



KANSAS CORPORATION COMMISSION 1090611
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 # 8925
Name: Liberty Oper & Compl, Inc
Address 1: 308 W MILL
Address 2: _____
City: PLAINVILLE State: KS Zip: 67663 + 2229
Contact Person: Roger L. Comeau
Phone: (785) 434-4686
CONTRACTOR: License # 32169
Name: Dopita, Don dba Maverick Oil Co.
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: Chardel Oil Co
Well Name: Lambert #1
Original Comp. Date: 10/22/1978 Original Total Depth: 3934

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>6/2/2010</u>	<u>6/2/2010</u>
Spud Date or Recompletion Date	Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-163-20642-00-01

Spot Description: _____
NE SW NE Sec. 29 Twp. 9 S. R. 20 East West
3630 Feet from North / South Line of Section
1650 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Rooks
Lease Name: Lambert Well #: 1
Field Name: _____
Producing Formation: Arbuckle
Elevation: Ground: 2287 Kelly Bushing: 2295
Total Depth: 3934 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 261 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 Garrison Date: 08/20/2012



1090611

Operator Name: Liberty Oper & Compl, Inc Lease Name: Lambert Well #: 1
 Sec. 29 Twp. 9 S. R. 20 East West County: Rooks

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 type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<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>1785</td> <td>+510</td> </tr> <tr> <td>Heebner</td> <td>3544</td> <td>-1249</td> </tr> <tr> <td>Toronto</td> <td>3566</td> <td>-1271</td> </tr> <tr> <td>Lansing</td> <td>3583</td> <td>-1288</td> </tr> <tr> <td>Base Kansas City</td> <td>3799</td> <td>-1504</td> </tr> <tr> <td>Simpson</td> <td>3870</td> <td>-1575</td> </tr> <tr> <td>Arbuckle</td> <td>3882</td> <td>-1587</td> </tr> </tbody> </table>	Name	Top	Datum	Anhydrite	1785	+510	Heebner	3544	-1249	Toronto	3566	-1271	Lansing	3583	-1288	Base Kansas City	3799	-1504	Simpson	3870	-1575	Arbuckle	3882	-1587
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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

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

TUBING RECORD: Size: Set At: Packer At: Liner Run: Yes 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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