STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License #: 9325
Name: Allied Oil Company, Inc.
Address: Rt. 2, Box 45A
City/State/Zip: Taneyville, Mo. 65759
Purchaser: ---
Operator Contact Person: Roy Grant
Phone: (417) 546-5885
Contractor: Name: Golden Eagle Drilling
License: 8682
Wellsite Geologist: Mike Bair

Designate Type of Completion
X New Well >>> Re-Entry >>> Workover
X Oil >>> SMD >>> Temp. Abd.
X Gas >>> Inj >>> Delayed Comp.
X Dry >>> Other (Core, Water Supply, etc.)

If OMA: old well info as follows:
Operator: ---
Well Name: ---
Comp. Date: --- Old Total Depth ---

Drilling Method:
X Mud Rotary >>> Air Rotary >>> Cable
10-10-90 10-18-90 10-18-90
Spud Date Date Reached TD Completion Date

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 apply. Information on 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 drillers time log shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-111 form with all temporarily abandoned wells. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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: Roy G. Grant
Title: President
Date: 11-10-90
Subscribed and sworn to before me this 13th day of November, 1990.

Notary Public: Arlene Taylor
Date: July 26, 1991

ARLENE TAYLOR Notary Public
Taney County State of Missouri
My Commission Expires July 26, 1991
Operator Name: Allied Oil Company, Inc.  Lease Name: Vap  Well #: 4
Sec. 20 Twp. 1S Rge. 33 W  West

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

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
(Submit Copy.)

DST #1 3920-66 45-45-45-45 SIP 1174-1125
FP 30-60/81-101 40' oil, 40' OCM, 60' OCWM
60' water
DST #2 4019-70 45-45-45-45 SIP 677-647
FP 50-50/50-50 55'M w/scum of oil
DST #3 4117-61 45-45-30-30 SIP 162-60
FP 25-25/25-25 15' Mud w/few oil spots

Formation Description
☐ Log  ☑ Sample

Name
☐ Anhy ☐ Oread ☐ Lansing ☐ TD
Top  2847 2886 3818 4185
Bottom

CASING RECORD
☐ New  ☐ Used
Report all strings set conductor, surface, intermediate, production, etc.

<table>
<thead>
<tr>
<th>Purpose of String</th>
<th>Size Hole Drilled</th>
<th>Size Casing Set (in O.D.)</th>
<th>Weight Lbs./Ft.</th>
<th>Setting Depth</th>
<th>Type of Cement</th>
<th># Sacks Used</th>
<th>Type and Percent Additives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surface</td>
<td>12½</td>
<td>8 5/8</td>
<td>20</td>
<td>277</td>
<td>60-40POZ</td>
<td>205</td>
<td>3%CC, 2%Ge</td>
</tr>
</tbody>
</table>

PERFORATION RECORD
Specify footage of each interval perforated

Acid, Fracture, Shot, Cement Squeeze Record
(Amount and Kind of Material Used) Depth

TUBING RECORD
Size  Set At  Packer At  Liner Run  ☐ Yes  ☐ No

Date of First Production
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:
☐ Vented  ☐ Sold  ☐ Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION
☐ Open Hole  ☐ Perforation  ☐ Dually Completed  ☐ Commingled
☐ Other (Specify)

Production Interval

Nov 15, 1990

Conservation District
Wichita, Kansas  11-19-40
**INVOICE**

**INVOICE NO:** 004223  
**DATE:** 10/18/1990

**WELL/PLANT NO./NAME:** 4-VAP  
**WELL/PLANT LOCATION:** RAWLINS  
**STATE:** KS  
**WELL/PLANT OWNER:** ALLIED OIL COMPANY

**SERVICE LOCATION:** OBERLIN  
**CONTRACTOR:** GOLDEN EAGLE #3  
**JOB PURPOSE:** PLUG TO ABANDON  
**TICKET DATE:** 10/18/1990

