

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

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

9/16/12

OPERATOR: License # 4941 **KCC**
Name: Union Valley Petroleum Corporation
Address 1: 10422 Pinto Lane
Address 2: _____
City: Enid State: OK Zip: 73701
Contact Person: Paul Youngblood
Phone: (580) 237-3959
CONTRACTOR: License # 33132
Name: Dan D. Drilling
Wellsite Geologist: _____
Purchaser: Atlas - Conoco **KCC WICHITA**

SEP 16 2010

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API No. 15 - 077-21684 -0000

Spot Description: _____

C S/2 S/2 NW Sec. 6 Twp. 34 S. R. 6 East West

2,210 Feet from North / South Line of Section

1,320 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Harper

Lease Name: Katie Lee Well #: 1-6

Field Name: _____

Producing Formation: Mississippi

Elevation: Ground: 1290 Kelly Bushing: 1301

Total Depth: 4944 Plug Back Total Depth: 4800

Amount of Surface Pipe Set and Cemented at: 270 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.

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: _____

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 #: _____

6-22-10 6-26-10 7/23/10

Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 11,000 ppm Fluid volume: 240 bbls

Dewatering method used: Haul free water/ Evaporate

Location of fluid disposal if hauled offsite:

Operator Name: Union Valley Petroleum Corporation

Lease Name: Mckee SWD License #: 4941

Quarter SW Sec. 31 Twp. 33 S. R. 6 East West

County: Harper Permit #: D-28225

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.

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.

Signature: Dusty [Signature]

Title: Asst Date: 9/20/10

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: 9/16/10 - 9/16/12
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NO Date: 9-28-10

Operator Name: Union Valley Petroleum Corporation Lease Name: Katie Lee Well #: 1-6
 Sec. 6 Twp. 34 S. R. 6 East West County: Harper

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: Compensated Neutron, Dual Induction, CBL/GR	<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>Kansas City</td> <td>3912</td> <td>2611</td> </tr> <tr> <td>Cherokee</td> <td>4325</td> <td>3024</td> </tr> <tr> <td>Mississippi</td> <td>4538</td> <td>3237</td> </tr> </table>	Name	Top	Datum	Kansas City	3912	2611	Cherokee	4325	3024	Mississippi	4538	3237
Name	Top	Datum											
Kansas City	3912	2611											
Cherokee	4325	3024											
Mississippi	4538	3237											

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	270	A	250	1/4# floccate, 3% cc, 2% gel
Production	7.875	5.5	15.5	4944	A	150	2% gel, 2% cc, 6# kasecol

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
1 spf	4860-4870, 4830 - 4820	1000 gl 15% HCL NE/FE	4820
	CIBP 4800 w/ 2 sx cement		4800
4.125 spf	4540 -4548	300 gl 15% HCL MSA, 500 gl 15% HCL NE/FE	4540

TUBING RECORD: Size: <u>2.875</u> Set At: <u>4469</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>7/23/10</u>		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbls. <u>.25</u>	Gas Mcf <u>20</u>	Water Bbls. <u>345</u> Gas-Oil Ratio <u>80,000:1</u> Gravity <u>39.5</u>

DISPOSITION OF GAS: <input type="checkbox"/> Ventd <input checked="" 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 <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

1285-5

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 234960

Invoice Date: 06/28/2010 Terms: 0/30,n/30

Page 1

UNION VALLEY PETROLEUM CORP
10422 PINTO LANE
ENID OK 73701
(580)237-3959

~~REMIT TO~~ KATIE LEE
27634
06/27/10

KCC
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Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	165.00	185.00	[REDACTED]
1107A	PHENOSEAL (M) 40# BAG)	80.00	[REDACTED]	[REDACTED]
1110A	KOL SEAL (50# BAG)	900.00	[REDACTED]	[REDACTED]
1111	GRANULATED SALT (50 #)	800.00	[REDACTED]	[REDACTED]
1144	SP-402 (MUD CLEAN AGENT)	5.00	[REDACTED]	[REDACTED]
4104	CEMENT BASKET 5 1/2"	12.00	[REDACTED]	[REDACTED]
4136	TURBOLIZER 5 1/2"	112.00	[REDACTED]	[REDACTED]

Description	Hours	Unit Price	Total
528 EQUIPMENT MILEAGE (ONE WAY)	90.00	[REDACTED]	[REDACTED]
551 MIN. BULK DELIVERY	1.00	[REDACTED]	[REDACTED]
T-132 DOUBLE PUMP	1.00	[REDACTED]	[REDACTED]
T-132 CASING FOOTAGE	4900.00	[REDACTED]	[REDACTED]

LATER SHOW PLUS
Flat Shoe

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Bid was 7/14/10
Comp. Cont

Production Permit

Entered 7-8-10
Paid 2925
7-15-10

Parts:	[REDACTED]	Freight:	.00	Tax:	[REDACTED]	AR
Labor:	.00	Misc:	.00	Total:	[REDACTED]	[REDACTED]
Sublt:	.00	Supplies:	.00	Change:	.00	[REDACTED]

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

GILLETTE, WY
307/686-4914

MCALISTER, OK
918/426-7667

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577



CONSOLIDATED
Oil Well Services, LLC

234960

TICKET NUMBER 27634
LOCATION BARTLESVILLE, OK
FOREMAN DONNIE TATE

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-27-10	8221	Kelli, #1-6				HARPER
CUSTOMER U. V. P. C.			TRUCK #		DRIVER	
MAILING ADDRESS			528 T132		DREW	
CITY			551		BRIAN S.	
STATE					CONFIDENTIAL	
ZIP CODE						

