

**Correction*
(on well type)*

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

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

Operator: License # 5056
Name: F.G. Holl Company, L.L.C.
Address: 9431 E. Central, Suite 100
City/State/Zip: Wichita, Kansas 67206
Purchaser: NCRA
Operator Contact Person: Franklin R. Greenbaum
Phone: (316) 684-8481, Ext. 206
Contractor: Name: Duke Drilling Company Inc., Rig #8
License: 5929
Wellsite Geologist: Rene Husted

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:
Operator: SAME AS ABOVE
Well Name: "

Original Comp. Date: 11/10/09 Original Total Depth: 3881'
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____

RU: 09/18/2009 03/09/2009 RD: 9/23/2009
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 145-21,561-0001
County: Pawnee
N/2 NE SE Sec. 2 Twp. 20 S. R. 16 East West

2310 feet from (S) N (circle one) Line of Section
660 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE (SE) NW SW
Lease Name: OETKEN Well #: 1-2

Field Name: Ryan
Producing Formation: Arbuckle
Elevation: Ground: 1977 Kelly Bushing: 1985

Total Depth: 3881' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 993' 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 OWNO - All I well
(Data must be collected from the Reserve Pit) 12-14-09
Chloride content 53,000 ppm Fluid volume 1,000 bbls
Dewatering method used Hauled free fluids to SWD

Location of fluid disposal if hauled offsite:
Operator Name: Pauls Oilfield Service, INC.
Lease Name: MILLER #1 License No.: 31085
Quarter NW Sec. 6 Twp. 19 S. R. 15 East West
County: Barton Docket No.: 21,324

029

*151
10/10/09*

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.

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: Franklin R. Greenbaum
Title: Exploration Manager Date: 10/22/2009
Subscribed and sworn to before me this 22nd day of October 2009
State of Kansas; Sedgwick County
20 Betty H. Spotswood
Notary Public: Betty H. Spotswood
Date Commission Expires: 04/30/2010

Notary Public - State of Kansas
BETTY H. SPOTSWOOD
My Appointment Expires 4/30/2010

KCC Office Use ONLY **KCC WICHITA**
 Letter of Confidentiality Received **JAN 06 2015**
 If Denied, Yes Date: _____ **RECEIVED**
 Wireline Log Received **RECEIVED**
 Geologist Report Received **OCT 23 2009**
 UIC Distribution **KCC WICHITA**

Operator Name: F.G. Holl Company, L.L.C. Lease Name: OETKEN Well #: 1-2
 Sec. 2 Twp. 20 S. R. 16 East West County: Pawnee

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 copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Attach Additional Sheets) 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy) List All E. Logs Run: <u>(From 0000 RECD)</u> DIL, ML, CPI BHCS CDL/CNL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum (See attachment <u>(From 0000 RECD)</u>)
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K...
10/23/09

CASING RECORD <input checked="" 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	12-1/4"	8-5/8"	23#s	993'	A-Con	195sx	
					Common	200sx	
Production	7-7/8"	5-1/2"	14#	3865'	AA-2 & Scavenger	125 & 25sx	

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 TO				
<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
0	<u>Added Perforations</u> 3691' - 3695', 3703' - 3707', 3711' - 3712' Arbuckle	1000 gal 15% Mira acid	
2 SPF	3697' - 3699' 3699' - 3702' Arbuckle	250 gal 15% DSFE	

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. 9/23/2009		<input type="checkbox"/> Flowing <input checked="" 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 METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease
 Open Hole Perf. Dually Comp. Commingled 3691' - 3712' OA Arbuckle
 (If vented, Submit ACO-18.) Other (Specify) _____