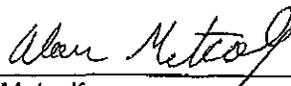


STATE OF ILLINOIS)
) ss.
COUNTY OF CHAMPAIGN)

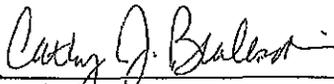
CERTIFICATION

I, Alan Metcalf, Unit Leader, Geological Records Unit, Energy and Earth Resources Center, Illinois State Geological Survey, Institute of Natural Resource Sustainability, University of Illinois at Urbana-Champaign, hereby certify that the well completion reports attached, pertaining to ninety-eight (98) wells, are true and correct copies of the well completion reports as found of record with the Illinois State Geological Survey.

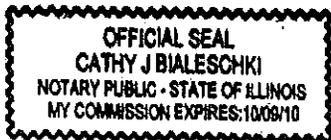


Alan Metcalf
Unit Leader, Geological Records Unit
Energy & Earth Resources Center
Illinois State Geological Survey
Institute of Natural Resource Sustainability
University of Illinois at Urbana-Champaign

SUBSCRIBED AND SWORN to before
me this 30th day of September, 2010.



Notary Public



COUNTY No. 21908

Room 704
Wm. G. Stratton Office Building
SPRINGFIELD, ILLINOIS
62706

DIVISION OF OIL AND GAS
ILLINOIS WELL COMPLETION REPORT

INSTRUCTIONS: Within thirty (30) days after the completion of any well, the owner or operator shall transmit to the Oil and Gas Division the Original and one Copy of this form. Upon request, geological information will be kept confidential for one year from the date that permit is issued. A copy of an electric log (if run) and other pertinent information is to be sent to Illinois State Geological Survey, Natural Resources Building, Urbana, Illinois.

Oil Gas _____ Dry Hole _____ SWD _____ Water Input _____ Gas Input _____ Conv. _____ Str. Test _____

Operator Texaco, Inc. Well Name and No. Salem Unit Tr. #218-10

Permit No. 30194 Date Issued 6/8/84 Location 400'S 310'E NWc SW

County Marion Section 8 Township 1N Range 2E

Elevation: DF _____ KB 572 Ground 556 Total Depth 3494 P.B.T.D. 3492

Date Drilling Began 7-4-84 Date Drilling Completed 7-26-84

Rotary Tools from 3494 To 3494 Cable Tools from d3494 To PB3492

Hole Size 13-3/4" Electric or Other Logs Run: Yes No _____ Date _____

New Well Deepened _____ Drilled Out Plugged Hole _____ Lease Sign Posted: Yes No _____

Was Well Cored: Yes _____ No Drill Stem Test Run: Yes _____ No _____

TUBULAR RECORD

	Size	Depth	Sks. Cement	Csg. Pulled
Surface	10-3/4"	224	300 sx C1 "A" cmt	
Mine or Intermediate				
Producing	5-1/2" 14# K55	3494'	500 sx thru DV tool @ 2630	
Liner			145 sx thru shoe	

PRODUCTION INFORMATION

Name of Producing or Injection Formations Devonian

Date of First Prod. _____ Date of Test 7-26-84 Length of Test 24 hrs.

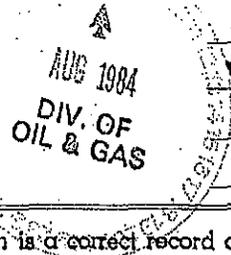
Daily Production Bbls.: Oil 67 BO Water 0 BW Gas (MCF) _____

WELL COMPLETION INFORMATION

Intervals Devonian perms 3439-91

Check Type Below: Perforated Shot _____ Acidized Fractured _____ Other _____

List Amount Used or Other Details Below: 3439-3491 w/2 JPF
w/2700 gals 15% NE



The information given herewith is a correct record of the well and all work done so far as can be determined from all available records.

G. J. GIBBS Signature R. R. #2, Salem, IL 62881 Address July 31, 1984 Date



COUNTY NO. OC-9

Oil & Gas Division
300 W. Jefferson, Suite
P. O. Box 10140
Springfield, IL 62791-0

ILLINOIS WELL COMPLETION REPORT

INSTRUCTIONS: Within thirty (30) days after the completion of any well, the owner or operator shall transmit to the Oil and Gas Division the Original and one Copy of this form. Upon request, geological information will be kept confidential for one year from date that permit is issued. A copy of an electric log (if run) and other pertinent information is to be sent to Illinois State Geological Survey, 615 East Peabody Drive, Champaign, IL 61820.

Oil Gas _____ Dry Hole _____ SWD _____ Water Input _____ Gas Input _____ Conv. _____ Str. Test. _____
 Water Supply _____ Observation _____ (L. Hawthorne)
 Operator Texaco Expl. & Prod. Inc. Well Name and No. SALEM UNIT #191-57
 Permit No. 45828 Date Issued 7-22-91 Location 500'S 990'E NWc NE
 County MARION Section 8 Township 1N Range 2E
 Elevation: DF -- KB 544' Ground 534' Total Depth 3504' P.B.T.D. --
 Date Drilling Began 8/20/91 Date Drilling Completed 8/28/91
 Rotary Tools from 0 To 3504' Cable Tools from -- To --
 Hole Size 9-1/2" Electric or Other Logs Run: Yes No _____ Date 8/27/91
 New Well Deepened _____ Drilled Out _____ Plugged Hole _____ Lease Sign Posted: Yes No _____
 Was Well Cored: Yes _____ No - Drill Stem Test Run: Yes _____ No

TUBULAR RECORD

	Size	Depth	Sks. Cement	Csg. Pulled
Surface	10-3/4"	239'	220	
Mine or Intermediate				
Producing	7"	3504'	835	
Liner				

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 NOV 9 7 1991
 Department of Mines & Minerals
 Oil & Gas Division

PRODUCTION INFORMATION

Name of Producing or Injection Formations Salem-Devonian
 Date of First Prod. 9/11/91 Date of Test 9/7/91 Length of Test 24 hours
 Daily Production Bbls: Oil 15 Water 499 Gas (MCF) 7

WELL COMPLETION INFORMATION

Intervals 2182-2260'; 3423-27'; 3448-3504'

Check Type Below: Perforated <input checked="" type="checkbox"/> Shot _____ Acidized <input checked="" type="checkbox"/> Fractured _____ Other _____	List Amount Used or Other Details Below: <u>4 shots per foot; 2 shots per foot</u> <u>3500 gals 15% NEA; 4000 gals 15% NEA & 5000#</u> <u>ROCK SA.</u>
--	--

The information given herewith is a correct record of the well and all work done so far as can be determined from available records.

Ben E. Marcum / OHS Area Mgr. RR #2, Box 219, Salem, IL 11/6/91
 Signature Address Date



ILLINOIS DEPARTMENT OF MINES AND MINERALS

OIL AND GAS DIVISION
(317) 782-7756

300 W. JEFFERSON - SUITE 300
P.O. BOX 10140
SPRINGFIELD, IL 62791-0140

OG-9 WELL COMPLETION REPORT

COUNTY No. 21585

ENTERED

TYPE OF REPORT:

NEW WELL CONVERSION DOPH DEEPENING WORKOVER

TYPE OF WELL:

OIL PRODUCER GAS PRODUCER CLASS II INJECTION WELL WATER SUPPLY
 OBSERVATION GAS STORAGE D&A SERVICE WELL

PERMITTEE: Texaco Expl. & Prod., Inc. Permittee #815

WELL NAME: L. Hawthorne Tr. 191 #57 (Salem Unit) PERMIT NO. 45828

LOCATION: 500S 990E NWc NE REFERENCE NO. 143602

COUNTY: Marion SECTION: 8 TOWNSHIP: 1N RANGE: 2E

DRILLING DATA: WELL NOT DRILLED / CONVERTED, PERMIT EXPIRED.

DATE DRILLING BEGAN _____ FINISHED _____
 ELEVATION: KB _____ DF _____ GR 534.25
 ROTARY: FROM _____ TO _____ CABLE: FROM _____ TO _____
 TD: 3504 PRTD: 2130

TEST DATA:

WERE ELECTRIC OR OTHER WIRELINE LOGS RUN: YES _____ NO X
 TYPE OF LOG: _____ DATE: _____
 TYPE OF LOG: _____ DATE: _____
 TYPE OF LOG: _____ DATE: _____
 WAS WELL CORED: YES _____ NO _____ INTERVAL CORED _____
 DRILL STEM TEST RUN: YES _____ NO _____ ZONE TESTED _____

CONSTRUCTION DATA:

CASING	SIZE	SETTING DEPTH	SACKS CEMENT	HOLE SIZE	TOP OF CEMENT	TOP DETERMINED BY
SURFACE	10-3/4"	239	220			
INTERMED. / MINE STRING / OR LINER						
PRODUCTION	7"	3504	310			

RECEIVED

OCT 21 1994

Department of Mines & Minerals
Oil & Gas Division

TUBING: TYPE 8RD SIZE 2-7/8"

PACKER: 1. BRAND AND TYPE _____ SETTING DEPTH _____

2. BRAND AND TYPE _____ SETTING DEPTH _____

WELL COMPLETION DATA FOR PRODUCTION / INJECTION FORMATIONS:

FORMATION	PERF. INTERVAL	SHOTS	OPEN HOLE INTERVAL	ACIDIZED / FRACTURED / OTHER (LIST AMOUNTS USED AND OTHER DETAILS)
McClosky I				Acidize w/2000 gls 15% NE Acid
McClosky Stray				

PRODUCTION INFORMATION:

PRODUCING FORMATIONS: McClosky I & McClosky Stray

DATE OF FIRST PRODUCTION: (OIL TO TANK) 10/1/94

DATE OF TEST: (STARTED TESTING TO TANK) 10/1/94

LENGTH OF TEST: 24 hrs

INITIAL PRODUCTION RATE:

OIL 39 BBLs PER DAY WATER 269 BBLs PER DAY GAS 0 MCF

INJECTION INFORMATION:

INJECTION / DISPOSAL FORMATION(s): _____

TYPE OF INJECTED FLUID: FRESHWATER SALTWATER OTHER (SPECIFY) _____

SOURCE OF INJECTED FLUID: _____

DATE OF FIRST INJECTION: _____

RATE PER DAY: _____ BBLs WATER AT _____ PSL

_____ MCF GAS AT _____ PSL

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS REPORT, INCLUDING ACCOMPANYING STATEMENTS AND DOCUMENTS, AND TO THE BEST OF MY KNOWLEDGE, IT IS TRUE, CORRECT, AND COMPLETE.

JW Hankinson
 SIGNATURE OF PERMITTEE OR DESIGNEE
 JW Hankinson
 3160 Selmaville Road
 ADDRESS
 Salem, IL 62881
 CITY, STATE

Area Manager
 TITLE
October 20, 1994
 DATE

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined in the Ill. Compiled Stat. Ch. 235, para. 725 et. seq. Failure to disclose this information will result in this form not being processed. This form has been approved by the Forms Management Center.

DIVISION OF OIL AND GAS

ILLINOIS WELL COMPLETION REPORT

INSTRUCTIONS: Within thirty (30) days after the completion of any well, the owner or operator shall transmit to the Oil and Gas Division the Original and one Copy of this form. Upon request, geological information will be kept confidential for one year from the date that permit is issued. A copy of an electric log (if run) and other pertinent information is to be sent to Illinois State Geological Survey, Natural Resources Building, Urbana, Illinois.

Oil Gas _____ Dry Hole _____ SWD _____ Water Input _____ Gas Input _____ Conv. _____ Str. Test _____
Water Supply _____ Observation _____

Operator R Texaco, Inc Well Name and No. Salem Unit Tr. #191-55

Permit No. 30197 Date Issued 6/8/84 Location 600'N 160'W SEC SW NE

County Marion Section 8 Township IN Range 2E

Elevation: DF _____ KB 572.65 Ground 556.65 Total Depth 3559 P.B.T.D. _____

Date Drilling Began 8-9-84 Date Drilling Completed 9-1-84

Rotary Tools from 0 To 3559 Cable Tools from 3559 To #12 3559

Hole Size 13-3/4" Electric or Other Logs Run: Yes No _____ Date _____

New Well Deepened _____ Drilled Out Plugged Hole _____ Lease Sign Posted: Yes No _____

Was Well Cored: Yes _____ No Drill Stem Test Run: Yes _____ No

TUBULAR RECORD

Surface 10-3/4" Size 202' Depth 300 Sks. Cement 300 Csg. Pulled 300 50-50 Pozmix w/10% salt & 1/4% Floseal; & 55 sx Thixotropic thru shoe. 350 sx Thixotropic thru DV tool @2837'

Mine or Intermediate _____
Producing 5-1/2" 3559'
Liner _____

PRODUCTION INFORMATION

Name of Producing ~~stratton~~ Formations Devonian

Date of First Prod. 9-1-84 Date of Test 9-1-84 Length of Test 24 hrs.

