



KANSAS CORPORATION COMMISSION 1083243
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 # 34541
Name: Ninnescah Drilling LLC
Wellsite Geologist: Kurt Talbot
Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SLOW
- 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 #: _____

9/17/2011	9/23/2011	10/3/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-007-23767-00-00

Spot Description: _____

N2 S2 SW NW Sec. 11 Twp. 33 S. R. 13 East West
2145 Feet from North / South Line of Section
660 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Barber

Lease Name: J Paul Magnison 11 Well #: 1

Field Name: _____

Producing Formation: Mississippi

Elevation: Ground: 1680 Kelly Bushing: 1693

Total Depth: 4665 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 427 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: 110000 ppm Fluid volume: 420 bbls

Dewatering method used: Hauled to Disposal

Location of fluid disposal if hauled offsite:

Operator Name: BEMCO

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 Gerritsen Date: 06/18/2012



1083243

Operator Name: LB Exploration, Inc. Lease Name: J Paul Magnison 11 Well #: 1
 Sec. 11 Twp. 33 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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Spectral Neutron / Gamma Ray	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border: none;"> <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>4546</td> <td>-2853</td> </tr> </table>	Name	Top	Datum	Mississippi	4546	-2853
Name	Top	Datum					
Mississippi	4546	-2853					

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	24	414	60/40 poz	350	2% gel, 3% cc
Production	7.875	5.5	14	4661	AA2	150	

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	4546-4578	2500 gal 10% MCA	4546-4578
		11270 bbl slickwater & 214800# sand	4546-4578

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 Bbbs.	Gas Mcf	Water Bbbs. 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> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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QUALITY WELL SERVICE, INC.

5239

Home Office 190th US 56 HWY, Ellinwood, KS 67526

Todd's Cell 620-388-5422
Darin's Cell 785-445-2686

Rich's Cell 620-727-3409
Brady's Cell 620-727-6964

Date	9.17.11	Sec	11	Twp	33	Range	13	County	BARBER	State	KI	On Location		Finish	10.30A
Lease	T. Paul Manning II			Well No.	*1			Location	Meadow Creek W to F.P. Hill's Rd						
Contractor	K. W. Escobedo			Owners to	Drew Creek W to Cattle Guard										
Type Job	Surface			To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.											
Hole Size	12 1/4			T.D.	430										
Csg.	2 7/8 24"			Depth	426.70										
Tbg. Size				Depth											
Tool				Depth											
Cement Left in Csg.				Shoe Joint	20										
Meas Line				Displace	25.2 (35)										
EQUIPMENT												Cement Amount Ordered: 4000x 6040 Poz			
Pumptrk	B No. BROWN			Zapfel 3/6 CL 1/4" CF. USCO 350'S											
Bulktrk	7 No. SEAN			Common 210											
Bulktrk				Poz. Mix 130											
Pickup	No. TORD			Gel. 0											
JOB SERVICES & REMARKS												Calcium 11			
Rat Hole	Hulls														
Mouse Hole	Salt														
Centralizers	Flowseal 93														
Baskets	Kot-Seal														
D/V or Port Collar	Mud CLR 48														
Run 10 4's 2 7/8 24" csg	CFL-117 or CD110-CAF 38														
Mix Pump 350 cc 6040 Poz	Sand														
Zapfel 3/6 CL 1/4" CF.	Handling 367														
14.7" 1/2" 1.25 113	Mileage 15														
FLOAT EQUIPMENT															
Delcass. Workover Plug	Guide Shoe 2 hrs Working time														
Resp 25.2 Bulk + box	Centralizer 2 hrs Working time														
Close Valve on Csg 230'	Baskets														
Plug down 2 10.00	AFU Inserts														
6000 CIRC thru JO3	Float Shoe														
CIRC CWF TO PIT	Latch Down														
THANKS	1 Workover Plug														
TODD MIKE & BRADY	Pumptrk Charge Surface														
Signature	Mileage 15														
												Tax			
												Discount			
												Total Charge			

BASIC

energy services, L.P.

TREATMENT REPORT

Customer	L.S. Exploration		Lease No.			Date	9-24-11	
Lease	J. Paul Morrison		Well #	H-1		County	Barber	
Field Order #	Station	Casing	Depth	County	Barber	State	KS	
5012	Pratt	5 1/2	4665			Legal Description	11-33-13	
Type Job	CNUW - 5 1/2 L.S.			Formation				

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft	Acid	Pre Pad	Rate	Press	ISIP	
5 1/2	4 1/2	250	60/40 Puz 2 1/2 @ 0.17	AA 2 @ 14.8 1/4			5 Min.	
Depth	Depth	From	To	Pad	Min	10 Min.		
4665	4665	From	To	500Ks	Avg	15 Min.		
Volume	Volume	From	To	Frac	HHP Used	Annulus Pressure		
11	11	From	To		Gas Volume	Total Load		
Max Press	Max Press	From	To	Flush	118.3			
15.32	15.32	From	To					
Well Connection	Annulus Vol.	From	To					
7	7	From	To					
Plug Depth	Packer Depth	From	To					
1671	1671	From	To					

Customer Representative	Michael Pater	Station Manager	Dave Scott	Treater	Steve Orlando
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Service Units	27283	27463	15876	15860				
Driver Names	Orlando	Michael	McGraw					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
5:00 AM					On location - Safety Meeting
					Run 11131 5 1/2 CS
					Circulation 1-2-3-4-7-10-13-16-17-18
					Back to Above Cullins 45-6
					Casing on Bottoms Biont CNUW/P
					Release Casing
2:00	300		5 1/2	5	mit 250Ks 60/40 Puz 2 1/2 @ 11# / min
11:21	250		41	5	mit 150Ks AA 2 @ 14.8 1/4
					plug Down - slow pump line
					Release plug
12:46	0		0	6	Start H ₂ O Displacement with KCL
1:17 PM	300		85	5	Loss Pressure
2:57	600		100	4	Slow Rate - Stop Rate
3:00 PM	1500		118.3	4	plug Down - H-10
					Job Complete
					Truck 91-20
					Run 20325 RH mit 200Ks M-1
					Circulation thru Job