



KANSAS CORPORATION COMMISSION 1083242
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: Bowers Drilling
Well Name: Magnison #1
Original Comp. Date: 8/16/1964 Original Total Depth: 4537
 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>9/15/2011</u> | <u>9/21/2011</u> | <u>9/26/2011</u> |
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - 15-007-02387-00-01
Spot Description: _____
S2 NW SE Sec. 34 Twp. 32 S. R. 13 East West
1650 Feet from North / South Line of Section
1980 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Barber
Lease Name: Roland Well #: 1
Field Name: _____
Producing Formation: Mississippi
Elevation: Ground: 1676 Kelly Bushing: 1678
Total Depth: 4550 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 314 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: _____ ppm Fluid volume: _____ bbls
Dewatering method used: _____
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 Corbin Date: 06/11/2012



1083242

Operator Name: LB Exploration, Inc. Lease Name: Roland Well #: 1
 Sec. 34 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 type="checkbox"/> Yes <input checked="" 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-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>4466</td> <td>-2788</td> </tr> </table> | Name | Top | Datum | Mississippi | 4466 | -2788 |
| Name | Top | Datum | | | | | |
| Mississippi | 4466 | -2788 | | | | | |

| 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 | 4545 | AA2 | 190 | 5#/sk gilsonite, 10% salt |
| | | | | | | | |
| | | | | | | | |

| 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 |
|----------------|---|--|-----------|
| 2 | 4478-4504 | 1500 gal 10% MCA | 4478-4504 |
| | | 6736 bbl slickwater & 130400 # sand | 4478-4504 |
| | | | |
| | | | |

| | | | |
|--|-----------|---|-----------------------------------|
| TUBING RECORD: Size: <u>2.875</u> 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: _____ _____ |
|---|---|--|

QUALITY WELL SERVICE INC.

5300

Home Office 324 Simpson St., Pratt, KS 67124

Todd's Cell 620-388-5422
Office / Fax 620-672-3663

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

| | | | | | | | | | |
|-----------------------------------|---------------------------|------|--|----------------------------------|--------|----------|----------------------------------|--------|--|
| Date | 9-22-11 | Sec. | Twp. | Range | County | State | On Location | Finish | |
| | | | | | Barber | KI | | 4:30 | |
| Lease | Peland | | Well No. | OWWD | | Location | MED Lodge Ks West to Amphills rd | | |
| Contractor | Trinity OILFIELD SERVICES | | Owner | S to SENECA DRIVE 1/2 W N+W into | | | | | |
| Type Job | 5 1/2 L.S. | | To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cement and helper to assist owner or contractor to do work as listed. | | | | | | |
| Hole Size | 7 7/8 | | T.D. | 4550 | | | | | |
| Csg. | 5 1/2 | | Depth | 4547 | | | | | |
| Tbg. Size | | | Charge To | L.B. Exploration | | | | | |
| Tool | | | Street | | | | | | |
| Cement Left in Csg. | | | City | State | | | | | |
| Meas Line | | | Shoe Joint | 42.10 | | | | | |
| | | | Displace | 109.9 | | | | | |
| | | | The above was done to satisfaction and supervision of owner agent or contractor. | | | | | | |
| | | | Cement Amount Ordered | 190 x Pro C | | | | | |
| EQUIPMENT | | | | | | | | | |
| Pumptrk | 9 No. | | 5 1/2 x 6. Lomite 10% Salt | | | | | | |
| Bulktrk | 4 No. | | Common 190 | | | | | | |
| Bulktrk | No. | | Poz. Mix | | | | | | |
| Pickup | No. | | Gel. | | | | | | |
| | No. | | Calcium | | | | | | |
| JOB SERVICES & REMARKS | | | | | | | | | |
| Rat Hole | | | Hulls | | | | | | |
| Mouse Hole | | | Salt 70 | | | | | | |
| Centralizers | | | Flowaer | | | | | | |
| Baskets | | | Kof-Seal 950 | | | | | | |
| D/V or Port Collar | 108 ft's total | | Mud CLR 48 | | | | | | |
| Run Float SHOE! LD Baffle | | | CFL-117 or CD110 CAF 38 | | | | | | |
| 1st = 42.10 | | | Sand | | | | | | |
| Arb/1225 1-7-4-6-B-11-14-17 | | | Handling 210 | | | | | | |
| Hook up to csg: Break out wires | | | Mileage 15 | | | | | | |
| 45 min | | | 5 1/2 FLOAT EQUIPMENT | | | | | | |
| Mix Pump 25 x sc scawenger 12 gal | | | Guide Shoe | | | | | | |
| Mix Pump 175 x Pro-C | | | Centralizer | | | | | | |
| 14.8" gal 1.49 ft | | | Baskets | | | | | | |
| SHUT DOWN Clean Pump Lines | | | AFU Inserts | | | | | | |
| RELEASE LD Plug | | | Float Shoe 1 | | | | | | |
| START DISP | | | Latch Down 1 | | | | | | |
| LIFT CUP 90 700# | | | | | | | | | |
| Plug down 114 1500# | | | Pumptrk Charge L.S. | | | | | | |
| RELEASE! HOLD | | | Mileage 15 | | | | | | |
| 6:20 OK the job | | | | | | | | | |
| Thanks Todd Mike SEAL & Brady | | | | | | | | | |
| Signature <i>[Signature]</i> | | | Tax | | | | | | |
| | | | Discount | | | | | | |
| | | | Total Charge | | | | | | |