Daily Production Bbls.: Oil 5 Water 204 Gas (MCF) _____

WELL COMPLETION INFORMATION

Intervals 3510-58 (Devonian)

Check Type Below:

Perforated

Shot _____

Acidized

Fractured _____

Other _____

List Amount Used or Other Details Below:

3510-58 w/2 JPF

Above perf w/2400 gals 15% NE acid in 2' interval

The information given herewith is a correct record of the well and all work done so far as can be determined from all available records.

Paul Bunge
Signature

R. R. #2, Salem, IL 62881
Address

September 7, 1984
Date

FIELD SUPERINTENDENT

COUNTY No 26927

DIVISION OF OIL AND GAS
ILLINOIS WELL COMPLETION REPORT

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Oil _____ Gas _____ Dry Hole _____ SWD _____ Water Input Gas Input _____ Conv. Str. Test _____

Operator Texaco Inc.

Water Supply _____ Observation _____

Well Name and No. Salem Un. O/A (Tr. 191 -L. Hawthorne #55)

Permit No. 36758 Date Issued 9/23/85 Location 600'N 160'W SEC SW NE

County Marion Section 8 Township 1N Range 2E

Elevation: DF 573.65 KB _____ Ground _____ Total Depth 3559 P.B.T.D. 3551

Date Drilling Began 1-8-86 Date Drilling Completed 1-8-86

Rotary Tools from _____ To _____ Pulling Unit Cable Tools from _____ To _____

Hole Size _____ Electric or Other Logs Run: Yes _____ No _____ Date _____

New Well _____ Deepened _____ Drilled Out Plugged Hole _____ Lease Sign Posted: Yes No _____

Was Well Cored: Yes _____ No _____ Drill Stem Test Run: Yes _____ No _____

TUBULAR RECORD

	Size	Depth	Sks. Cement	Csg. Pulled
Surface	10-3/4"	202'	300	
Intermediate				
Producing	5-1/2	3559	/110 sx thru shoe & 350 sx thru DV tool.	
Liner				

PRODUCTION INFORMATION

Name of Producing or Injection Formations Devonian

Date of First Prod. _____ Date of Test 1-8-86 Length of Test 24 hrs.

Injection
Daily Production Bbls.: Oil _____ Water 42 BSW @ 500# Gas (MCF) _____

WELL COMPLETION INFORMATION

Intervals Devonian perms 3504-3551

Check Type Below:

List Amount Used or Other Details Below:

Perforated _____

Shot _____

Acidized _____

Fractured _____

Other

set
Ran tbg & pkr. Hooked up to injection.

The information given herewith is a correct record of the well and all work done so far as can be determined from all available records.

ORIGINAL SIGNED P.D. BURGE

P.D. Burge
Signature

R. R. #2, Salem, IL 62881
Address

January 14, 1986
Date

P. D. BURGE, Area Supt.



Orig & lcc: State of Illinois lcc: File
 lcc: Midland Compt. OG-9
 lcc: Denver Drlg

Oil & Gas Division
 300 W. Jefferson, Suite 30
 P. O. Box 10140
 Springfield, IL 62791-0140

ILLINOIS WELL COMPLETION REPORT

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Oil Gas _____ Dry Hole _____ SWD _____ Water Input _____ Gas Input _____ Conv. _____ Str. Test _____
 Water Supply _____ Observation _____ Well #24
 Operator Texaco, Inc. Well Name and No Salem Unit O/A(B.Hawkins) Tr. 17
 Permit No. 44223 Date Issued 7-30-90 Location 1315'S 985'W NEC NW COUNTY No. 27543
 County Marion Section 8 Township 1N Range 2E
 Elevation: DF _____ KB _____ Ground _____ Total Depth 3476' P.B.T.D. --
 Date Drilling Began 8-24-90 Date Drilling Completed 8-31-90
 Rotary Tools from 0' To 3476' Cable Tools from _____ To _____
 Hole Size 12 1/4" Electric or Other Logs Run: Yes No _____ Date 8-31-90
 New Well Deepened _____ Drilled Out Plugged Hole _____ Lease Sign Posted: Yes No _____
 Was Well Cored: Yes _____ X _____ No _____ Drill Stem Test Run: Yes _____ No

TUBULAR RECORD

	Size	Depth	Sks. Cement	Csg. Pulled
Surface	8-5/8"	248'	250	
Mine or Intermediate				
Producing	5-1/2"	3476'	375	
Liner				

PRODUCTION INFORMATION

Name of Producing or Injection Formations Devonian - Salem - St. Louis
 Date of First Prod. 9-16-90 Date of Test 9-13-90 Length of Test 24 hours
 Daily Production Bbls: Oil 180 Water 130 Gas (MCF) 0

WELL COMPLETION INFORMATION

Intervals 3392-3476, 2098-2231, 2029-2054

Check Type Below:

Perforated _____
 Shot _____
 Acidized _____
 Fractured _____
 Other _____

List Amount Used or Other Details Below:

W/2 jets per ft
 6050 gals. 15% NEA & 5050# Rock Salt
 RECEIVED
 OCT 04 1990
 DEPT. MINES & METALS
 OIL & GAS DIV.

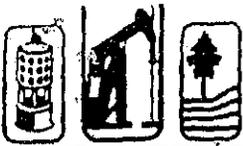
The information given herewith is a correct record of the well and all work done so far as can be determined from all available records.

Signed: B. E. MARCUM Area Mgr. RR #2, Box 219, Salem, IL 62881 September 28, 1990

Signature

Address

Date



Orig & lcc: State of Illinois lcc: File
 lcc: Midland Compt. OG-9
 lcc: Denver Drlg.

Oil & Gas Division
 300 W. Jefferson, Suite 3
 P. O. Box 10140
 Springfield, IL 62791-014

ILLINOIS WELL COMPLETION REPORT

INSTRUCTIONS: Within thirty (30) days after the completion of any well, the owner or operator shall transmit to the Oil and Gas Division the Original and one Copy of this form. Upon request, geological information will be kept confidential for one year from the date that permit is issued. A copy of an electric log (if run) and other pertinent information is to be sent to Illinois State Geological Survey, 615 East Peabody Drive, Champaign, IL 61820.

Oil Gas _____ Dry Hole _____ SWD _____ Water Input _____ Gas Input _____ Conv. _____ Str. Test _____
 Water Supply _____ Observation _____ Tr. 190 Well #10
 Operator Texaco, Inc. Well Name and No. Salem Unit O/A (B. Hawkins, Comm.
 Permit No. 44225 Date Issued 7-30-90 Location 50'N 660'W SEC NW COUNTY No. 27546
 County MARION Section 8 Township 1N Range 2E
 Elevation: DF _____ KB _____ Ground 550' Total Depth 3520' P.B.T.D. _____
 Date Drilling Began 8-21-90 Date Drilling Completed 8-27-90
 Rotary Tools from 0' To 3520' Cable Tools from _____ To _____
 Hole Size 12 1/4" Electric or Other Logs Run: Yes No _____ Date 8-27-90
 New Well Deepened _____ Drilled Out Plugged Hole _____ Lease Sign Posted: Yes No _____
 Was Well Cored: Yes _____ No Drill Stem Test Run: Yes _____ No

TUBULAR RECORD

Surface	Size	Depth	Sks. Cement	Csg. Pulled
	8-5/8"	236'	250	
Mine or Intermediate				
Producing	5-1/2"	3508'	375	
Liner				

PRODUCTION INFORMATION

Name of Producing or Injection Formations Devonian - Salem
 Date of First Prod. 9-18-90 Date of Test 9-1-90 Length of Test 24 hours
 Daily Production Bbls: Oil 92 Water 417 Gas (MCF) 0

WELL COMPLETION INFORMATION

Intervals 3456-3520, 2192-2203, 2211-16, 2248-55, 2257-87

Check Type Below: Perforated <input checked="" type="checkbox"/> Shot _____ Acidized <input checked="" type="checkbox"/> Fractured _____ Other _____	List Amount Used or Other Details Below: <u>W/2 jets per ft</u> <u>9,650 gals. 15% NEA & 3,100# Rock Salt</u>
--	--

RECEIVED
 OCT 4 1990
 DEPT. OF MINERALS & GEOLOGY
 OIL & GAS DIV.

The information given herewith is a correct record of the well and all work done so far as can be determined from all available records.

Signed: B. F. MARCIUM Area Mgr. RR #2, Box 219, Salem, IL 62881 September 28, 1990
 Signature Address Date



Orig & lcc: State of Illinois lcc: File
 lcc: Midland Compt. OG-9
 lcc: Denver Drlg.

Oil & Gas Division
 300 W. Jefferson, Suite 3
 P. O. Box 10140
 Springfield, IL 62791-0140

ILLINOIS WELL COMPLETION REPORT

INSTRUCTIONS: Within thirty (30) days after the completion of any well, the owner or operator shall transmit to the Oil and Gas Division the Original and one Copy of this form. Upon request, geological information will be kept confidential for one year from the date that permit is issued. A copy of an electric log (if run) and other pertinent information is to be sent to Illinois State Geological Survey, 615 East Peabody Drive, Champaign, IL 61820.

Oil Gas _____ Dry Hole _____ SWD _____ Water Input _____ Gas Input _____ Conv. _____ Str. Test _____
 Water Supply _____ Observation _____ (Rosa Fykes)
 Operator Texaco, Inc. Well Name and No. Salem Unit O/A Tr. 217 Well #2
 Permit No. 44211 Date Issued 7-25-90 Location 1305'S 957'W NEc SW **COUNTY No. 21547**
 County Marion Section 8 Township 1N Range 2E
 Elevation: DF _____ KB 562' Ground 550' Total Depth 3550' P.B.T.D. 3549'
 Date Drilling Began 7-31-90 Date Drilling Completed 8-6-90
 Rotary Tools from 0' To 3550' Cable Tools from _____ To _____
 Hole Size 12 1/4" Electric or Other Logs Run: Yes No _____ Date 8-5-90
 New Well Deepened _____ Drilled Out Plugged Hole _____ Lease Sign Posted: Yes No _____
 Was Well Cored: Yes _____ No _____ Drill Stem Test Run: Yes _____ No

TUBULAR RECORD

	Size	Depth	Sks. Cement	Csg. Pulled
Surface	8-5/8"	240'	250	
Mine or Intermediate				
Producing	5-1/2"	3550'	375	
Liner				

PRODUCTION INFORMATION

Name of Producing or Injection Formations Devonian
 Date of First Prod. 8-17-90 Date of Test 8-12-90 Length of Test 5 hours
 Daily Production Bbls: Oil 17 Water 81 Gas (MCF) 0

WELL COMPLETION INFORMATION

Intervals 3500-3549

Check Type Below:	List Amount Used or Other Details Below:
Perforated <input checked="" type="checkbox"/>	<u>W/2 jets per ft</u>
Shot _____	
Acidized <input checked="" type="checkbox"/>	<u>2,500 gals. of 15% NEA</u>
Fractured _____	
Other _____	

RECEIVED
 OCT 04 1990
 DEPT. MINES & MINERALS
 OIL & GAS DIV.

The information given herewith is a correct record of the well and all work done so far as can be determined from all available records.

Original Signed: B. E. MARCUM Area Mgr. RR #2, Box 219, Salem, IL 62881 September 28, 1990
 Signature Address Date



ILLINOIS DEPARTMENT OF MINES AND MINERALS

LAND GAS DIVISION
(217) 782-7756

COUNTY NO. 27547

10 W. JEFFERSON - SUITE 500
P.O. BOX 10140
SPRINGFIELD, IL 62791-0140

OG-9 WELL COMPLETION REPORT

ENTERED

TYPE OF REPORT:

NEW WELL CONVERSION DOPH DEEPENING WORKOVER

TYPE OF WELL:

OIL PRODUCER GAS PRODUCER CLASS II INJECTION WELL WATER SUPPLY
 OBSERVATION GAS STORAGE D&A SERVICE WELL

PERMITTEE: Texaco Exploration & Production Inc Permittee #815

WELL NAME: R. Fyke #24, Tract 217 (Salem Unit O/A) PERMIT NO. 044211

LOCATION: 1305S 957W NEC SW REFERENCE NO. 140494

COUNTY: Marion SECTION: 8 TOWNSHIP: 1N RANGE: 2E

WELL NOT CONVERTED, PERMIT EXPIRED.

DRILLING DATA: WELL NOT DRILLED, PERMIT EXPIRED.