**ACCT NO.:** 014110  
**CUSTOMER AGENT:** LARRY DICKIE  
**VENDOR NO.:** COMPANY TRUCK

**DIRECT CORRESPONDENCE TO:**

**COMPANY:** ALLIED OIL CO. INC.  
**ROUTE:** 2, BOX 45A  
**TANEYVILLE, MO 65759**

**COMPANY:** SUITE 1300  
**LIBERTY TOWER**  
**100 BROADWAY AVENUE**  
**OKLAHOMA CITY, OK 73102-0000**

### Pricing Area - Mid Continent

<table>
<thead>
<tr>
<th>PRICING AREA - MID CONTINENT</th>
<th>DESCRIPTION</th>
<th>QUANTITY</th>
<th>U/M</th>
<th>UNIT-PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>000-117</td>
<td>MILEAGE</td>
<td>40 MI</td>
<td>2.35</td>
<td>94.00</td>
<td>*</td>
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<tr>
<td>090-910</td>
<td>MISCELLANEOUS PUMPING JOB</td>
<td>1 TRK</td>
<td>370.00</td>
<td>370.00</td>
<td>*</td>
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<tr>
<td>030-503</td>
<td>CMTG PLUG LA-11,CP-1,CP-3,TOP</td>
<td>8 5/8 IN</td>
<td>59.00</td>
<td>59.00</td>
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<tr>
<td>090-928</td>
<td>MISCELLANEOUS PUMP JOB-ADD HRS</td>
<td>1 HR</td>
<td>34.00</td>
<td>336.00</td>
<td>*</td>
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<tr>
<td>504-308</td>
<td>STANDARD CEMENT</td>
<td>120 SK</td>
<td>6.75</td>
<td>810.00</td>
<td>*</td>
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<tr>
<td>506-105</td>
<td>POZMIX A</td>
<td>80 SK</td>
<td>3.50</td>
<td>280.00</td>
<td>*</td>
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<tr>
<td>506-121</td>
<td>HALLIBURTON-GEL 2%</td>
<td>2 SK</td>
<td>0.0</td>
<td>N/C</td>
<td>*</td>
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<tr>
<td>507-277</td>
<td>HALLIBURTON-GEL ADDED 4%</td>
<td>6 SK</td>
<td>13.75</td>
<td>82.50</td>
<td>*</td>
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<tr>
<td>507-210</td>
<td>FLOCELE</td>
<td>50 LB</td>
<td>1.30</td>
<td>65.00</td>
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<tr>
<td>500-207</td>
<td>BULK SERVICE CHARGE</td>
<td>212 CFT</td>
<td>1.10</td>
<td>233.20</td>
<td>*</td>
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<tr>
<td>500-306</td>
<td>MILEAGE CMTG MAT DEL OR RETURN</td>
<td>305 TMI</td>
<td>75.00</td>
<td>273.75</td>
<td>*</td>
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</table>

**INVOICE SUBTOTAL**  
2,603.45

**DISCOUNT** (BID)  
390.51

**INVOICE BID AMOUNT**  
2,212.94

* KANSAS STATE SALES TAX  
91.93

* DECATUR COUNTY SALES TAX  
21.64

**INVOICE TOTAL - PLEASE PAY THIS AMOUNT**  
$2,326.51

**TERMS** INVOICES PAYABLE NET BY THE 20TH OF THE FOLLOWING MONTH AFTER DATE OF INVOICE UPON CUSTOMER'S DEFAULT IN PAYMENT OF CUSTOMER'S ACCOUNT BY THE LAST DAY OF THE MONTH FOLLOWING THE MONTH IN WHICH THE INVOICE IS DATED. CUSTOMER AGREES TO PAY INTEREST THEREON AFTER DEFAULT AT THE HIGHEST LEGAL CONTRACT RATE APPLICABLE BUT NEVER TO EXCEED 18% PER ANNUM. IN THE EVENT IT BECOMES NECESSARY TO EMPLOY AN ATTORNEY TO ENFORCE COLLECTION OF SAID ACCOUNT, CUSTOMER AGREES TO PAY ALL COLLECTION COSTS AND ATTORNEY FEES IN THE AMOUNT OF 20% OF THE AMOUNT OF THE UNPAID ACCOUNT.

**FORM 1900-R3**  
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