

Kansas Corporation Commission Oil & Gas Conservation Division

1044974

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
Oil WSW SWD SIOW	Amount of Surface Pipe Set and Cemented at: Feet
Gas D&A ENHR SIGW	Multiple Stage Cementing Collar Used?
☐ OG ☐ GSW ☐ Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from:
Cathodic Other (Core, Expl., etc.):	feet depth to:w/sx cmt.
If Workover/Re-entry: Old Well Info as follows:	·
Operator:	Drilling Fluid Management Plan
Well Name:	(Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:	Chloride content: ppm Fluid volume: bbls
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD	Dewatering method used:
Conv. to GSW	Location of fluid diapocal if hould offsite:
☐ Plug Back: Plug Back Total Depth ☐ Commingled Permit #:	Location of fluid disposal if hauled offsite:
Dual Completion Permit #:	Operator Name:
SWD Permit #:	Lease Name: License #:
ENHR Permit #:	QuarterSecTwpS. R East West
GSW Permit #:	County: Permit #:
Spud Date or Recompletion Date Date Reached TD Recompletion Date Completion Date or Recompletion Date	
INSTRUCTIONS: An original and two copies of this form shall be filed with Kansas 67202, within 120 days of the spud date, recompletion, workover or copy of side two of this form will be held confidential for a period of 12 months if requirality in excess of 12 months). One copy of all wireline logs and geologist we BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 for	onversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information uested in writing and submitted with the form (see rule 82-3-107 for confiden-II report shall be attached with this form. ALL CEMENTING TICKETS MUST

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY
Letter of Confidentiality Received
Date:
Confidential Release Date:
Wireline Log Received
Geologist Report Received
UIC Distribution
ALT I II III Approved by: Date:

Side Two

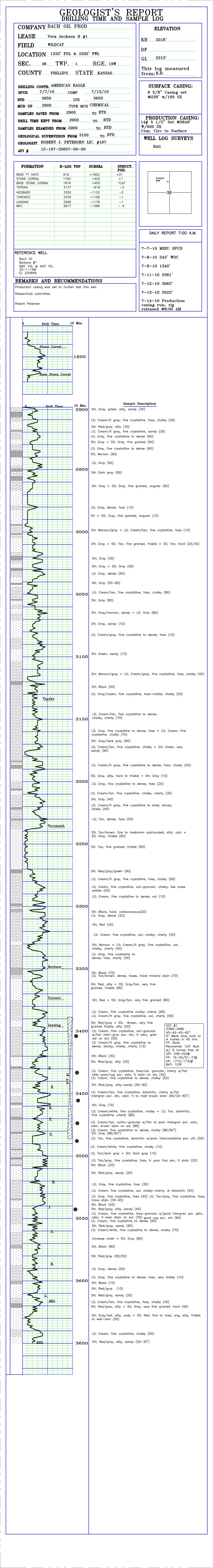


Operator Name:				_ Lease N	lame:			Well #:		
Sec Twp	S. R	East	West	County:						
INSTRUCTIONS: Sh time tool open and clo recovery, and flow rate line Logs surveyed. A	osed, flowing and shu es if gas to surface te	t-in pressures, st, along with f	whether sh inal chart(s	nut-in press	ure reach	ed static level,	hydrostatic pres	ssures, bottom h	ole temp	erature, fluid
Drill Stem Tests Taker (Attach Additional S		Yes	No		Log	y Formation	n (Top), Depth a	nd Datum		Sample
Samples Sent to Geo	logical Survey	Yes	No		Name			Тор	I	Datum
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Copy	d Electronically	Yes Yes Yes	☐ No ☐ No ☐ No							
List All E. Logs Run:										
		Report all	CASING I		New	Used mediate, producti	on, etc.			
Purpose of String	Size Hole Drilled	Size Ca Set (In C	sing	Weigi Lbs. /	ht	Setting Depth	Type of Cement	# Sacks Used	, ,,	and Percent dditives
		AI	DDITIONAL	CEMENTIN	G / SQUE	EZE RECORD				
Purpose: Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom	Type of Co	ement	# Sacks	Used		Type and	Percent Additives		
Shots Per Foot	PERFORATI Specify I	ON RECORD - Footage of Each	Bridge Plugs Interval Perfo	s Set/Type orated			cture, Shot, Cemei mount and Kind of N		d 	Depth
TUBING RECORD:	Size:	Set At:		Packer At:		Liner Run:				
Date of First, Resumed	Production, SWD or EN		ducing Meth	od:		as Lift C	Yes No	0		
Estimated Production Per 24 Hours	Oil	Bbls.		Mcf	Water		ols.	Gas-Oil Ratio		Gravity
DISPOSITIO	ON OF GAS:		M	IETHOD OF	COMPLET	ION:		PRODUCTIO	ON INTER	VAL:
Vented Sold	Used on Lease	Open	Hole (Specify)	Perf.	Dually ((Submit AC		nmingled mit ACO-4)			

