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 OCT 04 2012
 KCC WICHITA

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

OPERATOR: License # 6127
 Name: Koron Investments, Inc.
 Address 1: PO Box 981
 Address 2: _____
 City: Hays State: KS Zip: 67601 + _____
 Contact Person: Jeff Koron
 Phone: (785) 628-1727
 CONTRACTOR: License # 33350
 Name: Southwind Drilling, Inc.
 Wellsite Geologist: Marc Downing
 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: _____
 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 #: _____
 1-12-2012 1-17-2012
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 051-26255-00-00
 Spot Description: _____
NW SE NE NE Sec. 21 Twp. 13 S. R. 16 East West
670 Feet from North / South Line of Section
610 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Ellis
 Lease Name: KF Sander Well #: 5-27
 Field Name: Airbase
 Producing Formation: _____
 Elevation: Ground: 1945 Kelly Bushing: 1955
 Total Depth: 3473 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at: 223 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: Allow to air dry.
 Location of fluid disposal if hauled offsite: _____
 Operator Name: _____
 Lease Name: _____ License #: _____
 Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
 County: _____ Permit #: _____

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: Roger J. Maso
 Title: Agent Date: October 28, 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: Dlg Date: 10/15/12

Operator Name: Koron Investments, Inc. Lease Name: KF Sander Well #: 5-27
 Sec. 21 Twp. 13 S. R. 16 East West County: Ellis

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 checked="" type="checkbox"/> Yes <input 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 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: None	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" 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>1082</td> <td>+872</td> </tr> <tr> <td>Base Anhydrite</td> <td>1120</td> <td>+835</td> </tr> <tr> <td>Topeka</td> <td>2941</td> <td>-986</td> </tr> <tr> <td>Heebner</td> <td>3162</td> <td>-1207</td> </tr> <tr> <td>Lansing</td> <td>3211</td> <td>-1256</td> </tr> <tr> <td>Base Kansas City</td> <td>3444</td> <td>-1499</td> </tr> <tr> <td>Conglomerate Sand</td> <td>3473</td> <td>-1514</td> </tr> </tbody> </table>	Name	Top	Datum	Anhydrite	1082	+872	Base Anhydrite	1120	+835	Topeka	2941	-986	Heebner	3162	-1207	Lansing	3211	-1256	Base Kansas City	3444	-1499	Conglomerate Sand	3473	-1514
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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 1/4	8 5/8	23	223	60/40 Poz	220	4% Gel, 1/4# Floccle/sx

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

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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. <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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ALLIED

CEMENTING CO., LLC
Cementing & Acidizing Services

CEMENTING LOG

STAGE NO. _____

Date 1-17-12 District RUSSELL Ticket No. 35212
 Company KOBON INVESTMENTS
 Lease KF SANDLER Well No. S-27
 County ELLIS State KS
 Location WALTON Field _____

CEMENT DATA:

Spacer Type: _____
 Amt. _____ Skys Yield _____ ft³/sk Density _____ PPG _____

LEAD: Pump Time _____ hrs. Type _____
 Excess _____

Amt. 225 Skys Yield 1.42 ft³/sk Density 14.1 PPG _____

TAIL: Pump Time _____ hrs. Type _____
 Excess _____

Amt. _____ Skys Yield _____ ft³/sk Density _____ PPG _____

WATER: Lead _____ gals/sk Tail _____ gals/sk Total _____ Bbls.

CASING DATA: Conductor PTA Squeeze Misc
 Surface Intermediate Production Liner
 Size 8 1/2 Type _____ Weight _____ Collar _____

Casing Depths: Top 0 Bottom 223

Drill Pipe: Size 4 1/2 Weight _____ Collars _____

Open Hole: Size _____ T.D. _____ ft. P.B. to _____ ft.

CAPACITY FACTORS:

