

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

Form ACO-1
June 2009
**Form Must Be Typed
Form must be Signed
All blanks must be Filled**

OPERATOR: License # 34374
Name: Legacy Petroleum, LLC
Address 1: P.O. Box 3336
Address 2: _____
City: Bartlesville State: OK Zip: 74006 +
Contact Person: Blaine R. Haag
Phone: (918) 798-4510
CONTRACTOR: License # _____
Name: _____
Wellsite Geologist: Thomas H. Oast
Purchaser: Coffeyville Resources

API No. 15 - 019-21,383-00-00
Spot Description: _____
C NE NW SE Sec. 5 Twp. 34 S. R. 12 East West
2,208 Feet from North / South Line of Section
1,656 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Chautauqua
Lease Name: Alford Well #: A - 9 (inj)
Field Name: Peru - Sedan

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.): _____

Producing Formation: Wayside Sandstone
Elevation: Ground: 929' Kelly Bushing: 934'
Total Depth: 1127' Plug Back Total Depth: 1125'
Amount of Surface Pipe Set and Cemented at: 40' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 1,1215
feet depth to: Surface w/ unknown sx cmt.

If Workover/Re-entry: Old Well Info as follows:
Operator: Sunrise Oil Corporation
Well Name: Alford 9-A
Original Comp. Date: Aug 1980 Original Total Depth: 1,127'
 Deepening Re-perf. Conv. to ENHR Conv. to SWD
 Conv. to GSW
 Plug Back: 1,125 Plug Back Total Depth
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: E-06,342
 GSW Permit #: _____

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 #: _____

| | | |
|-----------------------------------|-----------------|---|
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |
| | | 10/11/2012 |

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: [Signature]
Title: Agent/Geologist Date: 11/14/2012

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Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Dlg Date: 11/19/12

Operator Name: Legacy Petroleum, LLC Lease Name: Alford Well #: A - 9 (inj)
 Sec. 5 Twp. 34 S. R. 12 East West County: Chautauqua

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 checked="" type="checkbox"/> Yes <input 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: Gamma Ray/Neutron Gamma Ray/Cement Bond | <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>Drum Limestone</td> <td>846</td> <td>83</td> </tr> <tr> <td>Lenapah Limestone</td> <td>1058</td> <td>-129</td> </tr> <tr> <td>Wayside Sandstone</td> <td>1068</td> <td>-139</td> </tr> </table> | Name | Top | Datum | Drum Limestone | 846 | 83 | Lenapah Limestone | 1058 | -129 | Wayside Sandstone | 1068 | -139 |
| Name | Top | Datum | | | | | | | | | | | |
| Drum Limestone | 846 | 83 | | | | | | | | | | | |
| Lenapah Limestone | 1058 | -129 | | | | | | | | | | | |
| Wayside Sandstone | 1068 | -139 | | | | | | | | | | | |

RECEIVED
NOV 15 2012

| CASING RECORD <input type="checkbox"/> New <input checked="" 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 | | 7" | | 40' | | | |
| Production | 6.25" | 4.5" | | 1,125' | | | |

KCC WICHITA

| 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 | 1,074 - 1,092 | | |
| | Converted to enhanced recovery injection well | | |

| | | | | | | |
|---|--------------|------------|--|---------------|------------|--|
| 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. December 17, 2012 | | | 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: _____ _____ |
|---|---|--|