DATE DRILLING BEGAN _____ FINISHED _____
ELEVATION: KB _____ DF _____ GH 550'
ROTARY: FROM _____ TO _____ CABLE: FROM _____ TO _____
TD. 3550' PRTD. 2400'

TEST DATA:

WERE ELECTRIC OR OTHER WIRELINE LOGS RUN: YES _____ NO X
TYPE OF LOG: _____ DATE: _____
TYPE OF LOG: _____ DATE: _____
TYPE OF LOG: _____ DATE: _____
WAS WELL CORED: YES _____ NO X INTERVAL CORED _____
DRILL STEM TEST RUN: YES _____ NO X ZONE TESTED PT. OF NATURAL

CONSTRUCTION DATA:

JAN 24 1997

CASING	SIZE	SETTING DEPTH	SACKS CEMENT	HOLE SIZE	TOP OF CEMENT OR	TOP DETERMINED
SURFACE	8-5/8"	240'	250			
INTERMED. / MINE STRING / OR LINER						
PRODUCTION	5 1/2"	3550'	375			
TUBING: TYPE <u>Steel</u> SIZE <u>2-7/8"</u>						
PACKER: 1. BRAND AND TYPE _____			SETTING DEPTH _____			
2. BRAND AND TYPE _____			SETTING DEPTH _____			

WELL COMPLETION DATA FOR PRODUCTION / INJECTION FORMATIONS:

FORMATION	PERF. INTERVAL	SHOTS	OPEN HOLE INTERVAL	ACIDIZED / FRACTURED / OTHER (LIST AMOUNTS USED AND OTHER DETAILS)
Salem	2219-23' 2255-71'	2SPF		Acidize w/1000 gls 15% NEA
McClosky	2012-16' 2041-46'			Acidize w/1000 gls 15% NEA

PRODUCTION INFORMATION:

PRODUCING FORMATIONS: McClosky-Salem

DATE OF FIRST PRODUCTION: (OIL TO TANK) 1/13/97

DATE OF TEST: (STARTED TESTING TO TANK) 12/4/96

LENGTH OF TEST: 24 hours

INITIAL PRODUCTION RATE:

OIL 11 BBL PER DAY WATER 508 BBL PER DAY GAS 0 MCF

INJECTION INFORMATION:

INJECTION / DISPOSAL FORMATION(s): _____

TYPE OF INJECTED FLUID: FRESHWATER SALTWATER OTHER (SPECIFY) _____

SOURCE OF INJECTED FLUID: _____

DATE OF FIRST INJECTION: _____

RATE PER DAY: _____ BBL WATER AT _____ PSI

_____ MCF GAS AT _____ PSI

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS REPORT, INCLUDING ACCOMPANYING STATEMENTS AND DOCUMENTS, AND TO THE BEST OF MY KNOWLEDGE, IT IS TRUE, CORRECT, AND COMPLETE.

J.W. HANKINSON
SIGNATURE OF PERMITTEE OR DESIGNEE

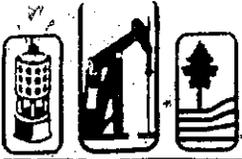
3160. Selmaville Road
ADDRESS

Salem, Illinois 62881
CITY, STATE

Operations Unit Manager
TITLE

January 22, 1997
DATE

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined in the Ill. Compiled Stat. Ch. 225, para. 725 et. seq. Failure to disclose this information will result in this form not being processed. This form has been approved by the Forms Management Center.



Orig & lcc: State of Illinois
 lcc: Midland Compt, OG-9
 lcc: Denver Drlg.

lcc: File

COUNTY No. 27245

Oil & Gas Division
 300 W. Jefferson, Suite 3
 P. O. Box 10140
 Springfield, IL 62791-0140

ILLINOIS WELL COMPLETION REPORT

INSTRUCTIONS: Within thirty (30) days after the completion of any well, the owner or operator shall transmit to the Oil and Gas Division the Original and one Copy of this form. Upon request, geological information will be kept confidential for one year from the date that permit is issued. A copy of an electric log (if run) and other pertinent information is to be sent to Illinois State Geological Survey, 615 East Peabody Drive, Champaign, IL 61820.

Oil Gas _____ Dry Hole _____ SWD _____ Water Input _____ Gas Input _____ Conv. _____ Str. Test _____
 Water Supply _____ Observation _____ Tr. 189 Well #1
 Operator Texaco, Inc. Well Name and No. Salem Unit O/A (W.B. CARR "A")
 Permit No. 44226 Date Issued 7-30-90 Location 50'N 280'E SWc NW
 County MARION Section 8 Township 1N Range 2E
 Elevation: DF _____ KB _____ Ground 550' Total Depth 3470' P.B.T.D. _____
 Date Drilling Began 8-17-90 Date Drilling Completed 8-24-90
 Rotary Tools from 0' To 3470' Cable Tools from _____ To _____
 Hole Size 12 1/4" Electric or Other Logs Run: Yes No _____ Date 8-26-90
 New Well Deepened _____ Drilled Out Plugged Hole _____ Lease Sign Posted: Yes No _____
 Was Well Cored: Yes _____ X _____ No _____ Drill Stem Test Run: Yes _____ No

TUBULAR RECORD

	Size	Depth	Sks. Cement	Csg. Pulled
Surface	8-5/8"	323'	250	
Mine or Intermediate				
Producing	5-1/2"	3458'	375	
Liner				

PRODUCTION INFORMATION

Name of Producing or Injection Formations Devonian - Salem - St. Louis
 Date of First Prod. 9-20-90 Date of Test 9-15-90 Length of Test 24 hours
 Daily Production Bbls: Oil 54 Water 2346 Gas (MCF) 0

WELL COMPLETION INFORMATION

Intervals 3428-70, 2050-56, 2059-63, 2069-77, 2098-2101, 2115-23, 2142-56, 2161-65, 2181-86, 2208-35

Check Type Below:

Perforated
 Shot _____
 Acidized
 Fractured _____
 Other _____

List Amount Used or Other Details Below:

W/2 jets per ft
10,500 gals. 15% NEA & 8,000# Rock
RECEIVED
OCT 4 1990
 DEPT. OF MINES & METALS
 OIL & GAS DIV.

The information given herewith is a correct record of the well and all work done so far as can be determined from all available records.

Original Signed: B. E. MARCUM Area Mgr. RR #2, Box 219, Salem, IL 62881 September 28, 1990
 Signature Address Date



Orig & lcc: State of Illinois lcc: File
 lcc: Midland Compt. OG-9
 lcc: Denver Drlg.

COUNTY No. 07544

Oil & Gas Division
 300 W. Jefferson, Suite 3
 P. O. Box 10140
 Springfield, IL 62791-0140

ILLINOIS WELL COMPLETION REPORT

INSTRUCTIONS: Within thirty (30) days after the completion of any well, the owner or operator shall transmit to the Oil and Gas Division the Original and one Copy of this form. Upon request, geological information will be kept confidential for one year from the date that permit is issued. A copy of an electric log (if run) and other pertinent information is to be sent to Illinois State Geological Survey, 615 East Peabody Drive, Champaign, IL 61820.

Oil Gas _____ Dry Hole _____ SWD _____ Water Input _____ Gas Input _____ Conv. _____ Str. Test _____
 Water Supply _____ Observation _____ (W.B. Carr "C")
 Operator Texaco, Inc. Well Name and No. Salem Unit O/A Tr. 188 Well #1
 Permit No. 44210 Date Issued 7-25-90 Location 1310'S 171'E NWc
 County MARION Section 8 Township 1N Range 2E
 Elevation: DF _____ KB _____ Ground 532' Total Depth 3451' P.B.T.D. _____
 Date Drilling Began 8-7-90 Date Drilling Completed 8-14-90
 Rotary Tools from 0' To 3451' Cable Tools from _____ To _____
 Hole Size 12 1/4" Electric or Other Logs Run: Yes No _____ Date 8-16-90
 New Well Deepened _____ Drilled Out Plugged Hole _____ Lease Sign Posted: Yes No _____
 Was Well Cored: Yes _____ X _____ No _____ Drill Stem Test Run: Yes _____ No

TUBULAR RECORD

	Size	Depth	Sks. Cement	Csg. Pulled
Surface	8-5/8"	225'	250	
Mine or Intermediate				
Producing	5-1/2"	3439'	375	
Liner				

PRODUCTION INFORMATION

Name of Producing or Injection Formations Devonian - Salem - St. Louis
 Date of First Prod. 9-9-90 Date of Test 8-24-90 Length of Test 24 hours
 Daily Production Bbls: Oil 106 Water 2109 Gas (MCF) 0

WELL COMPLETION INFORMATION

Intervals 3390-3451, 2041-46, 2126-30, 2164-2200

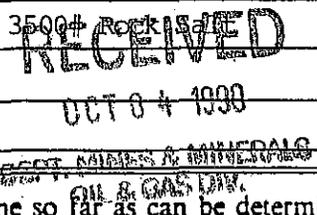
Check Type Below:

Perforated _____
 Shot _____
 Acidized _____
 Fractured _____
 Other _____

List Amount Used or Other Details Below:

w/2 jets per ft.

6,700 gals. 15% NEA & 3500# Rock Salt



The information given herewith is a correct record of the well and all work done so far as can be determined from all available records.

Original Signed: B. E. MARCUM Area Mgr. RR #2, Box 219, Salem, IL 62881 September 28, 1990
 Signature Address Date



ILLINOIS DEPARTMENT OF NATURAL RESOURCES

Office of Mines and Minerals

Division of Oil and Gas
(217) 782-7756

524 South Second Street
Springfield, Illinois 62701-1787



COUNTY NO. 27541

OG-9 WELL COMPLETION REPORT

TYPE OF REPORT:

NEW WELL CONVERSION DOPH DEEPENING WORKOVER

TYPE OF WELL:

OIL PRODUCER GAS PRODUCER CLASS II INJECTION WELL WATER SUPPLY
 OBSERVATION GAS STORAGE D&A SERVICE WELL

PERMITTEE: Citation Oil & Gas Corp. #3944

WELL NAME: Carr, W.B. "C" #15, Tr. 188 (Salem Unit) PERMIT NO. 44210

LOCATION: 1310 S. & 171 E NW_c REFERENCE NO. --

COUNTY: Marion SECTION: 08 TOWNSHIP: 01N RANGE: 02E

WELL NOT COVERED, PERMIT EXPIRED

DRILLING DATA: WELL NOT DRILLED, PERMIT EXPIRED

DATE DRILLING BEGAN	<u>Workover 3/21/01</u>	FINISHED	<u>Workover 4/2/01</u>
ELEVATION: KB	<u>546'</u>	DF	<u>GR 532'</u>
ROTARY: FROM	<u>0'</u>	TO	<u>3451'</u>
CABLE: FROM		TO	
T.D.	<u>3451'</u>	P.B.T.D.	<u>--</u>

TEST DATA:

WERE ELECTRIC OR OTHER WIRELINE LOGS RUN: YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	DATE: <u>8/16/90</u>
TYPE OF LOG: _____	DATE: _____	
TYPE OF LOG: _____	DATE: _____	
TYPE OF LOG: _____	DATE: _____	
WAS WELL CORED: YES _____	NO <input checked="" type="checkbox"/>	INTERVAL CORED: _____
DRILL STEM TEST RUN: YES _____	NO <input checked="" type="checkbox"/>	ZONE TESTED: <u>SPRINGFIELD</u>

MAY 01 2001

CONSTRUCTION DATA:

CASING	SIZE	SETTING DEPTH	SACKS CEMENT	HOLE SIZE	TOP OF CEMENT	OFFICE OF MINES & MINERALS TOP OF OIL AND GAS DIVISION BY
SURFACE	8-5/8"	225'	250 sx	12-1/4"	Surface	
INTERMED. / MINE STRING / OR LINER						
PRODUCTION	5-1/2"	3451'	375 sx	7-7/8"	1716'	

TUBING: TYPE Production - 8rd EUE SIZE 2-7/8"

PACKER: 1. BRAND AND TYPE _____ SETTING DEPTH _____

2. BRAND AND TYPE _____ SETTING DEPTH _____

WELL COMPLETION DATA FOR PRODUCTION / INJECTION FORMATIONS:

FORMATION NAME	LITHOLOGY	PERF. INTERVAL	OPEN HOLE INTERVAL	ACIDIZED / FRACTURED / OTHER (LIST AMOUNTS USED AND OTHER DETAILS)
Rosiclaire		1893' - 1900'		Acidized with 500 gals 15% NEFe HCl
Salem		2126' - 2200'		Acidized with 180 gals 15% NEFe HCl
Devonian		3390' - 3451'		Acidized with 2000 gals 15% NEFe HCl

PRODUCTION INFORMATION:

PRODUCING FORMATIONS: Rosiclaire, Salem, Devonian

DATE OF FIRST PRODUCTION: (OIL TO TANK) 03/26/01

DATE OF TEST: (STARTED TESTING TO TANK) 03/27/01

LENGTH OF TEST: 24 hrs

INITIAL PRODUCTION RATE:

OIL 11 BBLs PER DAY WATER 64 BBLs PER DAY GAS -0- MCF

INJECTION INFORMATION:

INJECTION / DISPOSAL FORMATION(S): _____

TYPE OF INJECTED FLUID: FRESHWATER SALTWATER OTHER (SPECIFY) _____

SOURCE OF INJECTED FLUID: _____

DATE OF FIRST INJECTION: _____

RATE PER DAY: _____ BBLs WATER AT _____ PSI

_____ MCF GAS AT _____ PSI

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS REPORT, INCLUDING ACCOMPANYING STATEMENTS AND DOCUMENTS, AND TO THE BEST OF MY KNOWLEDGE, IT IS TRUE, CORRECT, AND COMPLETE.

