

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

6/17/12

Operator: License # 3988
Slawson Exploration Co., Inc.
Name: _____
Address: 204 N Robinson, Ste 2300
OKC OK 73102
City/State/Zip: _____
Purchaser: _____
Steve Slawson
Operator Contact Person: _____
Phone: (405) 232 0201
Contractor: Name: Maverick Drilling
34233
License: _____
Wellsite Geologist: Pat Deenihan

KCC
JUN 17 2010
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Designate Type of Completion:
____ New Well ____ Re-Entry ____ Workover
____ Oil ____ SWD ____ SIOW ____ Temp. Abd.
____ Gas ____ ENHR ____ SIGW
 Dry ____ Other (Core, WSW, Expl., Cathodic, 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./SWD
____ Plug Back ____ Plug Back Total Depth
____ Commingled Docket No. _____
____ Dual Completion Docket No. _____
____ Other (SWD or Enhr.?) Docket No. _____
4/29/10 5/7/10 P&A 5/0/10
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 101-22224 -0000
Lane _____
County: _____
E/2 E/2 SE SW 11 18 30
Sec. Twp. S. R. East West
673 _____ feet from (S) / N (circle one) Line of Section
2571 _____ feet from E / (W) (circle one) Line of Section

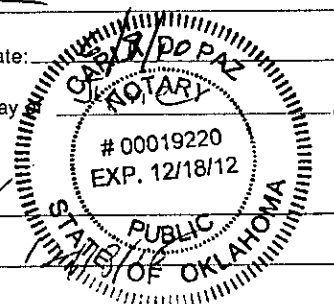
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW (SW) 1
Lease Name: SINCLAIR 'A' Well #: _____
Field Name: _____
Producing Formation: _____
Elevation: Ground: 2854 Kelly Bushing: _____
4640
Total Depth: _____ Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 307 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 AH II DLG 6/23/10
(Data must be collected from the Reserve Pit)
Chloride content 2500 ppm Fluid volume 7000 bbls
Dewatering method used Evaporation
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: _____
Title: Op Manager Date: _____
Subscribed and sworn to before me this 9 day _____
20 10.
Notary Public: Carl Ory
Date Commission Expires: _____



KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
____ UIC Distribution

RECEIVED
KANSAS CORPORATION COMMISSION
JUN 21 2010
CONSERVATION DIVISION
WICHITA, KS

Operator Name: Slawson Exploration Co., Inc. Lease Name: SINCLAIR 'A' Well #: 1
 Sec. 11 Twp. 18 S. R. 30 East West County: Lane

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 Yes No
 (Attach Additional Sheets)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy)
 List All E. Logs Run:

DIL-SP-GR-Sonic-CNL-CDL

Log		Formation (Top), Depth and Datum			Sample	
Name			Top	Datum		
Anh	2221	+642	BKC	4304	-1441	
B/Anh	2239	+624	Marmaton	4345	-1482	
Wab	3529	-666	Pawnee	4418	-1555	
Hbn	3912	-1049	Uck	4461	-1598	
Lns	3949	-1086	Fr Scott	4468	-1605	
Muncie Creek	4126	-1263	Lck	4492	-1629	
Sik	4221	-1358	John Z	4529	-1666	
			Msp	4575	-1712	

CASING RECORD <input 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	12-1/4"	8-5/8"	23#	307	Common	175	3% gel, 5% CC

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 (Amount and Kind of Material Used)	Depth

TUBING RECORD		Size	Set At	Packer At	Liner Run
					<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd 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 Vented Sold Used on Lease (If vented, Submit ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled

Production Interval Other (Specify) _____



CHARGE TO: SLAWSON EXPLORATION
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

KCC
 JUN 17 2010
 CONFIDENTIAL

TICKET
 18411

PAGE 1 OF 1

SERVICE LOCATIONS: 1. NESS CITY, KS

WELL PROJECT NO.: A-1 LEASE: SLAWSON COUNTY/PARISH: LANE STATE: Ks CITY: _____ DATE: 4-29-10 OWNER: SAME

TICKET TYPE: SERVICE SALES CONTRACTOR: MAVERICK DRILLING RIG NAME/NO.: _____ SHIPPED VIA: CT DELIVERED TO: LOCATION ORDER NO.: _____

WELL TYPE: ORL WELL CATEGORY: DEVELOPMENT JOB PURPOSE: 8 5/8" SURFACE WELL PERMIT NO.: _____ WELL LOCATION: NEIGHTON, Ks - 7W, 1 1/4N, W

