



KANSAS CORPORATION COMMISSION 1092812
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 # 34121
Name: CEC Operations LLC
Address 1: 800 MAIN ST, STE 208
Address 2: _____
City: WINFIELD State: KS Zip: 67156 + _____
Contact Person: bruce satterthwaite
Phone: (620) 221-0700
CONTRACTOR: License # 99975
Name: COMPANY SERVICING TOOLS
Wellsite Geologist: dan johnson
Purchaser: coffeyville oil nat gas gas

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 #: _____

05/30/2010 06/15/2010 12/12/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-035-24356-00-00
Spot Description: n2nesesw
N2_NE_SE_SW Sec. 30 Twp. 34 S. R. 3 East West
1155 Feet from North / South Line of Section
2310 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Cowley
Lease Name: Warren Sons Well #: #1A
Field Name: _____
Producing Formation: cleveland
Elevation: Ground: 1166 Kelly Bushing: 1175
Total Depth: 3568 Plug Back Total Depth: 3568
Amount of Surface Pipe Set and Cemented at: 337 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: 500 ppm Fluid volume: 500 bbls
Dewatering method used: Evaporated
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: 10/30/2012



1092812

Operator Name: CEC Operations LLC Lease Name: Warren Sons Well #: #1A
 Sec. 30 Twp. 34 S. R. 3 East West County: Cowley

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Double play log	<input checked="" 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>stalnker</td> <td>2252</td> <td>1077</td> </tr> <tr> <td>layton</td> <td>2710</td> <td>1534</td> </tr> <tr> <td>kansascity</td> <td>2906</td> <td>1731</td> </tr> <tr> <td>cleveland</td> <td>33038</td> <td>1863</td> </tr> <tr> <td>mississippi</td> <td>3472</td> <td>2297</td> </tr> </tbody> </table>	Name	Top	Datum	stalnker	2252	1077	layton	2710	1534	kansascity	2906	1731	cleveland	33038	1863	mississippi	3472	2297
Name	Top	Datum																	
stalnker	2252	1077																	
layton	2710	1534																	
kansascity	2906	1731																	
cleveland	33038	1863																	
mississippi	3472	2297																	

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	12.3	8.625	24	315	clas a	190	2 % gel, 13% cc
prodenlin	7.8	5.5000	14	3565	thick set	375	4 % gel

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input checked="" 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

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 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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
--	---	--



CONSOLIDATED
Oil Well Services, LLC

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 # 234527

Invoice Date: 05/31/2010 Terms:

Page 1

CEC OPERATION LLC
800 MAIN ST., SUITE 303
WINFIELD KS 67156
() -

WARREN SONS #1A
28290
05-30-10

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	190.00	13.1000	2489.00
1102	CALCIUM CHLORIDE (50#)	480.00	.7300	350.40
1107	FLO-SEAL (25#)	125.00	2.0000	250.00
1118A	S-5 GEL/ BENTONITE (50#)	500.00	.1700	85.00
4432	8 5/8" WOODEN PLUG	1.00	76.0000	76.00

Description	Hours	Unit Price	Total
442 TON MILEAGE DELIVERY	625.68	1.20	750.82
446 CEMENT PUMP (SURFACE)	1.00	700.00	700.00
446 EQUIPMENT MILEAGE (ONE WAY)	66.00	3.55	234.30

Parts:	3250.40	Freight:	.00	Tax:	188.52	AR	5124.04
Labor:	.00	Misc:	.00	Total:	5124.04		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK
918/336-0808

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

GILLETTE, WY
307/686-4914

MCALISTER, OK
918/426-7697

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 28476
LOCATION El Dorado #80
FOREMAN Jim Thomas

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
6-8-10	3135	Warren # A-1	30	34S	3E	Cowley
CUSTOMER CFC Operation LLC			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 800 Main St. Suite 303			467	Bill		
CITY Windfield			491	Jerald		
STATE KS			502	Kevin		
ZIP CODE 67156						

JOB TYPE Long String HOLE SIZE 7 7/8" HOLE DEPTH 3565 CASING SIZE & WEIGHT 5 1/2" 14.0#
CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER New
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 87.55 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting - Riggered up to 5 1/2 Csg - Cement with 250 sks
Water weight + 3% Kol-seal 34 lb Poly - Fluid loss - Tapped 125 sks
Thick-set + 3% Kol-seal - Displaced plug with Freshwater -
landed plug at 1250 lbs - Float held