Debra Harris Debra Harris
SIGNATURE OF PERMITTEE OR DESIGNEE

Regulatory / Production Coordinator
TITLE

P.O. Box 690688
ADDRESS

04/25/2001
DATE

Houston, Texas 77269-0688
CITY STATE

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined in the Ill. Compiled Stat. Ch. 225, pars. 725 et. seq. Failure to disclose this information will result in this form not being processed. This form has been approved by the Forms Management Center.



Orig & lcc: State of Illinois
 lcc: Drilling OG-9
 lcc: Midland Compt.

COUNTY No. 27559

300 W. Jefferson, Sui
 P. O. Box 10140
 Springfield, IL 62791-

ILLINOIS WELL COMPLETION REPORT

INSTRUCTIONS: Within thirty (30) days after the completion of any well, the owner or operator shall transmit to the Oil and Division the Original and one Copy of this form. Upon request, geological information will be kept confidential for one year from date that permit is issued. A copy of an electric log (if run) and other pertinent information is to be sent to Illinois State Geology Survey, 615 East Peabody Drive, Champaign, IL 61820.

Oil Gas _____ Dry Hole _____ SWD _____ Water Input _____ Gas Input _____ Conv. _____ Str. Tes

Water Supply _____ Observation _____ (W.B.CARR"C")

Operator Texaco, Inc. Well Name and No. Salem Unit O/A Tr. 188 #16

Permit No. 44405 Date Issued 9-17-90 Location 75'S 130'E NWc

County Marion Section 8 Township 1N Range 2E

Elevation: DF _____ KB _____ Ground 526' Total Depth 3422' P.B.T.D. 342

Date Drilling Began 9-20-90 Date Drilling Completed 9-27-90

Rotary Tools from 0 To 3422' Cable Tools from _____ To _____

Hole Size 12 1/2" Electric or Other Logs Run: Yes No _____ Date 9-26-90

New Well Deepened _____ Drilled Out Plugged Hole _____ Lease Sign Posted: Yes No _____

Was Well Cored: Yes _____ No Drill Stem Test Run: Yes _____ No

TUBULAR RECORD

	Size	Depth	Sks. Cement	Csg. Pulled
Surface	9-5/8"	230'	225	
Mine or Intermediate				
Producing	7"	3422'	650	
Liner				

RECEIVED
 DEC 06 1990

PRODUCTION INFORMATION

Name of Producing or Injection Formations Devonian/Salem/St. Louis

Date of First Prod. 10-11-90 Date of Test 10-9-90 Length of Test 24 hours

Daily Production Bbls: Oil 235 Water 209 Gas (MCF) 0

WELL COMPLETION INFORMATION

Intervals 2034-2244; 3333-3420

Check Type Below:

Perforated
 Shot _____
 Acidized
 Fractured _____
 Other _____

List Amount Used or Other Details Below:

2 jets & 4 jets/foot
11,050 gals. 15% NEA; 10,500# Rock Salt

The information given herewith is a correct record of the well and all work done so far as can be determined from available records.

Be J Moran Area Mgr. RR#2, Box 219, Salem, IL 62881 November 28, 1990

Signature

Address

Date

Salem Cons-t



ILLINOIS DEPARTMENT OF NATURAL RESOURCES

Office of Mines and Minerals

Division of Oil and Gas
(217) 557-6379

One Natural Resources Way
Springfield, Illinois 62702-1271

COUNTY NO. 28212



RECEIVED
DEPT. OF NATURAL RESOURCES
SPRINGFIELD

OCT 14 2008

OFFICE OF MINES & MINERALS
OIL AND GAS DIVISION

OG-9 WELL COMPLETION REPORT

TYPE OF REPORT:

NEW WELL CONVERSION DOPH DEEPENING WORKOVER

TYPE OF WELL:

OIL PRODUCER GAS PRODUCER CLASS II INJECTION WELL WATER SUPPLY
 OBSERVATION GAS STORAGE D&A SERVICE

PERMITTEE: Citation Oil & Gas Corp. PERMITTEE #: 3944

WELL NAME: Salem Unit 41-11 PERMIT #: 059259

LOCATION: 956N 573W SEC REFERENCE #: 211398

COUNTY: Marion SECTION: 20 TOWNSHIP: 2N RANGE: 2E

DRILLING DATA:

WELL NOT DRILLED, PERMIT EXPIRED WELL NOT CONVERTED, PERMIT EXPIRED

DATE DRILLING BEGAN: <u>7/3/2008</u>	FINISHED: <u>8/29/2008</u>
ELEVATION: KB <u>535'</u> DF <u>534'</u> GR <u>526'</u>	
ROTARY: FROM _____ TO _____	CABLE: FROM _____ TO _____
T.D.: <u>4719'</u>	P.B.T.D. <u>4670'</u>

TEST DATA:

WERE ELECTRIC OR OTHER WIRELINE LOGS RUN: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
TYPE OF LOG: <u>compensated sonic gamma ray</u> DATE: <u>7/16/2008</u>
TYPE OF LOG: <u>photo density compensated neutron microlog / gamma ray</u> DATE: <u>7/16/2008</u>
TYPE OF LOG: <u>array induction gamma ray</u> DATE: <u>7/16/2008</u>
WAS WELL CORED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO INTERVAL CORED: _____
DRILL STEM TEST RUN: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ZONE TESTED: _____

CONSTRUCTION DATA:

CASING	SIZE	SETTING DEPTH	SACKS CEMENT	HOLE SIZE	TOP OF CEMENT	TOP DETERMINED BY
SURFACE	8 5/8"	257'	180sxs	12.25"	surface	circ
INTERMED./MINE STRING / OR LINER						
PRODUCTION	5 1/2"	4719'	650sxs	7 7/8"	surface	circ

TUBING: TYPE: 6.5# 8rd EUE J-55	SIZE: 2 7/8"
PACKER: 1. BRAND AND TYPE: 1-X pkr	SETTING DEPTH: 4590'
2. BRAND AND TYPE:	SETTING DEPTH:

WELL COMPLETION DATA FOR PRODUCTION / INJECTION FORMATIONS:

FORMATION NAME	LITHOLOGY	PERF. INTERVAL	OPEN HOLE INTERVAL	ACIDIZED / FRACTURED / OTHER (LIST AMOUNTS USED AND OTHER DETAILS)
Trenton	oil / gas	4610'-4632'		2500 gal 80/20 blend 15% pad acid

PRODUCTION INFORMATION:

PRODUCING FORMATIONS: Trenton
DATE OF FIRST PRODUCTION (OIL TO TANK) 8/29/2008
DATE OF TEST: (STARTED TESTING TO TANK) 8/6/2008
LENGTH OF TEST: 24 Hours
INITIAL PRODUCTION RATE:
OIL 69 BBL PER DAY WATER 0 BBL PER DAY GAS 120 MCF

INJECTION INFORMATION:

INJECTION / DISPOSAL FORMATION(s):
TYPE OF INJECTED FLUID: <input type="checkbox"/> FRESHWATER <input type="checkbox"/> SALTWATER <input type="checkbox"/> OTHER (SPECIFY)
SOURCE OF INJECTED FLUID:
DATE OF FIRST INJECTION:
RATE PER DAY: BBL WATER AT PSI.
MCF GAS AT PSI.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS REPORT, INCLUDING ACCOMPANYING STATEMENTS AND DOCUMENTS, AND TO THE BEST OF MY KNOWLEDGE, IT IS TRUE, CORRECT, AND COMPLETE.

 Sharon Ward
SIGNATURE OF PERMITTEE OR DESIGNEE

Permitting Manager
TITLE

P O Box 690688
ADDRESS

10/2/2008
DATE

Houston, TX 77269-0688
CITY, STATE

RECEIVED

OCT 2 2 2008

GEOLOGIC RECORDS

Salem Cons - F



ILLINOIS DEPARTMENT OF NATURAL RESOURCES

Office of Mines and Minerals

Division of Oil and Gas
(217) 557-6379

One Natural Resources Way
Springfield, Illinois 62702-1271

COUNTY NO. 28212



OG-9 WELL COMPLETION REPORT

RECEIVED
DEPT. OF NATURAL RESOURCES
SPRINGFIELD

JUL 20 2009

TYPE OF REPORT:

NEW WELL CONVERSION DOPH DEEPENING WORKOVER

TYPE OF WELL:

OIL PRODUCER GAS PRODUCER CLASS II INJECTION WELL WATER SUPPLY
 OBSERVATION GAS STORAGE D&A SERVICE

OFFICE OF MINES & MINERALS
OIL AND GAS DIVISION

PERMITTEE: Citation Oil & Gas Corp. PERMITTEE #: 3944

WELL NAME: Salem Unit 41-11 PERMIT #: 059259

LOCATION: 956N 573W SEc REFERENCE #: 211398

COUNTY: Marion SECTION: 20 TOWNSHIP: 2N RANGE: 2E

DRILLING DATA:

WELL NOT DRILLED, PERMIT EXPIRED WELL NOT CONVERTED, PERMIT EXPIRED

DATE DRILLING BEGAN: 6/22/2009 FINISHED: 7/1/2009
ELEVATION: KB 535' DF 534' GR 526'
ROTARY: FROM _____ TO _____ CABLE: FROM _____ TO _____
T.D.: 4719' P.B.T.D. 4670'

TEST DATA:

WERE ELECTRIC OR OTHER WIRELINE LOGS RUN: YES NO
TYPE OF LOG: _____ DATE: _____
TYPE OF LOG: _____ DATE: _____
TYPE OF LOG: _____ DATE: _____
WAS WELL CORED: YES NO INTERVAL CORED: _____
DRILL STEM TEST RUN: YES NO ZONE TESTED: _____

CONSTRUCTION DATA:

CASING	SIZE	SETTING DEPTH	SACKS CEMENT	HOLE SIZE	TOP OF CEMENT	TOP DETERMINED BY
SURFACE	8 5/8"	257'	180sxs	12.25"	surface	circ
INTERMED./MINE STRING / OR LINER						
PRODUCTION	5 1/2"	4719'	650sxs	7 7/8"	surface	circ

282/2
COUNTY NO. 26000077

TUBING: TYPE: 6.5# 8rd EUE J-55 SIZE: 2 7/8"
 PACKER: 1. BRAND AND TYPE: _____ SETTING DEPTH: _____
 2. BRAND AND TYPE: _____ SETTING DEPTH: _____

WELL COMPLETION DATA FOR PRODUCTION / INJECTION FORMATIONS:

FORMATION NAME	LITHOLOGY	PERF. INTERVAL	OPEN HOLE INTERVAL	ACIDIZED / FRACTURED / OTHER (LIST AMOUNTS USED AND OTHER DETAILS)
Trenton	oil / gas	4538'-4632'		Added additional perfs 6/25/2009

PRODUCTION INFORMATION:

PRODUCING FORMATIONS: Trenton
 DATE OF FIRST PRODUCTION (OIL TO TANK) 7/1/2009
 DATE OF TEST: (STARTED TESTING TO TANK) 7/1/2009
 LENGTH OF TEST: 24 Hours
 INITIAL PRODUCTION RATE:
 OIL 23 BBLs PER DAY WATER 5 BBLs PER DAY GAS _____ MCF

INJECTION INFORMATION:

INJECTION / DISPOSAL FORMATION(s): _____
 TYPE OF INJECTED FLUID: FRESHWATER SALTWATER OTHER (SPECIFY) _____
 SOURCE OF INJECTED FLUID: _____
 DATE OF FIRST INJECTION: _____
 RATE PER DAY: _____ BBLs WATER AT _____ PSI.
 _____ MCF GAS AT _____ PSI.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS REPORT, INCLUDING ACCOMPANYING STATEMENTS AND DOCUMENTS, AND TO THE BEST OF MY KNOWLEDGE, IT IS TRUE, CORRECT, AND COMPLETE.