INVOICE INSTRUCTIONS: _____

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF		QTY.	UM	QTY.	UM	
575		1			MILEAGE # 110	40	ME		5.00	200.00
576S		1			PUMP CHARGE	1	JOB	308	FT	750.00
325		1			STANDARD CEMENT	175	SBS		12.00	2100.00
279		1			BENTONITE GEL	3	SBS		25.00	75.00
278		1			CALCIUM CHLORIDE	5	SBS		35.00	175.00
290		1			D-ADR	2	Gal		35.00	70.00
581		1			SERVICE CHARGE CEMENT	175	SBS		1.50	262.50
583		1			DRAVAGE	1715	0.00 US	343	TM	343.00

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 KANSAS CORPORATION COMMISSION
 JUN 21 2010
 CONSERVATION DIVISION
 WICHITA, KS

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

x Mark Depman
 DATE SIGNED: 4-29-10 TIME SIGNED: 1130 A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				3975.50
WE UNDERSTOOD AND MET YOUR NEEDS?				
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				Lane TAX 5.3% 128.26
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL 4103.76
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR: DAVE WILSON

APPROVAL: _____ Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 4-29-10 PAGE NO. 1

CUSTOMER (SANDSON EXPLORATION) WELL NO. A-1 LEASE SWCLAND JOB TYPE 8 5/8" SURFACE TICKET NO. 18411

CHART NO.	TIME	RATE (BPM)	VOLUME (BBLS) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1130							ON LOCATION
								TD-308 SET= 308 TP-308 8 5/8" 23 15' CMT LEFT IN CASING
	1320							BREAK CIRCULATION
	1345	4 1/2	42 1/2		✓		200	MIX CONST - 175 SKS SAND 2% GEL, 3% CC
								RELEASE PLUG
	1355	6 1/2	0		✓			DISPARE PLUG
	1358		18 3/4				325	PLUG DOWN - SHUT IN
								CIRCULATED 15 SKS CONST TO PT
								WASH TRUCK
	1430							JOB COMPLETE KCC JUN 17 2010 CONFIDENTIAL
								THANK YOU WAYNE JASON R., LWF

RECEIVED
KANSAS CORPORATION COMMISSION

JUN 21 2010

CONSERVATION DIVISION
WICHITA, KS

ALLIED CEMENTING CO., LLC.

30751

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Liberal K.S.

DATE <u>5-08-10</u>	SEC. <u>11</u>	TWP. <u>18S</u>	RANGE <u>30W</u>	CALLED OUT	ON LOCATION	JOB START <u>8:00AM</u>	JOB FINISH <u>9:00AM</u>
LOCATION <u>1 #1 6 west of Dighton</u>						COUNTY <u>Lane</u>	STATE <u>KS</u>
OLD OR NEW (circle one) <u>NEW</u>							

CONTRACTOR Maverick Drilling #108 OWNER _____

TYPE OF JOB PTA

HOLE SIZE 7 1/8 T.D. _____

CASING SIZE 5 5/8 DEPTH 308

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2 DEPTH 2270

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

CEMENT

AMOUNT ORDERED 280^{SK} 60/40 4%

gel 1/4 # Flo Seal

COMMON _____ @ KCC

POZMIX _____ @ JUN 17 2010

GEL _____ @ CONFIDENTIAL

CHLORIDE _____ @ _____

ASC _____ @ _____

Light Weight 280 @ 14.05 3934.00

Flo Seal 62 @ 2.50 155.00

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING 282 @ 2.40 676.80

MILEAGE _____ @ _____ 1974.00

TOTAL 6739.80

EQUIPMENT

PUMP TRUCK CEMENTER Kenny

366 HELPER Cesar

BULK TRUCK

457-239 DRIVER Tony

BULK TRUCK

_____ DRIVER _____

SERVICE

DEPTH OF JOB 2270

PUMP TRUCK CHARGE 1185.00

EXTRA FOOTAGE @ _____

MILEAGE 70 @ 7.00 490.00

MANIFOLD @ _____

_____ @ _____

_____ @ _____

TOTAL 1675.00

REMARKS:

THANK YOU!!!

CHARGE TO: Slowson Expl

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

NA

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

To Allied Cementing Co., LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Magic Dipman

SIGNATURE Magic Dipman

SALES TAX (If Any) _____

TOTAL CHARGES 6739.80

DISCOUNT 0.00 IF PAID IN 30 DAYS