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KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACC-1

June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

CP-7 (28)

OPERATOR: License # 33471

Name: Mid-Continent Fractionation & Storage LLC

Address 1: One Williams Center

Address 2:

City: Tulsa State: OK Zip: 74172 +

Contact Person: Catherine Orban

Phone: (918) 573-1535

CONTRACTOR: License # 6427

Name: Rosencrantz-Bemis Enterprise, Inc

Wellsite Geologist:

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: N/A

Well Name: N/A

Original Comp. Date: N/A Original Total Depth: N/A

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 #: _____

12-7-2011

12-8-2011

12-10-2011

Spud Date or
Recompletion Date

Date Reached TD

Completion Date or
Recompletion Date

API No. 15 - 159-22674-00-00

Spot Description: 38.373810, -98.068775

NW SE NW NW Sec. 26 Twp. 19 S. R. 7 East West

861 Feet from North / South Line of Section

826 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Rice

Lease Name: Mitchell Station MP 28 Well #: 1

Field Name: N/A

Producing Formation: N/A

Elevation: Ground: 1740 Kelly Bushing: N/A

Total Depth: 200 Plug Back Total Depth: N/A

Amount of Surface Pipe Set and Cemented at: See Attached Drawing 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: Ryan Barta

Lease Name: _____ License #: _____

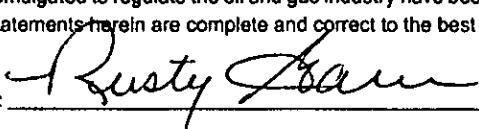
Quarter NW Sec. 3 Twp. 19 S. R. 6 East West

County: Rice Permit #: N/A

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: 

Title: Project Coordinator

Date: 10/8/2012

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:  Date: 10/15/12

Operator Name: Mid-Continent Fractionation & Storage LLC Lease Name: Mitchell Station MP 28 Well #: ✓ CP-7
 Sec. 26 Twp. 19 S. R. 7 East West County: Rice

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datum Name	<input type="checkbox"/> Sample Top Datum
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 <i>(If no, Submit Copy)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
List All E. Logs Run:			

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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
See Attached Drawing	12 in	6 in	NA	NA	Portland	37	NA

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose: — Perforate — Protect Casing — Plug Back TD — Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives	