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	900.00	900.00
5406	60	MILEAGE	3.55	213.00
1126A	125	skts Thick-set	16.50	2062.50
1131	250	skts 60/40	11.00	2750.00
1110A	1875	lbs Kol-seal	.40	750.00
1135	100	lbs CEF-110	7.26	726.00
1146	50	lbs CAF-38 DEFORMER	7.50	375.00
1118B	2000	lbs Gel	.17	340.00
1107	150	lbs Poly-Flake	2.00	300.00
1102	500	lbs CACR2	.73	365.00
4454	1	5 1/2 Latch down plug	235.00	235.00
4159	1	5 1/2 AFU Float shoe	319.00	319.00
4130	9	5 1/2 Cement jars	46.00	414.00
4104	5	5 1/2 Cement baskets	213.00	1065.00
5407A	60	Bulk density X 17.63 tons X	1.20	1269.36
5402	1065	Footage over 2500 ft	.20	213.00
		Subtotal		12296.86
			SALES TAX	662.69
			ESTIMATED TOTAL	12859.55

Ravin 3737

AUTHORIZATION [Signature] TITLE 034133 GEOLGIST DATE 6/8/10

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.



CONSOLIDATED
Oil Well Services, LLC

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 # 234733

Invoice Date: 06/15/2010 Terms:

Page 1

CEC OPERATION LLC
800 MAIN ST., SUITE 303
WINFIELD KS 67156
() -

WARREN A-1
28476
06-08-10

Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	125.00	16.5000	2062.50
1131	60/40 POZ MIX	250.00	11.0000	2750.00
1110A	KOL SEAL (50# BAG)	1875.00	.4000	750.00
1135	FL - 110 (FLUID LOSS)	100.00	7.2600	726.00
1146	CAF - 38	50.00	7.5000	375.00
1118B	PREMIUM GEL / BENTONITE	2000.00	.1700	340.00
1107	FLO-SEAL (25#)	150.00	2.0000	300.00
1102	CALCIUM CHLORIDE (50#)	500.00	.7300	365.00
4454	5 1/2" LATCH DOWN PLUG	1.00	235.0000	235.00
4159	FLOAT SHOE AFU 5 1/2"	1.00	319.0000	319.00
4130	CENTRALIZER 5 1/2"	9.00	46.0000	414.00
4104	CEMENT BASKET 5 1/2"	5.00	213.0000	1065.00

Description	Hours	Unit Price	Total
467 CEMENT PUMP	1.00	900.00	900.00
467 EQUIPMENT MILEAGE (ONE WAY)	60.00	3.55	213.00
467 CASING FOOTAGE	1065.00	.20	213.00
491 TON MILEAGE DELIVERY	528.90	1.20	634.68
502 TON MILEAGE DELIVERY	528.90	1.20	634.68

Parts: 9701.50 Freight: .00 Tax: 562.69 AR 12859.55
 Labor: .00 Misc: .00 Total: 12859.55
 Sublt: .00 Supplies: .00 Change: .00

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7654

GILLETTE, WY
307/686-4914

MCALISTER, OK
918/426-7667

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLDWIDE, WY
307/347-4577



TICKET NUMBER 28290
 LOCATION FD 1000 #80
 FOREMAN LARRY JORM

0 Box 884, Chanute, KS 66720
 20-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-30-10	3135	WARREN Seals #1A	30	34S	3E	Cowley
CUSTOMER C.E.C. Operations LLC			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 800 Main St Ste 208			440	Jacob		
CITY Winfield			442	Eric		
STATE Ks		ZIP CODE 67156				

OB TYPE SP B HOLE SIZE 12 1/4 HOLE DEPTH _____ CASING SIZE & WEIGHT 8 3/8
 CASING DEPTH 339 DRILL PIPE _____ TUBING _____ OTHER _____
 CARRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 20 ft
 DISPLACEMENT 20.75 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS Safety Meeting - Reported up to 8 3/8 - Backs Circulation
190 sks A + 3% CACL2 - 12% SS + .065 lb Poly Per sk
dumped plug with fresh water - with 17 bbls displaced (circulated)
cement to surface

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5495	1	PUMP CHARGE	700.00	700.00
5406	66	MILEAGE	3.55	234.30
11045	190	sks Class A	13.10	2489.00
1102	480	lbs CACL2	.75	350.40
1107	125	lbs Poly-Flake	2.00	250.00
1118A	500	lbs Gel	.17	85.00
4432	1	8 3/8 TW Plug	76.00	76.00
3407A	66	Bulk Diesel 4 x 9.48 x	1.20	750.82
		Subtotal		4935.52
		SALES TAX		189.52
		ESTIMATED TOTAL		5124.04

in 3737 AUTHORIZATION Dan Johnson TITLE Geologist DATE 5/30/10

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.