Form	ACO1 - Well Completion
Operator	Bach, Jason dba Bach Oil Production
Well Name	VERA JACKSON B-1
Doc ID	1044974

Tops

Name	Тор	Datum
Base Ft. Hays	616	+1602
Stone Corral	1793	+425
Base Stone Corral	1816	+405
Topeka	3137	-919
Heebner	3350	-1132
Toronto	3376	-1158
Lansing	3396	-1178
ВКС	3617	-1399





PO BOX 31 Russell, KS 67665

INVOICE

Invoice Number: 123572

Invoice Date: Jul 14, 2010

Page:

1

Voice: (785) 483-3887 Fax:

(785) 483-5566

Bill To:

Bach Oil Production R. R. #I Box 28 Phillipsburg, KS 67661

Federal Tax I.D.#: 20-5975804

Customer ID	Well Name# or Customer P.O.	Payment	Terms
Bach	Vera Jsackson #B-1	Net 30	Days
Job Location	Camp Location	Service Date	Due Date
KS2-02	Russell	Jul 14, 2010	8/13/10

Quantity	Item	Description	Unit Price	Amount
600.00	MAT	AMD	22.95	13,770.0
300.00	SER	Handling	2.25	675.0
50.00	SER	Mileage 300 sx @ 10 per sk per mi	30.00	1,500.0
1.00	SER	Production String	1,957.00	1,957.0
50.00	SER	Pump Truck Mileage	7.00	350.0
5.00	EQP	5.5 Basket	161.00	805.0
1.00	EQP	5.5 AFU Float Shoe	214.00	214.0
1.00	EQP	5.5 Latch Down Plug	164.00	164.
12.00	EQP	5.5 Centralizer	35.00	420.
		= = >	-11 1	
-1				

ALL PRICES ARE NET, PAYABLE 30 DAYS FOLLOWING DATE OF INVOICE. 1 1/2% CHARGED THEREAFTER. IF ACCOUNT IS CURRENT, TAKE DISCOUNT OF

\$ 4963 75

ONLY IF PAID ON OR BEFORE Aug 8, 2010

Sales Tax 1,045.36 Total Invoice Amount 20,900.36 Payment/Credit Applied TOTAL 20,900.36

ALLIED CEMENTING CO., LLC. 041797 Federal Tax I.D.# 20-5975804

REMIT TO P.O. B RUSSI	OX 31 ELL, KAN	NSAS 670	665		SE	ERVICE POINT:	821(
DATE 7-14-10	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATIO	630am	OB FINISH
lera Jackson	WELL#	P ,	LOCATION PLAN	ps bug W Hon to	- 1	COUNTY	STATE
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ran	1						
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TUBING SIZE			EPTH				
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	DRIVER	Roma			20	@	13,000
# <i>423</i> BULK TRUCK	DRIVER	MON			THE STATE OF	@	U GMMake
# 410	DRIVER	11.				@	7
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				MILEAGE _	110/5/6/2.10	LIFT TAR	1500,00
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				Committee of the Commit	s Blue		805,00
				JE.I.		G 7	2.11
To Allied Cement				Latche		@ 214,00	164.00



PO BOX 31 Russell, KS 67665

INVOICE

Invoice Number: 123461 Invoice Date: Jul 8, 2010

Page: 1

Voice: (785) 483-3887 Fax:

(785) 483-5566

Bill To:

Bach Oil Production R. R. #I Box 28 Phillipsburg, KS 67661 Federal Tax I.D.#: 20-5975804

Customer ID	Well Name# or Customer P.O.	Payment	Terms
Bach	Vera Jackson #B-1	Net 30	Days
Job Location	Camp Location	Service Date	Due Date
KS2-01	Russell	Jul 8, 2010	8/7/10

K32-01	T T T T T T T T T T T T T T T T T T T	Jul 8, 2010	8/7/10
Quantity Item	Description	Unit Price	Amount
160.00 MAT	Class A Common	13.50	2,160.00
3.00 MAT	Gel	20.25	60.75
5.00 MAT	Chloride	51.50	257.50
160.00 SER	Handling	2.25	360.00
50.00 SER	Mileage 160 sx @.10 per sk per mi	16.00	800.00
1.00 SER	Surface	991.00	991.00
50.00 SER	Pump Truck Mileage	7.00	350.00
≥ 1 1			