Bridget Lisenbe Bridget Lisenbe Permitting Analyst
 SIGNATURE OF PERMITTEE OR DESIGNEE TITLE

P O Box 690688
 ADDRESS

7/17/2009
 DATE

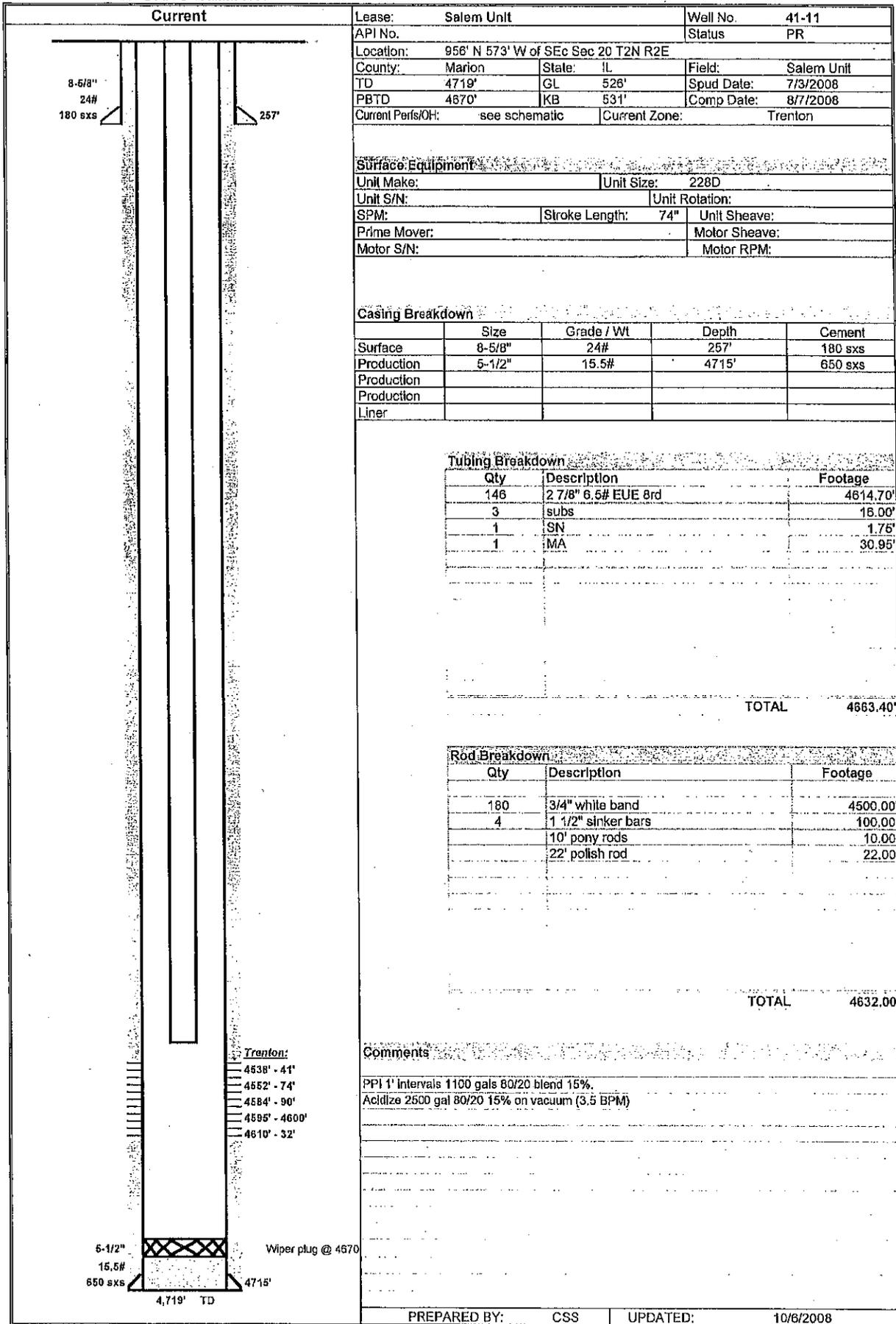
Houston, TX 77269-0688
 CITY, STATE

RECEIVED
 JUL 23 2009

RECORDS

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined in the Ill. Compiled Stat. Ch. 225 pars. 725 et. seq. Failure to disclose this information will result in this form not being processed. This form has been approved by the Forms Management Center.
 L 472-0242 (Rev 7/02)

WELLBORE SCHEMATIC



Lease:	Salem Unit	Well No.	41-11
API No.		Status	PR
Location:	958' N 573' W of SEc Sec 20 T2N R2E		
County:	Marion	State:	IL
Field:	Salem Unit		
TD	4719'	GL	526'
Spud Date:	7/3/2008		
PBTD	4670'	KB	531'
Comp Date:	8/7/2008		
Current Perfs/OH:	see schematic	Current Zone:	Trenton

Surface Equipment			
Unit Make:		Unit Size:	228D
Unit S/N:		Unit Rotation:	
SPM:	Stroke Length: 74"	Unit Sheave:	
Prime Mover:		Motor Sheave:	
Motor S/N:		Motor RPM:	

Casing Breakdown				
	Size	Grade / Wt	Depth	Cement
Surface	8-5/8"	24#	257'	180 sxs
Production	5-1/2"	15.5#	4715'	650 sxs
Production				
Production				
Liner				

Tubing Breakdown			
Qty	Description		Footage
146	2 7/8" 6.5# EUE 8rd		4614.70'
3	subs		18.00'
1	SN		1.75'
1	MA		30.95'
			TOTAL
			4663.40'

Rod Breakdown			
Qty	Description		Footage
180	3/4" white band		4500.00'
4	1 1/2" sinker bars		100.00'
	10' pony rods		10.00'
	22' polish rod		22.00'
			TOTAL
			4632.00'

- Trenton:**
- 4538' - 41'
 - 4552' - 74'
 - 4584' - 90'
 - 4595' - 4600'
 - 4610' - 32'

Comments

PPI 1' intervals 1100 gals 80/20 blend 15%.
 Acidize 2600 gal 80/20 15% on vacuum (3.5 BPM)

5-1/2" 15.5# 650 sxs
 4719' TD
 Wiper plug @ 4670'

PREPARED BY: CSS UPDATED: 10/6/2008



ILLINOIS DEPARTMENT OF NATURAL RESOURCES

Office of Mines and Minerals

Division of Oil and Gas
(217) 782-7756

COUNTY NO. 28226

524 South Second Street
Springfield, Illinois 62701-1787



OG-20 INSPECTORS CASING AND CEMENT REPORT

TYPE OF WELL: NEW WELL CONVERSION DOPH DEEPENING PLUGBACK

OPERATOR: Citation Oil & Gas Corp # 3944

WELL NAME: Salem Unit # 85 TY3 PERMIT NO. 60213

LOCATION: 1090 N 1087W SE1/4 REFERENCE NO. 211596

COUNTY: Marion SECTION: 29 TOWNSHIP: 2N RANGE: 2E

DRILLING CONTRACTOR: Wilson Drilling Carroll IL

CEMENTING COMPANY: Schwartz Oilfield Service Centralia IL

CASING	SIZE	SETTING DEPTH	HOLE SIZE	SACKS CEMENT	TOP OF CEMENT	TOP DETERMINED BY
SURFACE	<u>8 7/8"</u>	<u>233 FT</u>	<u>12 1/4</u>	<u>120 5x</u>	<u>Surf.</u>	<u>visual</u>
MINE STRING						
INTERMEDIATE / LINER						
PRODUCTION						

IMAGED

MINE STRING REPORT IF NOT DRILLED THROUGH PILLAR:

SIZE OF MINE STRING: 1 2009 DEPTH: _____ HOLE SIZE: _____

NO. OF SACKS OF CEMENT FROM THE UMBRELLA OR CAVE CATCHER TO SURFACE: _____

NO. OF SACKS OF CEMENT FROM CASING SEAT TO MINE FLOOR: _____

PLUGBACK / REMEDIAL CEMENTING / SQUEEZE JOB REPORT:

TOTAL DEPTH OF WELL: _____ FT PLUGBACK: FROM _____ FT TO _____ FT

DETAILS OF PLUGBACK: _____

REMEDIAL CEMENTING DOWN BACKSIDE OF CASING: FROM _____ TO _____

CASING PERFORATED WITH NUMBER OF SHOTS: _____ FROM _____ TO _____

NUMBER OF SACKS OF CEMENT USED FOR REMEDIAL CEMENTING OR SQUEEZE JOB: _____

COMMENTS BY INSPECTOR: GPS COOR. N 38.57922°
W 89.00182°

RECEIVED

DEC 04 2009

GEOLOGIC RECORDS

SIGNATURE OF OPERATOR OR HIS DESIGNEE _____ DATE 11/11/09

WELL INSPECTOR _____ DATE 11/24/09



ILLINOIS DEPARTMENT OF NATURAL RESOURCES

Office of Mines and Minerals

Division of Oil and Gas
(217) 557-6379

COUNTY NO. 28225

One Natural Resources Way
Springfield, Illinois 62702-1271



OG-20 INSPECTORS CASING AND CEMENT REPORT

WORK TYPE: NEW WELL CONVERSION DOPH DEEPENING PLUGBACK

OPERATOR: Citation Oil & Gas Corp #3944

WELL NAME: Salem Unit #85-T42 PERMIT #: 05946960290

LOCATION: 1096'N 2809'W SE/c REFERENCE #: 211589

COUNTY: Marion SECTION: 29 TOWNSHIP: 2N RANGE: 2E

DRILLING CONTRACTOR: Wilson Drilling Carmi IL

CEMENTING COMPANY: Schwartz Oilfield Service Centralia IL

CASING	SIZE	SETTING DEPTH	HOLE SIZE	SACKS OF CEMENT	TOP OF CEMENT	TOP DETERMINED BY
SURFACE	<u>8 5/8</u>	<u>253 FT</u>	<u>12 1/4"</u>	<u>210 SK</u>	<u>surf.</u>	<u>Visual</u>
MINE STRING						
INTERMEDIATE / LINER						
PRODUCTION						

MINE STRING REPORT IF NOT DRILLED THROUGH PILLAR:

SIZE OF MINE STRING: _____ FT. DEPTH: _____ HOLE SIZE: _____

NO. OF SACKS OF CEMENT FROM THE UMBRELLA OR CAVE CATCHER TO SURFACE: _____

NO. OF SACKS OF CEMENT FROM CASING HEAD TO MINE FLOOR: _____

DAMAGED

PLUGBACK / REMEDIAL CEMENTING / SQUEEZE JOB REPORT:

TOTAL DEPTH OF THE WELL: _____ FT. PLUGBACK: FROM _____ TO _____ FT.

DETAILS OF PLUGBACK: _____

REMEDIAL CEMENTING DOWN THE BACKSIDE OF CASING: FROM _____ TO _____ FT.

NUMBER OF SACKS OF CEMENT USED FOR REMEDIAL CEMENTING OR SQUEEZE JOB: _____

COMMENTS BY INSPECTOR: GPS coord. N 38.57934° W 89.00496°

RECEIVED

DEC 04 2009

GEOLOGIC RECORDS

E.M. [Signature] 11/24/09
SIGNATURE OF OPERATOR OR DESIGNEE DATE

Alan Phillips 11/24/09
WELL INSPECTOR DATE

SIGNATURE OF REP. OF CEMENTING CO. DATE

MANAGER AUTHORIZATION DATE
(IF INSPECTOR NOT PRESENT)

DIVISION OF OIL AND GAS

ILLINOIS WELL COMPLETION REPORT

COUNTY No. 26255

5

INSTRUCTIONS: Within thirty (30) days after the completion of any well, the owner or operator shall transmit to the Oil and Gas Division the Original and one Copy of this form. Upon request, geological information will be kept confidential for one year from the date that permit is issued. A copy of an electric log (if run) and other pertinent information is to be sent to Illinois State Geological Survey, Natural Resources Building, Urbana, Illinois.

Oil _____ Gas _____ Dry Hole _____ SWD _____ Water Input X _____ Gas Input _____ Conv. _____ Str. Test _____
 Water Supply _____ Observation _____

Operator Texaco Inc. Well Name and No. TRACT 108-109 WELL #T-17W (108-AH Reynolds) SALEM Unit (109 S. D. Branch Salem Unit O/A 1980'S 495'W NEC)

Permit No. 8750 Date Issued 11-28-79 Location 1980'S 495'W NEC

County Marion Section 32 Township 2N Range 2E

Elevation: DF _____ KB _____ Ground _____ Total Depth 1814' P.B.T.D. _____

Date Drilling Began 12-13-79 Date Drilling Completed 12-30-79

Rotary Tools from 0 To 1814' Cable Tools from _____ To _____
Used cable tools to clean out & complete

Hole Size _____ Electric or Other Logs Run: Yes _____ No _____ Date _____

New Well _____ Deepened _____ Drilled Out Plugged Hole _____ Lease Sign Posted: Yes X No _____

Was Well Cored: Yes _____ No _____ Drill Stem Test Run: Yes _____ No _____

TUBULAR RECORD

	Size	Depth	Sks. Cement	Csg. Pulled
Surface	<u>10 3/4"</u>	<u>131'</u>	<u>150 sx Class "A" cmt,</u>	<u>3% C.C.</u>
Mine or Intermediate				
Producing	<u>7"</u>	<u>1760'</u>	<u>525 sx 50-50 Poz, 10% salt, 3/4% CFR2,</u>	
Liner			<u>75 sx Class "A" reg, 10% salt, 3/4% CFR2</u>	

PRODUCTION INFORMATION

Name of Producing or Injection Formations Benoist
 Date of First Prod. XXXXXXX pending completion of Tertiary Project Date of Test _____ Length of Test _____

Daily Production Bbls.: Oil _____ Water _____ Gas (MCF) _____

WELL COMPLETION INFORMATION

Intervals Benoist O.H. 1760-1814

Check Type Below: _____ List Amount Used or Other Details Below: _____

Perforated _____
 Shot _____
 Acidized _____
 Fractured _____
 Other _____

The information given herewith is a correct record of the well and all work done so far as can be determined from all available records.

