

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

ORIGINAL

OPERATOR: License # 3880

Name: KC RESOURCES INC.

Address 1: PO BOX 6749

Address 2: _____

City: SNOWMASS VILLAGE State: CO Zip: 81615 + _____

Contact Person: REINER KLAWITER

Phone: (970) 927-2764

CONTRACTOR: License # _____

Name: CLARKE CORPORATION

Wellsite Geologist: SCOTT APPLIGATE

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: SKELLY OIL COMPANY

Well Name: JIM RATCLIFF #3A

Original Comp. Date: _____ Original Total Depth: 3478'

- 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 #: _____

Spud Date of
Recompletion Date

Date Reached TD

Completion Date or
Recompletion Date

1/15/13

1/16/13

API No. 15 - 095-17691-0002

Spot Description: _____

N/2 N/2 NW Sec. 30 Twp. 27 S. R. 10 East West

440 Feet from North / South Line of Section

1,280 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: KINGMAN

Lease Name: CUNNINGHAM "B" UNIT 1 Well #: 9

Field Name: CUNNINGHAM

Producing Formation: LANSING-KANSAS CITY

Elevation: Ground: 1694' Kelly Bushing: _____

Total Depth: 3850' Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 325' 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 #: _____

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: PRESIDENT Date: 1/22/13

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: WJ DG Date: 3/19/13

Operator Name: KC RESOURCES INC. Lease Name: CUNNINGHAM "B" UNIT 1 Well #: 9
 Sec. 30 Twp. 27 S. R. 10 East West County: KINGMAN

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 Yes No
(Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No

Electric Log Submitted Electronically Yes No
(if no, Submit Copy)

List All E. Logs Run:

Log Formation (Top), Depth and Datum Sample
 Name Top Datum

RECEIVED
 JAN 31 2013
 KCC WICHITA

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

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 (Amount and Kind of Material Used)	Depth
	3442'-3446' - 9 HOLES		
	3458'-3462' - 9 HOLES		
	3470'-3474' - 9 HOLES		
	3480'-3490' - 21 HOLES		
	3496'-3502'		

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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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200 feet
3 runs ² Together

Crystal River Oil + Gas, LLC.

PT PERFECT

14R DAY	Guns 2 spf	4'	9 holes	3442-46'	3
		4'	9 "	3458-62	2
		4'	9 "	3470-74	
① AC102	609/PT	② 6'	13 "	3496-02	1
10-1PM		② 10'	21 "	3480-90	

Guns 4550
 Setup 550
 GR/KCL 576
#5676
 less 20%
 #4541

0-3600 at .164 c/foot

+ 300g @
BETDM

+ Small
Acid/2 Separative
16' APART.

Guns 4550
 Setup 550
#5100
 less 20%
 #4080

6-430

② Snab
Rear DWY
RIP W TDg

RECEIVED

JAN 31 2013

KCC WICHITA

③ put on pump
Date Run Rods
TDg
run on AMTD

PTACK

2SPM

34!!

See PLD level

ACHIB GO TO 12