JOB TYPE LS HOLE SIZE 7" 1/8 HOLE DEPTH 4944 CASING SIZE & WEIGHT 5 1/2 155#
 CASING DEPTH 4941 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.5 SLURRY VOL 1.58 WATER gal/sk 6.83 CEMENT LEFT IN CASING 32.98
 DISPLACEMENT 116.8 DISPLACEMENT PSI 600# MIX PSI 300# RATE 48PM

REMARKS: DROP BALL - RIG UP - RUN 2000' AHEAD ESTABLISHING CIRC. - RUN 150
5X CLASS A, 2% GEL, 2% CAL 6% OIL 6" KOLSEAL 10% SALT AND
4 PHENO, WASHED OUT PUMP AND LINES RELEASED PLUG - DISPLACED 116.8 BBL
PLUG DID NOT LAND - CONVERSED WITH CO. MAN. - SHUT IN RIGHT THERE,
KNOCK OFF (LEAVE PLUG CONTAINER & MANIFOLD) CMT RELY HOLE 6/2008 &
RAT HOLE WITH BAL OF CMT
155X CMT

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54010	1	PUMP CHARGE <u>DOUBLE PUMP</u>		
5406	90	MILEAGE		
5407	1	BULK TRUCK		
5402	4900'	FOOTAGE		
1126A	185SX	THICK SET		
1107A	80#	PHENO		
1110A	185X 900#	KOL SEAL		
7111	165X 800#	SALT		
1144	5CAL	MUD FLUSH		
4104	2	BASKETS 5 1/2		
4136	12	TURBOIZERS 5 1/2		
		10% DISC IF PAID WITHIN 10 DAYS		
		DISC - 841.86		
		Total 7576.76		
		5.3%	SALES TAX	
			ESTIMATED TOTAL	

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Flavin 3737

AUTHORIZATION [Signature] TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form

QUALITY WELL SERVICE INC

190 TH US 56 HWY
ELLINWOOD, KS 67526

26879

Invoice

Date	Invoice #
6/28/2010	5

Bill To
UNION VALLEY 10422 PINTO LANE ENID OK 73701

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P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
150	COMMON		
100	POZ		
4	GEL		
8	CALCIUM		
62	FLO-SEAL		
262	HANDLING		
17,030	.08 * SACKS * MILES		
1			
1	8 5/8 AFU INSERT		
1	WOODEN PLUG		
2	WAIT TIME CHARGE AFTER FIRST FOUR HOURS		
1	SFC 0-500'		
65	PUMP TRUCK MILEAGE		
430	DISCOUNT		
250	DISCOUNT		
DISCOUNT EXPIRES AFTER 30 DAYS FROM THE DATE OF THE INVOICE			
LEASE KADIE LEE WELL #1-G			
Sales Tax HARPER			
<p>71130 Cement Surface Pipe 71139 Cement Surface Pipe</p>			
<p>VERED 8-3-10</p>			
<p>PAID 3095 8-15-10</p>			
Thank you for your business.		Total	

Signature

Total Charge

QUALITY WELL SERVICE, INC.

5004

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

SEP 16 2010
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Date	Sec.	Twp.	Range	County	State	On Location	Finish
6-21-10	6	34	6	Lincoln	Ks.		
Lease KADIE LEE		Well No. 1-6		Location			
Contractor				Owner			
Type Job				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		T.D.		Charge To			
Csg.		Depth		Street			
Tbg. Size		Depth		City			
Tool		Depth		State			
Cement Left in Csg.		Shoe Joint		The above was done to satisfaction and supervision of owner agent or contractor.			
Meas Line		Displace		Cement Amount Ordered			
EQUIPMENT				280 2000 200 GEL 200 CC 1/4 CF			
Pumptrk	No.			Common	150		
Bulktrk	No.			Poz. Mix	100		
Bulktrk	No.			Gel.	4		
Pickup	No.			Calcium	3		
JOB SERVICES & REMARKS				Hulls			
Rat Hole				Salt			
Mouse Hole				Flowseal 66			
Centralizers				Kol-Seal			
Baskets				Mud CLR 48			
D/V or Port Collar				CFL-117 or CD110 CAF 38			
KOL 7 3/4 20 24" CSG				Sand			
H.T. 100' 1 3/4 37.74				Handling 262			
				Mileage 65			
MIX - Pump 250x 6040				373 FLOAT EQUIPMENT			
20% GEL 3 1/2 CC 1/4" CF.				Guide Shoe			
1.7" 1 25 H ³				Centralizer 1			
				Baskets			
LATCH DOWN				AFU Inserts 1			
RELEASE PLUG				Float Shoe			
				Latch Down			
NEW 15 5/8 1 1/2 500'				1 Wescor Plug			
- 1 1/2 5/8 1 1/2 500'							
100' Csg. 1 1/2 500'				Pumptrk Charge 2000			
20' 1 1/2 500'				Mileage 65			
W.C. VALVE 1-32 H.T. K.M. 1000							
OS. 2 5/8 102							
X Signature				Tax			
				Discount			
				Total Charge			

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