SIGNED: M. F. BEAUFORD RR #2, Salem, IL Nov. 14, 1980
 M. F. Beauford Signature Address Date



Office of Mines and Minerals

Division of Oil and Gas
(217) 782-7756

COUNTY NO. 26255

524 South Second Street
Springfield, Illinois 62701-1787



OG-9 WELL COMPLETION REPORT

TYPE OF REPORT:

NEW WELL CONVERSION DOPH DEEPENING WORKOVER

TYPE OF WELL:

OIL PRODUCER GAS PRODUCER CLASS II INJECTION WELL WATER SUPPLY
 OBSERVATION GAS STORAGE D&A SERVICE WELL

PERMITTEE: Texaco Exploration & Production Inc Permittee #815

WELL NAME: S.D. Branch #T17W. TR. 109 (Salem Unit O/A) PERMIT NO. 053565

LOCATION: 2015 S 530 W NEc REFERENCE NO. 9678

COUNTY: Marion SECTION: 32 TOWNSHIP: 2N RANGE: 2E

DRILLING DATA: WELL NOT COVERED, PERMIT EXPIRED
 WELL NOT DRILLED, PERMIT EXPIRED

DATE DRILLING BEGAN _____	FINISHED _____
ELEVATION: KB _____ DF _____ GR <u>519'</u>	
ROTARY: FROM _____ TO _____	CABLE: FROM _____ TO _____
T.D. <u>1814'</u>	P.B.T.D. <u>1606'</u>

TEST DATA:

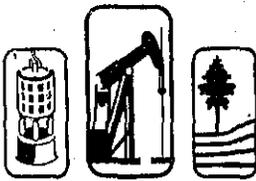
WERE ELECTRIC OR OTHER WIRELINE LOGS RUN: YES _____ NO <u>X</u>	
TYPE OF LOG: _____	DATE: _____
TYPE OF LOG: _____	DATE: _____
TYPE OF LOG: _____	DATE: _____
WAS WELL CORED: YES _____ NO <u>X</u>	INTERVAL CORED _____
DRILL STEM TEST RUN: YES _____ NO <u>X</u>	ZONE TESTED _____

CONSTRUCTION DATA:

CASING	SIZE	SETTING DEPTH	SACKS CEMENT	HOLE SIZE	TOP OF CEMENT	TOP DETERMINED BY
SURFACE	<u>10 3/4"</u>	<u>131'</u>	<u>150</u>			
INTERMED. / MINE STRING / OR LINER	<u>5 1/2"</u>	<u>1612' - 1814'</u>	<u>75</u>			
PRODUCTION	<u>7"</u>	<u>1760'</u>	<u>600</u>			

TUBING: TYPE _____ SIZE _____

PACKER: 1. BRAND AND TYPE _____ SETTING DEPTH _____



ILLINOIS DEPARTMENT OF MINES AND MINERALS

OIL AND GAS DIVISION
(217) 782-7766

COUNTY No. 27730

300 W. JEFFERSON - SUITE 300
P.O. BOX 10140
SPRINGFIELD, IL 62791-0140

OG-9 WELL COMPLETION REPORT

TYPE OF REPORT:

NEW WELL CONVERSION DOPH DEEPENING WORKOVER

TYPE OF WELL:

OIL PRODUCER GAS PRODUCER CLASS II INJECTION WELL WATER SUPPLY
 OBSERVATION GAS STORAGE D&A SERVICE WELL

PERMITTEE: Texaco Expl. & Prod., Inc. Permittee #815
WELL NAME: MI Williams #29, Tr. 139 (Salem Unit) PERMIT NO. 050498
LOCATION: 990N 50W SEC REFERENCE NO. 204901
COUNTY: Marion SECTION: 31 TOWNSHIP: 2N RANGE: 2E

DRILLING DATA: WELL NOT DRILLED / CONVERTED, PERMIT EXPIRED.

DATE DRILLING BEGAN	<u>10-27-94</u>	FINISHED	<u>11-5-94</u>
ELEVATION: KB	<u>484.4</u>	DF	<u>477.4</u>
ROTARY: FROM	<u>0</u>	TO	<u>3351'</u>
T.D.	<u>3351'</u>	P.B.T.D.	<u>3347'</u>
CABLE: FROM		TO	

TEST DATA:

WERE ELECTRIC OR OTHER WIRELINE LOGS RUN: YES X NO _____

TYPE OF LOG: DIF/GR/CDL/CN DATE: 11/20/94

TYPE OF LOG: GR/CBL/CCL/N DATE: 12/1/94

TYPE OF LOG: _____ DATE: _____

WAS WELL CORED: YES _____ NO X INTERVAL CORED _____

DRILL STEM TEST RUN: YES _____ NO X ZONE TESTED _____

CONSTRUCTION DATA:

CASING	SIZE	SETTING DEPTH	SACKS CEMENT	HOLE SIZE	TOP OF CEMENT	TOP DETERMINED
SURFACE	10-3/4"	140'	120	13-3/4"		
INTERMED. / MINE STRING / OR LINER						
PRODUCTION	7"	3349'	250			

TUBING: TYPE 2-7/8" SIZE 8RD

PACKER: 1. BRAND AND TYPE _____ SETTING DEPTH _____
2. BRAND AND TYPE _____ SETTING DEPTH _____

RECEIVED
MAY 18 1995
Department of Mines & Minerals

WELL COMPLETION DATA FOR PRODUCTION / INJECTION FORMATIONS:

FORMATION	PERF. INTERVAL	SHOTS	OPEN HOLE INTERVAL	ACIDIZED / FRACTURED / OTHER (LIST AMOUNTS USED AND OTHER DETAILS)
Salem	2131-45			Acidize w/2900 gls 15% NEA; Frac w/ 25000 gls Boragel & 88000# Sand
Warsaw	2267-72			Acidize w/250 gls 15% NEA
Devonian	3294-3345			Acidize w/2550 gls 15% Hcl

PRODUCTION INFORMATION:

PRODUCING FORMATIONS: Salem-Warsaw-Devonian

DATE OF FIRST PRODUCTION: (OIL TO TANK) 12/31/94

DATE OF TEST: (STARTED TESTING TO TANK) 12/23/94

LENGTH OF TEST: 24 hrs.

INITIAL PRODUCTION RATE:

OIL 64 BBLs PER DAY WATER 545 BBLs PER DAY GAS 0 MCF

INJECTION INFORMATION:

INJECTION / DISPOSAL FORMATION(s): _____

TYPE OF INJECTED FLUID: FRESHWATER SALTWATER OTHER (SPECIFY) _____

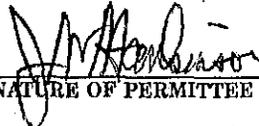
SOURCE OF INJECTED FLUID: _____

DATE OF FIRST INJECTION: _____

RATE PER DAY: _____ BBLs WATER AT _____ PSI

_____ MCF GAS AT _____ PSI

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS REPORT, INCLUDING ACCOMPANYING STATEMENTS AND DOCUMENTS, AND TO THE BEST OF MY KNOWLEDGE, IT IS TRUE, CORRECT, AND COMPLETE.

 Operations Manager

SIGNATURE OF PERMITTEE OR DESIGNEE TITLE

3160 Selmaville Road May 16, 1995

ADDRESS DATE RECEIVED

Salem, IL 62881 MAY 19 1995

CITY, STATE

GEOLOGIC RECORDS

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined in the Ill. Compiled Stat. Ch. 225, pars. 725 et. seq. Failure to disclose this information will result in this form not being processed. This form has been approved by the Forms Management Center.

DIVISION OF OIL AND GAS
ILLINOIS WELL COMPLETION REPORT

INSTRUCTIONS: Within thirty (30) days after the completion of any well, the owner or operator shall transmit to the Oil and Gas Division the Original and one Copy of this form. Upon request, geological information will be kept confidential for one year from the date that permit is issued. A copy of an electric log (if run) and other pertinent information is to be sent to Illinois State Geological Survey, 615 East Peabody Drive, Champaign, IL 61820.

Oil Gas _____ Dry Hole _____ SWD _____ Water Input _____ Gas Input _____ Conv. _____ Str. Test _____
Water Supply _____ Observation _____
Operator Texaco Inc. Well Name and No. Salem Un. Tr. 145 J. F. Canull #33
Permit No. 40505 Date Issued 7/29/87 Location 150' N 1500' W SEC
County Marion Section 31 Township 2N Range 2E
Elevation: DF N/A KB 531' Ground 515' Total Depth 3398' P.B.T.D. 3395'
Date Drilling Began 8/14/87 Date Drilling Completed 8/27/87
Rotary Tools from 0 To 3398 Cable Tools from _____ To _____
Hole Size 14-3/4" Electric or Other Logs Run: Yes No _____ Date 8/19/87
New Well Deepened _____ Drilled Out Plugged Hole _____ Lease Sign Posted: Yes No _____
Was Well Cored: Yes _____ No Drill Stem Test Run: Yes _____ No

TUBULAR RECORD

	Size	Depth	Sks. Cement	Csg. Pulled
Surface	10-3/4	232	300	
Intermediate				
Producing	5-1/2	3398	210	
Other	DVT @ 2573		220	

PRODUCTION INFORMATION

Name of Producing or Injection Formations Devonian
Date of First Prod. 8/27/87 Date of Test 8/27/87 Length of Test 24 hrs.
Daily Production Bbls.: Oil 59 Water 600 Gas (MCF) 0

WELL COMPLETION INFORMATION

Intervals 3323' - 3386'

Check Type Below:

Perforated
Shot _____
Acidized
Fractured _____
Other _____

List Amount Used or Other Details Below:

2/ft.
3200 gal. 15% NE

SEP 1987
DIV. OF
OIL & GAS

The information given herewith is a correct record of the well and all work done so far as can be determined from all available records.

John K. Hamby P. O. Box 2420, Tulsa, OK 74102 9/4/87
Signature Address Date

TUBING: TYPE: 6.5# 8rd SIZE: 2 7/8"
 PACKER: 1. BRAND AND TYPE: 1X pkr SETTING DEPTH: 4496'
 2. BRAND AND TYPE: _____ SETTING DEPTH: _____

WELL COMPLETION DATA FOR PRODUCTION / INJECTION FORMATIONS:

FORMATION NAME	LITHOLOGY	PERF. INTERVAL	OPEN HOLE INTERVAL	ACIDIZED / FRACTURED / OTHER (LIST AMOUNTS USED AND OTHER DETAILS)
Trenton	oil/gas	4528-4606		1000gallons 15% HCL NE Fe

PRODUCTION INFORMATION:

PRODUCING FORMATIONS: Trenton
 DATE OF FIRST PRODUCTION (OIL TO TANK) 1/9/2009
 DATE OF TEST: (STARTED TESTING TO TANK) 12/9/2009
 LENGTH OF TEST: 24 hours
 INITIAL PRODUCTION RATE:
 OIL 52 BBLs PER DAY WATER 40 BBLs PER DAY GAS 18 MCF

INJECTION INFORMATION:

INJECTION / DISPOSAL FORMATION(s): _____
 TYPE OF INJECTED FLUID: FRESHWATER SALTWATER OTHER (SPECIFY) _____
 SOURCE OF INJECTED FLUID: _____
 DATE OF FIRST INJECTION: _____
 RATE PER DAY: _____ BBLs WATER AT _____ PSI.
 _____ MCF GAS AT _____ PSI.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS REPORT, INCLUDING ACCOMPANYING STATEMENTS AND DOCUMENTS, AND TO THE BEST OF MY KNOWLEDGE, IT IS TRUE, CORRECT, AND COMPLETE.

Bridget Lisenbe Bridget Lisenbe
 SIGNATURE OF PERMITTEE OR DESIGNEE

Permitting Analyst
 TITLE

P O Box 690688
 ADDRESS

2/18/2009
 DATE

Houston, TX 77269-0688
 CITY, STATE

Marin 20-2N-28

Faber, Anne

From: Bridget Lisenbe [Blisenbe@cogc.com]
Sent: Monday, September 14, 2009 2:38 PM
To: Faber, Anne
Subject: Salem 35-9D - Additional information

QUINTY No. 2223

Reference# 211667
Permit #59563
API# 1212128223
Salem 35-9D

Concerning the question of how many perf balls were used in the perf interval:

- (4586-4606) 20', 4 spf, 80 holes
- (4572-4580) 8', 4 spf, 32 holes
- (4528-4548) 20', 4 spf, 80 holes

Let me know if you need any more information.

Bridget Lisenbe
Permitting Analyst
Citation Oil & Gas Corp.
Phone: (281) 891-1565
Fax: (281) 580-2168

Federal and state regulations require accurate submittal and approval of all permits prior to commencement of work and timely follow-up reports. Failure to comply with the regulations places Citation in jeopardy of receiving civil and criminal penalties. Notices of Violation (NOVs), Incidents of Non-Compliance (INCs), production shut-in, loss of credibility, and/or negative publicity. The Production Dept. appreciates your assistance in providing the requested data.