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

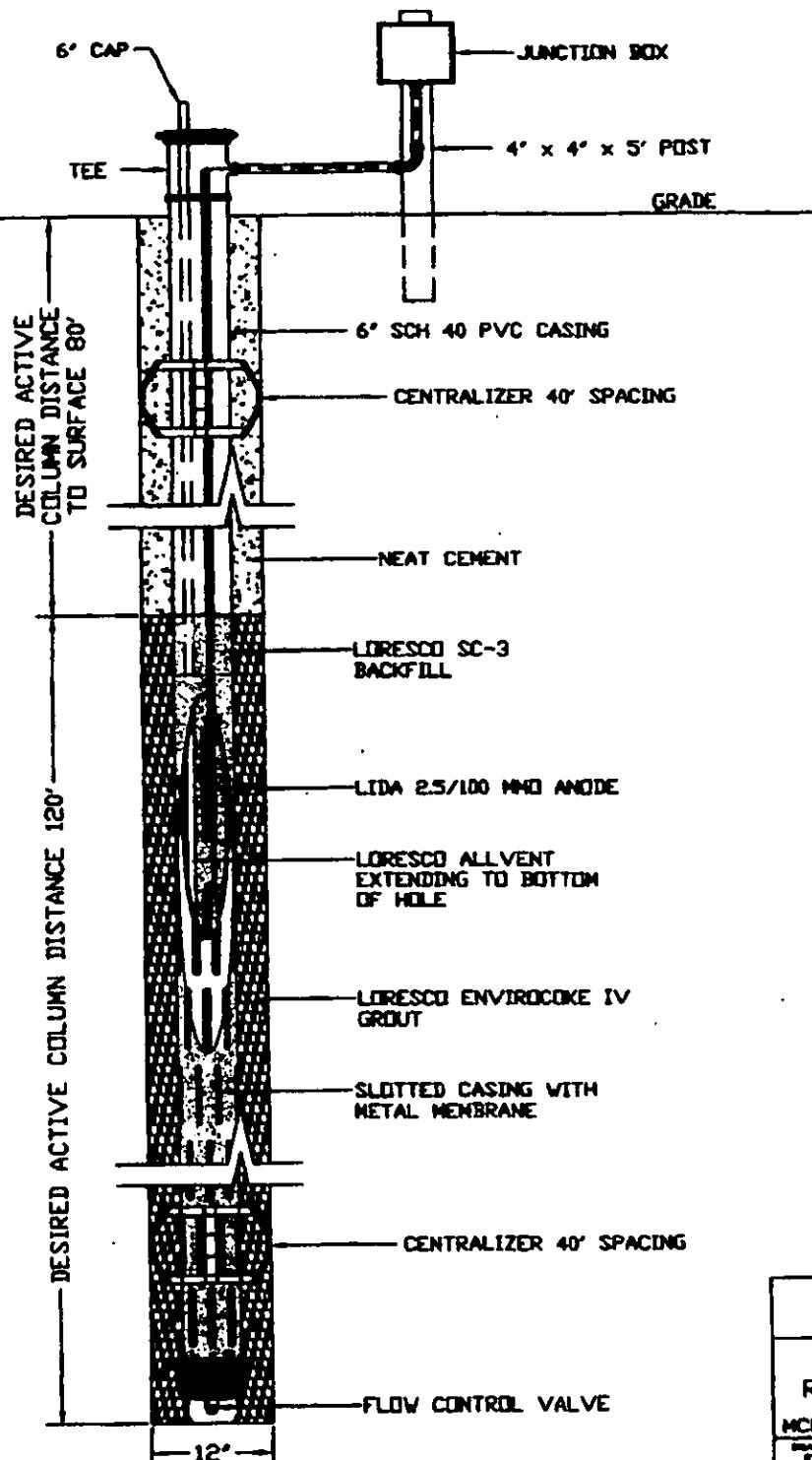
TUBING RECORD: Size:	Set At:	Packer At:	Liner Run:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, 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. <i>(Submit ACO-5)</i> <input type="checkbox"/> Commingled <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____				PRODUCTION INTERVAL: _____

15159-22674-0000

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MESA		CORROSION CONTROL	
DEEP BED INSTALLATION			
REPLACEABLE DEEP ANODE SYSTEM			
MCPHERSON		KANSAS	
DRAWN BY	TS	SCALE	None
CHECKED BY		CLIENT	08-310
DESIGNED BY			
APPROVED BY			
DATE DRAWN	9/26/08	DRAWING NO.	WIL-01565-0
DATE CHECKED			0
DATE DESIGNED			
DATE APPROVED			

**DEEP/SHALLOW CATHODIC PROTECTION GROUNDBEDS
DRILL FLUID DISPOSAL
LETTER OF AGREEMENT**

This agreement is made and entered into this 1th Day of December,
2011 by and between Williams Midstream and

MESA
P.O. Box 52608
Tulsa, Oklahoma, 74152-0608

Hereinafter referred as the "Contractor", with

Ryan Barta
2805 Ave H
Little River, KS 67457

Hereinafter referred to as "Property Owner"

The Property Owner acknowledges that the signing of this Agreement is an independent act of the Property Owner agrees to allow access to their property at:

State: Kansas County: Rice

Section: 3 Township: 19 Range: 6

And at the request of the Property Owner, Fluids will be hauled to the above location on private property disposed of by the Contractor, The Property Owner is accepting any and all responsibility for this action.

IN WITNESS WHEREOF, the parties have executed this Agreement in several counterparts original on the day and year first above written.

Mark Mall
Contractor

Date 12-1-2011

Ryan Barta
Property Owner

Date 11-30-11

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