



KANSAS CORPORATION COMMISSION 1103655
 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 # 8925
 Name: Liberty Oper & Compl, Inc
 Address 1: 308 W MILL
 Address 2: _____
 City: PLAINVILLE State: KS Zip: 67663 + 2229
 Contact Person: Roger L. Comeau
 Phone: (785) 434-4686
 CONTRACTOR: License # 99975
 Name: COMPANY SERVICING TOOLS
 Wellsite Geologist: Tony Richardson

Purchaser: _____
 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: Burch Drg. Co, Inc
 Well Name: Kaba #1

Original Comp. Date: 03/03/1959 Original Total Depth: 3734
 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 #: _____

03/15/2012 03/20/2012
 Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-163-00909-00-01
 Spot Description:
 NW SE NW SW Sec. 28 Twp. 10 S. R. 17 East West
1800 Feet from North / South Line of Section
700 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Rooks
 Lease Name: Ganoung Well #: A 2

Field Name: _____
 Producing Formation: Conglomerate
 Elevation: Ground: 2101 Kelly Bushing: 2109
 Total Depth: 2165 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at: 215 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: _____
 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: 12/20/2012

1103655

Operator Name: Liberty Oper & Compl, Inc Lease Name: Ganoung Well #: A 2
 Sec. 28 Twp. 10 S. R. 17 East West County: Rooks

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Anhydrite 1358
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CASING RECORD New 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

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
..... Perforate				
..... Protect Casing	-			
..... Plug Back TD	-			
..... 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: Yes No

Date of First, Resumed Production, SWD or ENHR: _____ Producing Method: Flowing Pumping Gas Lift 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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____
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ALLIED CEMENTING CO., LLC. 042452

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Great Bend, KS

DATE <u>3-20-12</u>	SEC. <u>26</u>	TWP. <u>10S</u>	RANGE <u>17W</u>	CALLED OUT	ON LOCATION	JOB START <u>5:00 AM</u>	JOB FINISH <u>6:00 AM</u>
LEASE <u>Longwing</u>	WELL # <u>A2</u>		LOCATION <u> Hwy 183 to AARD ETO</u>			COUNTY <u>Woods</u>	STATE <u>Kansas</u>
OLD OR <input checked="" type="radio"/> NEW (Circle one)			<u>21RD south 1/2 mile to Rig</u>				

CONTRACTOR Torres Drilling

TYPE OF JOB Barry Plug

HOLE SIZE 12 1/4 T.D. 2165

CASING SIZE 9 5/8 DEPTH

TUBING SIZE DEPTH

DRILL PIPE 4 1/2 DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT Mud & Freshwater

EQUIPMENT

OWNER

CEMENT

AMOUNT ORDERED 705 SKS 60% class A

40% piz 44.92 25 Flt-801

COMMON	<u>123</u>	@	<u>16.25</u>	<u>1998.75</u>
POZMIX	<u>79</u>	@	<u>8.50</u>	<u>1071.50</u>
GEL	<u>7</u>	@	<u>21.25</u>	<u>148.75</u>
CHLORIDE		@		
ASC		@		
<u>Flowseal</u>	<u>50</u>	@	<u>2.70</u>	<u>135.00</u>
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>211</u>	@	<u>2.25</u>	<u>474.75</u>
MILEAGE	<u>211 X 53X.11</u>			<u>1230.13</u>
TOTAL				<u>4659.88</u>

PUMP TRUCK CEMENTER Dustin E.

398 HELPER Kerry B.

BULK TRUCK

341 DRIVER Kevin Lee

BULK TRUCK

DRIVER

REMARKS:

Fill hole with mud

circulate mud at 2165 ft

1st plug at 1375 mix 25 SKS

2nd plug at 550 mix 100 SKS

3rd plug at 265 mix 40 SKS

4th plug at 40 mix 10 SKS

5th plug mix 10 SKS

SERVICE

DEPTH OF JOB

PUMP TRUCK CHARGE 1250.00

EXTRA FOOTAGE @

MILEAGE HUM 53 @ 7.00 371.00

MANIFOLD @

HUM 53 @ 4.00 212.00

TOTAL 1833.00

CHARGE TO: Liberty Oper & Comp INC

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____

TOTAL _____

To Allied Cementing Co., LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME X Liberty Frost

SIGNATURE X Liberty Frost

SALES TAX (If Any) _____

TOTAL CHARGES 6491.88

DISCOUNT 50% 20% 1842.31 IF PAID IN 30 DAYS

4649.57

THANK YOU!!