Salem Cons - 8

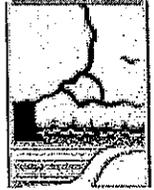


ILLINOIS DEPARTMENT OF NATURAL RESOURCES
Office of Mines and Minerals

Division of Oil and Gas
(217) 557-6379

COUNTY NO. 28214

One Natural Resources Way
Springfield, Illinois 62702-1271



OG-9 WELL COMPLETION REPORT

TYPE OF REPORT:

NEW WELL CONVERSION DOPH DEEPENING WORKOVER

TYPE OF WELL:

OIL PRODUCER GAS PRODUCER CLASS II INJECTION WELL WATER SUPPLY
 OBSERVATION GAS STORAGE D&A SERVICE

PERMITTEE: Citation Oil & Gas Corp. PERMITTEE #: 3944

WELL NAME: Salem Unit 35-4D PERMIT #: 59275

LOCATION: 384' N 1686' W SEc REFERENCE #: 211410

COUNTY: Marion SECTION: 20 TOWNSHIP: 2N RANGE: 2E

DRILLING DATA:

WELL NOT DRILLED, PERMIT EXPIRED WELL NOT CONVERTED, PERMIT EXPIRED

DATE DRILLING BEGAN: 5/12/08 FINISHED: 5/25/2008
ELEVATION: KB 539' DF 538' GR 531'
ROTARY: FROM _____ TO _____ CABLE: FROM _____ TO _____
T.D.: 4700' P.B.T.D. 4648'

RECEIVED
DEPT. OF NATURAL RESOURCES
SPRINGFIELD

SEP 19 2008

TEST DATA:

WERE ELECTRIC OR OTHER WIRELINE LOGS RUN: YES NO
TYPE OF LOG: mss monopole semblance, photo density compensated neutron microlog/gamma ray DATE: 5/26/2008
TYPE OF LOG: compensated sonic gamma ray, array induction, DATE: 5/26/2008
TYPE OF LOG: photo density compensated neutron microlog/gam, array induction, spectral gam ray DATE: 5/16/2008
WAS WELL CORED: YES NO INTERVAL CORED: _____
DRILL STEM TEST RUN: YES NO ZONE TESTED: _____

OFFICE OF MINES & MINERALS
OIL AND GAS DIVISION

CONSTRUCTION DATA:

CASING	SIZE	SETTING DEPTH	SACKS CEMENT	HOLE SIZE	TOP OF CEMENT	TOP DETERMINED BY
SURFACE	8 5/8"	263'	180sxs	12.25"	surface	circ
INTERMED./MINE STRING / OR LINER						
PRODUCTION	5-1/2"	4700'	685sxs			circ

TUBING: TYPE: 8rd SIZE: 2-7/8"
 PACKER: 1. BRAND AND TYPE: 1-X pkr SETTING DEPTH: 4450'
 2. BRAND AND TYPE: _____ SETTING DEPTH: _____

WELL COMPLETION DATA FOR PRODUCTION / INJECTION FORMATIONS:

FORMATION NAME	LITHOLOGY	PERF. INTERVAL	OPEN HOLE INTERVAL	ACIDIZED / FRACTURED / OTHER (LIST AMOUNTS USED AND OTHER DETAILS)
Trenton	oil / gas	4500'-4599'		Acidized w/ 17982 gal 28% HCL

PRODUCTION INFORMATION:

PRODUCING FORMATIONS: Trenton
 DATE OF FIRST PRODUCTION (OIL TO TANK) 6/5/2008
 DATE OF TEST: (STARTED TESTING TO TANK) 6/7/2008
 LENGTH OF TEST: 24 hour
 INITIAL PRODUCTION RATE:
 OIL 17 BBLs PER DAY WATER 0 BBLs PER DAY GAS 380 MCF

INJECTION INFORMATION:

INJECTION / DISPOSAL FORMATION(s): _____
 TYPE OF INJECTED FLUID: FRESHWATER SALTWATER OTHER (SPECIFY) _____
 SOURCE OF INJECTED FLUID: _____
 DATE OF FIRST INJECTION: _____
 RATE PER DAY: _____ BBLs WATER AT _____ PSI.
 _____ MCF GAS AT _____ PSI.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS REPORT, INCLUDING ACCOMPANYING STATEMENTS AND DOCUMENTS, AND TO THE BEST OF MY KNOWLEDGE, IT IS TRUE, CORRECT, AND COMPLETE.

Sharon Ward Sharon Ward
 SIGNATURE OF PERMITTEE OR DESIGNEE

Permitting Manager
 TITLE

P O Box 690688
 ADDRESS

9/10/2008
 DATE

Houston, TX 77269-0688
 CITY, STATE

RECEIVED

SEP 23 2008

GEOLOGIC R. COM.

TUBING: TYPE: 8rd	SIZE: 2-7/8"
PACKER: 1. BRAND AND TYPE: 1-X pkr	SETTING DEPTH: 4450'
2. BRAND AND TYPE:	SETTING DEPTH:

WELL COMPLETION DATA FOR PRODUCTION / INJECTION FORMATIONS:

FORMATION NAME	LITHOLOGY	PERF. INTERVAL	OPEN HOLE INTERVAL	ACIDIZED / FRACTURED / OTHER (LIST AMOUNTS USED AND OTHER DETAILS)
Trenton	oil / gas	4500'-4599'		Acidized w/ 17982 gal 28% HCL

PRODUCTION INFORMATION:

PRODUCING FORMATIONS: Trenton
DATE OF FIRST PRODUCTION (OIL TO TANK) Testing
DATE OF TEST: (STARTED TESTING TO TANK)
LENGTH OF TEST: 24 hour
INITIAL PRODUCTION RATE:
OIL _____ BLS PER DAY WATER _____ BLS PER DAY GAS _____ MCF

INJECTION INFORMATION:

INJECTION / DISPOSAL FORMATION(s):
TYPE OF INJECTED FLUID: <input type="checkbox"/> FRESHWATER <input type="checkbox"/> SALTWATER <input type="checkbox"/> OTHER (SPECIFY)
SOURCE OF INJECTED FLUID:
DATE OF FIRST INJECTION:
RATE PER DAY: _____ BLS WATER AT _____ PSI.
_____ MCF GAS AT _____ PSI.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS REPORT, INCLUDING ACCOMPANYING STATEMENTS AND DOCUMENTS, AND TO THE BEST OF MY KNOWLEDGE, IT IS TRUE, CORRECT, AND COMPLETE.

Sharon Ward Sharon Ward Permitting Manager
SIGNATURE OF PERMITTEE OR DESIGNEE TITLE

P O Box 690688
ADDRESS

9/3/2008
DATE

RECEIVE

SEP 18 2008

Houston, TX 77269-0688
CITY, STATE

GEOLOGIC REC

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined in the Ill. Compiled Stat. Ch. 225 pars. 725 et. seq. Failure to disclose this information will result in this form not being processed. This form has been approved by the Forms Management Center. L 472-0242 (Rev 7/02)

28214

WELLBORE SCHEMATIC

Current		Lease:	Well No.	
<p style="font-size: small;">8-5/8" 24# 180 sxs</p> <p style="font-size: small;">263'</p> <p style="font-size: small;">1-X plr @ 4450'</p> <p style="font-size: small;">Trenton: 4500' - 10' 4519' - 40' 4549' - 99'</p> <p style="font-size: small;">5-1/2" 15.5# 685 sxs</p> <p style="font-size: small;">Wiper plug @ 4548'</p> <p style="font-size: small;">4,700' TD</p>		API No.	35-4D	
		Location:	Flowing	
		County: Marion	State: IL	Field: Salem Unit
		TD: 4700'	GL: 531'	Spud Date: 5/13/2008
		PBTD: 4648'	KB	Comp Date: 6/5/2008
		Current Perfs/OH: 30' - 10'; 4519' - 40'; 4549' -		Current Zone: Trenton
		Surface Equipment		
		Unit Make:		Unit Size:
		Unit S/N:		Unit Rotation:
		SPM:	Stroke Length:	Unit Sheave:
Prime Mover:	Motor Sheave:			
Motor S/N:	Motor RPM:			
Casing Breakdown				
	Size	Grade / Wt	Depth	Cement
Surface	8-5/8"	24#	263'	180 sxs
Production	5-1/2"	15.5#	4700'	685 sxs
Production				
Liner				
Tubing Breakdown				
Qty	Description		Footage	
	2 7/8" 8rd		4450.00'	
			TOTAL:	4450.00'
Rod Breakdown				
Qty	Description		Footage	
			TOTAL:	0.00'
Comments				
Circulated cement on primary 5 1/2" production casing.				
Trenton Perforated at 4 SPF (0.4" entry 40.32" penetration)				
Acid frac Trenton perfs with 17982 gals 28% HCL with 200 part balls & 2800 gal diesel.				
<p style="font-size: large; font-weight: bold;">RECEIVED</p> <p style="font-size: large; font-weight: bold;">SEP 16 2008</p> <p style="font-size: large; font-weight: bold;">GEOLOGIC RECORD</p>				
PREPARED BY: CSS		UPDATED: 8/8/2008		



ILLINOIS DEPARTMENT OF NATURAL RESOURCES

Office of Mines and Minerals

Division of Oil and Gas
(217) 782-7756

524 South Second Street
Springfield, Illinois 62701-1787

COUNTY NO. 27908



OG-9 WELL COMPLETION REPORT

~~CONFIDENTIAL~~

TYPE OF REPORT:

NEW WELL CONVERSION DOPH DEEPENING WORKOVER

TYPE OF WELL:

OIL PRODUCER GAS PRODUCER CLASS II INJECTION WELL WATER SUPPLY
 OBSERVATION GAS STORAGE D&A SERVICE WELL

PERMITTEE: Texaco Exploration & Production Inc Permittee # 815

WELL NAME: Salem State Bank #11, Tr. 35 (Salem Unit) PERMIT NO. 053265

LOCATION: 660S 330E NWc NW SE REFERENCE NO. 206619

COUNTY: Marion SECTION: 20 TOWNSHIP: 2N RANGE: 2E

DRILLING DATA: WELL NOT COVERED, PERMIT EXPIRED
 WELL NOT DRILLED, PERMIT EXPIRED

DATE DRILLING BEGAN	<u>10/30/97</u>	FINISHED	<u>11/13/97</u>
ELEVATION: KB	<u> </u>	DF	<u> </u>
GR	<u>535'</u>		
ROTARY: FROM	<u>0</u>	TO	<u>5050'</u>
CABLE: FROM	<u> </u>		
T.D.	<u>5050'</u>	P.B.T.D.	<u> </u>

RECEIVED
EPT. OF NATURAL RESOURCES
SPRINGFIELD
NOV 24 1998
OFFICE OF MINES & MINERALS
OIL AND GAS DIVISION

~~CONFIDENTIAL~~

TEST DATA:

WERE ELECTRIC OR OTHER WIRELINE LOGS RUN:	YES <u> </u>	X	NO <u> </u>
TYPE OF LOG:	<u>3 Detector/Den/GR/CN</u>	DATE:	<u>11/12/97</u>
TYPE OF LOG:	<u>GR/N/CBL/CCL PDC</u>	DATE:	<u>11/19/97</u>
TYPE OF LOG:	<u>CSI</u>	DATE:	<u>11/20/97</u>
WAS WELL CORED:	YES <u> </u>	X	NO <u> </u>
INTERVAL CORED	<u>Trenton 4486-4506</u>		
DRILL STEM TEST RUN:	YES <u> </u>	NO <u> </u>	X
ZONE TESTED	<u> </u>		

CONSTRUCTION DATA:

CASING	SIZE	SETTING DEPTH	SACKS CEMENT	HOLE SIZE	TOP OF CEMENT	TOP DETERMINED BY
SURFACE	8-5/8"	184'	120	12 1/4"		
INTERMED. / MINE STRING / OR LINER						
PRODUCTION	5 1/2"	5047'	480			

TUBING: TYPE Steel SIZE 2-7/8"

PACKER: 1. BRAND AND TYPE SETTING DEPTH
2. BRAND AND TYPE SETTING DEPTH

WELL COMPLETION DATA FOR PRODUCTION / INJECTION FORMATIONS:

FORMATION NAME	LITHOLOGY	PERF. INTERVAL	OPEN HOLE INTERVAL	ACIDIZED / FRACTURED / OTHER (LIST AMOUNTS USED AND OTHER DETAILS)
Salem		2178-96 2236-46 2346-54		Acidize w/3600 gls 15% HCL & Frac w/ 23,000 gls X-link gel & 64,000# sand
Trenton		4509-24 4564-84 4694-4700		Acidize w/4500 gls 15% HCL, Acid Frac w/ 5500 gls 20% HCL & Frac w/ 24,570 gls X-link gel & 86,000# sand

PRODUCTION INFORMATION:

PRODUCING FORMATIONS: Salem - Trenton

DATE OF FIRST PRODUCTION: (OIL TO TANK) 2/26/98

DATE OF TEST: (STARTED TESTING TO TANK) 1/15/98

LENGTH OF TEST: 24 hours

INITIAL PRODUCTION RATE:

OIL 20 BBLs PER DAY WATER 294 BBLs PER DAY GAS 0 MCF

INJECTION INFORMATION:

INJECTION / DISPOSAL FORMATION(s): _____

TYPE OF INJECTED FLUID: FRESHWATER SALTWATER OTHER (SPECIFY) _____

SOURCE OF INJECTED FLUID: _____

DATE OF FIRST INJECTION: _____

RATE PER DAY: _____ BBLs WATER AT _____ PSI

_____ MCF GAS AT _____ PSI

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS REPORT, INCLUDING ACCOMPANYING STATEMENTS AND DOCUMENTS, AND TO THE BEST OF MY KNOWLEDGE, IT IS TRUE, CORRECT, AND COMPLETE.

