelly Bushing: 1960
Total Depth: 3700 Plug Back Total Depth: 3640'
Amount of Surface Pipe Set and Cemented at: 865 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 WONS 2-1810
(Data must be collected from the Reserve Pit)
Chloride content: 43,000 ppm Fluid volume: _____ bbls
Dewatering method used: No free fluids
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

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: Franklin R. Greenbaum
Title: Exploration Manager Date: 02/11/2010
Subscribed and sworn to before me this 11th day of February 2010
20 State of Kansas; Sedgwick County
Notary Public: Betty H. Spotswood
Date Commission Expires: 04/30/2010

Notary Public - State of Kansas
BETTY H. SPOTSWOOD
My Appointment Expires 4/30/2010

KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
RECEIVED
FEB 16 2010
KCC WICHITA

Operator Name: F.G. Holl Company, L.L.C. Lease Name: ROMINE TRUST Well #: 1-1
 Sec. 1 Twp. 20 S. R. 15 East West County: Barton

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 <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 <i>(Submit Copy)</i> List All E. Logs Run: CDL/CNL DIL/ML/BHCS CPI/Sector bond log	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum See original
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CASING RECORD <input checked="" 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	12-1/4"	8-5/8"	23#	865'	A-Con	175sx	
					Common	150sx	
Production	7-7/8"	5-1/2"	15.5#	3699'	60/40Poz & AA-2	25sx & 150sx	

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
4 SPF	3419' - 3426', 3435' - 3444', 3452' - 3458'	Treat w/ 1650 gal 15% NEFE	
	Set 5-1/2" AD-1 packer w/ bull plug at the bottom at 3556'		

TUBING RECORD: Size: <u>2-3/8</u> Set At: <u>3500'</u> Packer At: <u>3556'</u>		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First. Resumed Production, SWD or Enhr. <u>02/01/2010</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i>	
Estimated Production Per 24 Hours	Oil Bbls. <u>55</u>	Gas Mcf <u>50</u> Water Bbls. <u>50</u> Gas-Oil Ratio <u> </u> Gravity <u> </u>

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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: <u>3419' - 3458' LKC</u>
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