Casing: Bbls/Lin. ft. .044 Lin. ft./Bbl. _____

Open Holes: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____

Drill Pipe: Bbls/Lin. ft. .01422 Lin. ft./Bbl. _____

Annulus: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____

Bbls/Lin. ft. .0406 Lin. ft./Bbl. _____

Perforations: From _____ ft. to _____ ft. Amt. _____

Pump Trucks Used _____

Bulk Equip. _____

Float Equip: Manufacturer _____

Shoe: Type _____ Depth _____

Float: Type _____ Depth _____

Centralizers: Quantity _____ Plugs Top _____ Btm. _____

Stage Collars _____

Special Equip. _____

Disp. Fluid Type _____ Amt. _____ Bbls. Weight _____ PPG _____

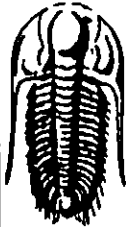
Mud Type _____ Weight _____ PPG _____

COMPANY REPRESENTATIVE _____

CEMENTER ROCK SMITH

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbls Min.	
<u>7:05</u>						<u>ON LOCATION</u> <u>RIG UP</u>
	<u>1100'</u>	<u>25 SK</u>	<u>6.32</u>			<u>P1 Pump cmt</u> <u>Pump disp</u> <u>RIG PULLING DR</u>
	<u>550'</u>	<u>100 SK</u>	<u>25.29</u>			<u>P2 Pump cmt</u> <u>Pump disp</u> <u>RIG PULLING DR</u>
	<u>270'</u>	<u>40 SK</u>	<u>10.11</u>			<u>P3 Pump cmt</u> <u>Pump disp</u> <u>RIG PULLING DR</u>
	<u>40'</u>	<u>10 SK</u>	<u>2.52</u>			<u>P4 Pump cmt</u>
		<u>30 SK</u>	<u>7.58</u>			<u>RAT -</u>
		<u>15 SK</u>	<u>3.79</u>			<u>MOUSE -</u>
						<u>RIG down</u> <u>LEAVE LOCATION</u>

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**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Koron Investments, Inc.
PO Box 981
Hays, KS 67601
ATTN: Marc Downing

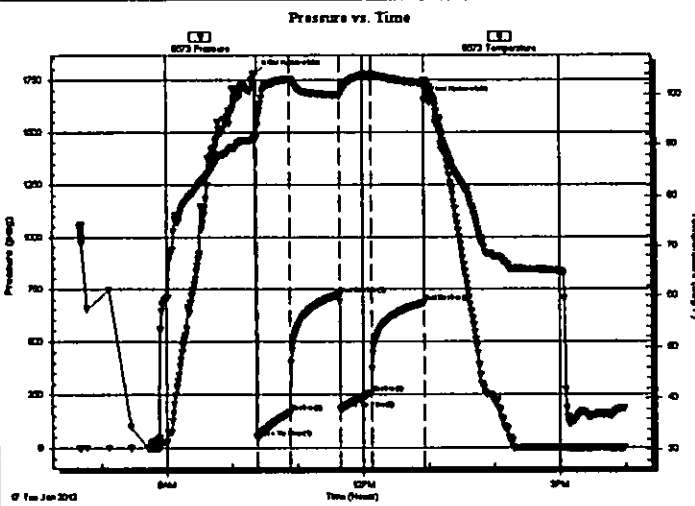
21-13s-16w Ellis, KS
KF Sander #5-27
Job Ticket: 44719 DST#: 1
Test Start: 2012.01.17 @ 07:40:05

GENERAL INFORMATION:

Formation: **Conglomerate Sand**
 Deviated: No Whipstock: 0.00 ft (KB)
 Time Tool Opened: 10:22:20
 Time Test Ended: 15:58:20
 Interval: **3441.00 ft (KB) To 3473.00 ft (KB) (TVD)**
 Total Depth: **3473.00 ft (KB) (TVD)**
 Hole Diameter: **7.88 inches** Hole Condition: **Good**
 Test Type: **Conventional Bottom Hole (Initial)**
 Tester: **Jason McLemore**
 Unit No: **54**
 Reference Elevations: **1949.00 ft (KB)**
1941.00 ft (CF)
 KB to GR/CF: **8.00 ft**

Serial #: 8673 **Inside**
 Press@RunDepth: **255.05 psig @ 3445.00 ft (KB)** Capacity: **8000.00 psig**
 Start Date: **2012.01.17** End Date: **2012.01.17** Last Calib.: **2012.01.17**
 Start Time: **07:40:07** End Time: **15:58:20** Time On Btm: **2012.01.17 @ 10:21:35**
 Time Off Btm: **2012.01.17 @ 12:56:20**

TEST COMMENT: IFF-Strong, BOB in 3 Mn.
 ISI-Blow back Built to 1/2"
 FFP-Strong, BOB in 4 Mn.
 FSI-Dead



PRESSURE SUMMARY

Time (Mn.)	Pressure (psig)	Temp (deg F)	Annotation
0	1777.18	91.65	Initial Hydro-static
1	48.01	91.23	Open To Flow (1)
31	165.72	103.09	Shut-In(1)
77	723.49	99.81	End Shut-In(1)
77	180.34	99.65	Open To Flow (2)
106	255.05	103.97	Shut-In(2)
155	683.08	102.10	End Shut-In(2)
155	1652.82	102.56	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
510.00	Muddy Water W/Oil Scum-1%O-89%W	17.15f
0.00	Gas In Pipe	0.00

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)

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