J.W. HANKINSON

 SIGNATURE OF PERMITTEE OR DESIGNEE

3160 Selmaville Road

 ADDRESS

Salem, IL 62881

 CITY, STATE

Operations Unit Manager

 TITLE

March 20, 1998

 DATE

RECEIVED

MAR 30 1998

GEOLOGIC RECORDS

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined in the Ill. Compiled Stat. Ch. 225, pars. 725 et. seq. Failure to disclose this information will result in this form not being processed. This form has been approved by the Forms Management Center.



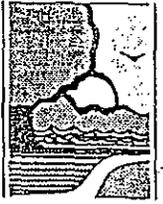
ILLINOIS DEPARTMENT OF NATURAL RESOURCES

Office of Mines and Minerals

Division of Oil and Gas
(217) 782-7756

524 South Second Street
Springfield, Illinois 62701-1787

COUNTY NO. 25909



OG-9 WELL COMPLETION REPORT

TYPE OF REPORT:

NEW WELL CONVERSION DOPH DEEPENING WORKOVER

TYPE OF WELL:

OIL PRODUCER GAS PRODUCER CLASS II INJECTION WELL WATER SUPPLY
 OBSERVATION GAS STORAGE D&A SERVICE WELL

PERMITTEE: Citation Oil & Gas Corp. - Permittee Number 3944

WELL NAME: Salem State Bank #12; TR. 35:(Salem Unit) PERMIT NO. 053266

LOCATION: 640N 330E SW SW SE REFERENCE NO. 206620

COUNTY: Marion SECTION: 20 TOWNSHIP: 2N RANGE: 2E

WELL NOT COVERED, PERMIT EXPIRED
 WELL NOT DRILLED, PERMIT EXPIRED

DATE DRILLING BEGAN	<u>5/21/2002</u>	Workover	FINISHED	<u>5/31/2002</u>	Workover
ELEVATION: KB	<u>539'</u>	DF	<u>538'</u>	GR	<u>535'</u>
ROTARY: FROM	_____	TO	_____	CABLE: FROM	_____
T.D.	<u>5050'</u>	P.B.T.D.	<u>3469'</u>		

TEST DATA:

WERE ELECTRIC OR OTHER WIRELINE LOGS RUN:	YES _____	NO	<u>X</u>
TYPE OF LOG:	_____	DATE:	_____
TYPE OF LOG:	_____	DATE:	_____
TYPE OF LOG:	_____	DATE:	_____
WAS WELL CORED:	YES _____	NO	_____
INTERVAL CORED	_____		
DRILL STEM TEST RUN:	YES _____	NO	_____
ZONE TESTED	_____		

CONSTRUCTION DATA:

CASING	SIZE	SETTING DEPTH	SACKS CEMENT	HOLE SIZE	TOP OF CEMENT	TOP DETERMINED BY
SURFACE	8-5/8"	183'	165	12-1/4"	Surface	Circulated
INTERMED. / MINE STRING / OR LINER						
PRODUCTION	5-1/2"	5050'	485	7-7/8"	770'	CBL

TUBING: TYPE Production SIZE 2-7/8"

PACKER: 1. BRAND AND TYPE _____ SETTING DEPTH _____
2. BRAND AND TYPE _____ SETTING DEPTH _____

WELL COMPLETION DATA FOR PRODUCTION/INJECTION FORMATIONS:

FORMATION NAME	LITHOLOGY	PERF. INTERVAL	OPEN HOLE INTERVAL	ACIDIZED / FRACTURED / OTHER (LIST AMOUNTS USED AND OTHER DETAILS)
Devonian	Oil/Water	3360' - 3421'		Reactivated previously inactive zone

PRODUCTION INFORMATION:

PRODUCING FORMATIONS: Devonian

DATE OF FIRST PRODUCTION: (OIL TO TANK) 5/31/2002

DATE OF TEST: (STARTED TESTING TO TANK) 5/31/2002

LENGTH OF TEST: 24 hours

INITIAL PRODUCTION RATE:

OIL 12 BBLs PER DAY WATER 2589 BBLs PER DAY GAS 0 MCF

INJECTION INFORMATION:

INJECTION / DISPOSAL FORMATION(s): _____

TYPE OF INJECTED FLUID: FRESHWATER SALTWATER OTHER (SPECIFY) _____

SOURCE OF INJECTED FLUID: _____

DATE OF FIRST INJECTION: _____

RATE PER DAY: _____ BBLs WATER AT _____ PSI

_____ MCF GAS AT _____ PSI

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS REPORT, INCLUDING ACCOMPANYING STATEMENTS AND DOCUMENTS, AND TO THE BEST OF MY KNOWLEDGE, IT IS TRUE, CORRECT, AND COMPLETE.

Debra Harris
SIGNATURE OF PERMITTEE OR DESIGNEE

Regulatory Analyst
TITLE

P.O. Box 690688
ADDRESS

6/4/2002
DATE

Houston, Texas 77269-0688
CITY, STATE

RECEIVED
JUN 19 2002
GEOLOGIC RECORDS

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined in the Ill. Compiled Stat. Ch. 225, pars. 725 et. seq. Failure to disclose this information will result in this form not being processed. This form has been approved by the Forms Management Center.

COUNTY No. 26278

5

OIL

ILLINOIS WELL COMPLETION REPORT

INSTRUCTIONS: Within thirty (30) days after the completion of any well, the owner or operator shall transmit to the Oil and Gas Division the Original and one Copy of this form. Upon request, geological information will be kept confidential for one year from the date that permit is issued. A copy of an electric log (if run) and other pertinent information is to be sent to Illinois State Geological Survey, Natural Resources Building, Urbana, Illinois.

Oil Gas _____ Dry Hole _____ SWD _____ Water Input _____ Gas Input _____ Conv. _____ Str. Test _____

Operator Texaco Inc.

Water Supply _____ Observation _____

Well Name and No. TRACT 98-99 WELL #T-19, Tract 98-N, L. Lee NCT-2 Tract 99

Permit No. 10159 Date Issued 6-2-80 Location 330'S NWC A. H. Weems

County Marion Section 33 Township 2N Range 2E

Elevation: DF _____ KB 521.6 Ground 512 Total Depth 1812' P.B.T.D. 1804'

Date Drilling Began 8-3-80 Date Drilling Completed 8-28-80

Rotary Tools from 0 To 1812' Cable Tools from 1812' To PB 1804'

Hole Size _____ Electric or Other Logs Run: Yes _____ No _____ Date _____

New Well Deepened _____ Drilled Out Plugged Hole _____ Lease Sign Posted: Yes No _____

Was Well Cored: Yes No _____ Drill Stem Test Run: Yes _____ No _____

TUBULAR RECORD

	Size	Depth	Sks, Cement	Csg. Pulled
Surface	10 3/4"	119'	150 sx Class A cmt, 3% CA CL	
Mine or Intermediate	7"	1811'	590 sx 50-50 Poz cmt, 10% salt, 3/4% CFR-2, 75 sx Class A reg cmt, 10% salt, 3/4% CFR-2	
Producing				

Liner _____

PRODUCTION INFORMATION

Name of Producing or Injection Formations Benoist

Well SIO pending completion of Tertiary Project
Date of First Prod. _____ Date of Test _____ Length of Test _____

Daily Production Bbls.: Oil _____ Water _____ Gas (MCF) _____

WELL COMPLETION INFORMATION

Intervals Benoist Perforations 1752-1800

Check Type Below:

List Amount Used or Other Details Below:

Perforated

Perforated Benoist 1752-1800

Shot _____

Acidized _____

Fractured _____

Other _____

The information given herewith is a correct record of the well and all work done so far as can be determined from all available records.

SIGNED: M. F. BEAUFORD

M. F. Beauford
Signature

RR #2, Salem, IL 62881
Address

Nov 11, 1980
Date

OIL

ILLINOIS WELL COMPLETION REPORT COUNTY No. 26279

INSTRUCTIONS: Within thirty (30) days after the completion of any well, the owner or operator shall transmit to the Oil and Gas Division the Original and one Copy of this form. Upon request, geological information will be kept confidential for one year from the date that permit is issued. A copy of an electric log (if run) and other pertinent information is to be sent to Illinois State Geological Survey, Natural Resources Building, Urbana, Illinois.

Oil Gas _____ Dry Hole _____ SWD _____ Water Input _____ Gas Input _____ Conv. _____ Str. Test _____
Water Supply _____ Observation _____

Operator Texaco Inc. Well Name and No. TRACT 99 (AM Weems) Well T-20

Permit No. 10150 Date Issued 6-2-80 Location 330'S 990'E NWE

County Marion Section 33 Township 2N Range 2E

Elevation: DF _____ KB 517 Ground 507.5 Total Depth 1815' P.B.T.D. _____

Date Drilling Began 9-24-80 Date Drilling Completed 10-25-80

Rotary Tools from 0 To 1815' Cable Tools from _____ To _____

Hole Size _____ Electric or Other Logs Run: Yes _____ No _____ Date _____

New Well Deepened _____ Drilled Out _____ Plugged Hole _____ Lease Sign Posted: Yes No _____

Was Well Cored: Yes No _____ Drill Stem Test Run: Yes _____ No _____

TUBULAR RECORD

	Size	Depth	Sks. Cement	Csg. Pulled
Surface	10 3/4"	121'	150 sx Class A, 3% Ca Cl	
Mine or Intermedicte			700 sx 50-50 Poz, 10% salt, 3/4%	
Producing	7"	1814'	Flac D-60 FR	
Liner				

PRODUCTION INFORMATION

Name of Producing or Injection Formations XXXXXX Benoist
Well No pending completion of Tertiary Project

Date of First Prod. _____ Date of Test _____ Length of Test _____

Daily Production Bbls.: Oil _____ Water _____ Gas (MCF) _____

WELL COMPLETION INFORMATION

Intervals Benoist Perforations 1762-1808

Check Type Below:	List Amount Used or Other Details Below:
Perforated <input checked="" type="checkbox"/>	Perforated Benoist 1762-1808
Shot _____	_____
Acidized _____	_____
Fractured _____	_____
Other _____	_____

The information given herewith is a correct record of the well and all work done so far as can be determined from all available records.

SIGNED: M. F. BEAUFORD RR # 2, Salem, IL 62881 Nov 11, 1980

Signature

Address

Date

OIL

ILLINOIS WELL COMPLETION REPORT

COUNTY No. 242.80. 62706

5

INSTRUCTIONS: Within thirty (30) days after the completion of any well, the owner or operator shall transmit to the Oil and Gas Division the Original and one Copy of this form. Upon request, geological information will be kept confidential for one year from the date that permit is issued. A copy of an electric log (if run) and other pertinent information is to be sent to Illinois State Geological Survey, Natural Resources Building, Urbana, Illinois.

Oil Gas _____ Dry Hole _____ SWD _____ Water Input _____ Gas Input _____ Conv. _____ Str. Test _____
Water Supply _____ Observation _____

Operator Texaco Inc. Well Name and No. TRACT 99 (A. H. Weems)

Permit No. 10161 Date Issued 6-2-80 Location 99'S 660'E NWC
Well T-22

County Marion Section 33 Township 2N Range 2E

Elevation: DF _____ KB 522 Ground 512.6 Total Depth 1822' P.B.T.D. 1820'

Date Drilling Began 7-24-80 Date Drilling Completed 8-23-80

Rotary Tools from 0 To 1822' Cable Tools from 1822' To 1820'

Hole Size _____ Electric or Other Logs Run: Yes _____ No _____ Date _____

New Well Deepened _____ Drilled Out Plugged Hole _____ Lease Sign Posted: Yes No _____

Was Well Cored: Yes No _____ Drill Stem Test Run: Yes _____ No _____

TUBULAR RECORD

	Size	Depth	Sks. Cement	Csg. Pulled
Surface	10 3/4"	105'	150 sx Class "A" cmt, 3% CC	
Mine or Intermediate				
Producing				
Liner	7"	1821'	590 sx 50-50 Poz, 2% Gel, 3/4% TIC, 75 sx Class "A" reg cmt, 10% salt, 3/4% TIC	

PRODUCTION INFORMATION

Name of Producing or Injection Formations Benoist

Well SIO pending completion of Tertiary Project
Date of First Prod. _____ Date of Test _____ Length of Test _____

Daily Production Bbls.: Oil _____ Water _____ Gas (MCF) _____

WELL COMPLETION INFORMATION

Intervals Benoist Perforations 1764-1815

Check Type Below: Perforated Shot Acidized Fractured Other _____

List Amount Used or Other Details Below:
Perforated Benoist 1764-1815

The information given herewith is a correct record of the well and all work done so far as can be determined from all available records.

M. F. Beauford
Signature

RR #2 Salem, IL 62381
Address

Nov. 11, 1980
Date

AmerenIP Group Exhibit 13 (Continued)