ALL PRICES ARE NET, PAYABLE 30 DAYS FOLLOWING DATE OF INVOICE. 1 1/2% CHARGED THEREAFTER. IF ACCOUNT IS CURRENT, TAKE DISCOUNT OF

\$ 1244 81

ONLY IF PAID ON OR BEFORE Aug 2, 2010

Subtotal 4,979.25 Sales Tax 168.52 Total Invoice Amount 5,147.77 Payment/Credit Applied TOTAL 5,147.77

ALLIED CEMENTING CO., LLC. 041727

REMIT TO P.O. B RUSS		NSAS 676	665		SEF	RVICE POINT:	ll KS
DATE 7-8-10	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
VERA JACKSON		B-1	0	HABORE KS N.	To Henra	COLINERY	STATE KS;
OLD OR NEW Cir	rcle one)	l.	W To	400 RD, 2N	· · V- a	THE THE	7,07
CONTRACTOR A TYPE OF JOB S HOLE SIZE / A CASING SIZE 8	UAFAC 119	₹	AGIE Rig	OWNER CEMENT AMOUNT OR	17	0 50	31
TUBING SIZE			PTH 3 TE	AMOUNT OR		C SXCO	m.
DRILL PIPE	W.L.		PTH	75	25 GeL		
TOOL		18,700	PTH		2000	Mary Mary Mary Mary	HIT III III III II
PRES. MAX	0		NIMUM	COMMON	160	0 /2	
MEAS. LINE		200	OE JOINT	COMMON POZMIX	160		2160.00
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	HELPER	Pach				@	-
BULK TRUCK		-				@	
	DRIVER	Rox				@	
BULK TRUCK				7		@	Minor Letter e
#	DRIVER			HANDLING	1/-	@	7/-
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To Allied Cementing Co., LLC.



Prepared For: Bach Oil Productions Inc.

P.O. Box 723 Alma NE 6890

ATTN: Bob Peterson

36 1 19 Phillips KS

Verna Jackson B1

 Start Date:
 2010.07.12 @ 18:40:00

 End Date:
 2010.07.13 @ 02:07:30

 Job Ticket #
 37956
 DST #: 1

Trilobite Testing, Inc
PO Box 1733 Hays, KS 67601
ph: 785-625-4778 fax: 785-625-5620



Bach Oil Productions Inc.

Verna Jackson B1

P.O. Box 723 Alma NE 6890

36 1 19 Phillips KS

ATTN: Bob Peterson

Job Ticket: 37956 DST#: 1

Test Start: 2010.07.12 @ 18:40:00

GENERAL INFORMATION:

Time Tool Opened: 20:44:00

Time Test Ended: 02:07:30

Formation: Deviated:

LKC- A,B-D,F

No Whipstock:

ft (KB)

Test Type: Conventional Bottom Hole 36

Tester:

Chuck Kreutzer Jr.

Unit No:

Interval: 3389.00 ft (KB) To 3486.00 ft (KB) (TVD)

Inside

3486.00 ft (KB) (TVD)

Reference Elevations:

2217.00 ft (KB) 2213.00 ft (CF)

Total Depth: Hole Diameter:

KB to GR/CF:

7.88 inchesHole Condition: Good

4.00 ft

Serial #: 6741 Press@RunDepth:

72.80 psig @ 2010.07.12

3392.00 ft (KB) End Date:

2010.07.13

Capacity: Last Calib.:

8000.00 psig 2010.07.13

Start Date: Start Time:

End Time:

02:07:30

Time On Btm:

2010.07.12 @ 20:42:00

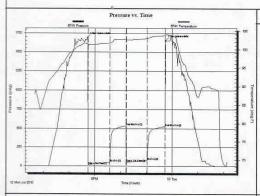
Time Off Btm:

2010.07.12 @ 23:45:00

TEST COMMENT: IF: Weak blow , built to 4 in. over 45 mins.

18:40:01

ISt No blow back over 45 mins. FF: No blow over 45 mins. FSI: No blow back over 45 mins.



Time	Pressure	Temp	Annotation
(Min.)	(psig)	(deg F)	
0	1694.97	101.52	Initial Hydro-static
2	16.25	100.64	Open To Flow (1)
53	50.00	101.69	Shut-In(1)
91	538.05	102.75	End Shut-In(1)
92	50.90	102.58	Open To Flow (2)
140	72.80	102.93	Shut-In(2)
182	528.76	103.64	End Shut-In(2)
183	1658.72	103.95	Final Hydro-static

Recovery Description Volume (bbi) 124.00 mud with 6 in. free oil 1.74

Gas Rates Choke (inches) Pressure (psig) Gas Rate (Mcf/d)

Trilobite Testing, Inc

Ref. No: 37956

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TOOL DIAGRAM

Bach Oil Productions Inc.

P.O. Box 723 Alma NE 6890 Verna Jackson B1 36 1 19 Phillips KS

Job Ticket: 37956

DST#:1

ATTN: Bob Peterson

Test Start: 2010.07.12 @ 18:40:00

Tool Information

6.75 inches

Tool Weight: 1600.00 lb Weight set on Packer: 28000.00 lb Weight to Pull Loose: 55000.00 lb Tool Chased 2.00 ft String Weight: Initial 42000.00 lb

Final 42000.00 lb

Drill Pipe Above KB: 20.00 ft
Depth to Top Packer: 3389.00 ft
Depth to Bottom Packer: ft
Interval between Packers: 97.00 ft
Tool Length: 125.00 ft
Number of Packers: 2 Diameter:
Tool Comments:

Tool Comments:

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths	
Shut In Tool	5.00		N 200000000	3366.00	Accum. Lengths	
Hydraulic tool	5.00			3371.00		
Jars	5.00			3376.00		
Safety Joint •	3.00			3379.00		
Packer	5.00			3384.00	28.00	* D. H. O. W
Packer	5.00			3389.00	28.00	Bottom Of Top Packer
Stubb	1.00			3390.00		
Perforations	1.00			3391.00		
Change Over Sub	1.00			3392.00		
Recorder	0.00	6752	Inside	3392.00		
Recorder	0.00	6741	Inside	3392.00		
Blank Spacing	62.00	2,000	#IDIGC	3454.00		
Change Over Sub	1.00			3455.00		
Perforations	28.00			3483.00		
Bullnose	3.00			3486.00	97.00	Bottom Packers & Anchor

Total Tool Length: 125.00

Trilobite Testing, Inc.

Ref. No: 37956

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FLUID SUMMARY

Bach Oil Productions Inc.

P.O. Box 723 Alma NE 6890 Verna Jackson B1 36 1 19 Phillips KS

Job Ticket: 37956

ATTN: Bob Peterson

Test Start: 2010.07.12 @ 18:40:00

Mud and Cushion Information

Mud Type: Gel Chem

Mud Weight:

9.00 lb/gal Viscosity: 52.00 sec/qt Water Loss: 5.99 in³

Resistivity: Salinity:

2.00 inches

Cushion Type:

Cushion Length: Cushion Volume:

Gas Cushion Type: Gas Cushion Pressure:

psig

ft

bbl

Oil API: Water Salinity:

deg API ppm

ohm.m 800.00 ppm Filter Cake:

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
124.00	mud with 6 in. free oil	1.739

Total Length:

124.00 ft

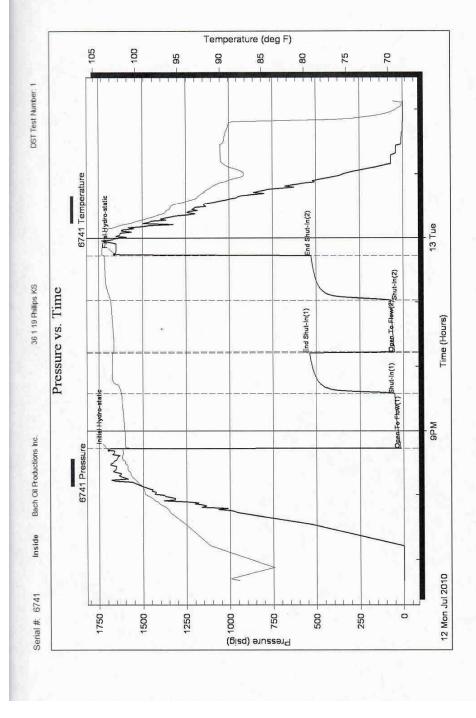
1.739 bbl Total Volume:

Serial #:

Num Fluid Samples: 0 Laboratory Name:

Num Gas Bombs: 0 Laboratory Location:

Recovery Comments:



Ref. No: 37956

Trilobite Testing, Inc

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