



KANSAS CORPORATION COMMISSION 1055575
OIL & GAS CONSERVATION DIVISION

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 # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

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: _____



1055575

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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ALLIED CEMENTING CO., LLC. 040634

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Medford duplex

DATE <u>1-7-11</u>	SEC. <u>16</u>	TWP. <u>17S</u>	RANGE <u>22W</u>	CALLED OUT	ON LOCATION	JOB START <u>11:00 p.m.</u>	JOB FINISH <u>12:00 a.m.</u>
LEASE <u>MVA</u>	WELL# <u>A-#10440</u>	LOCATION <u>Bazmejo, 4w to PZ</u>			COUNTY <u>NESS</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)				<u>8 N E into</u>			

CONTRACTOR Puke Drilling Rig #2
 TYPE OF JOB
 HOLE SIZE 7 7/8 T.D. 4535
 CASING SIZE 4 1/2 DEPTH 4520'
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG. 42'
 PERFS.
 DISPLACEMENT 72 1/2 bbls 2% KCL

OWNER R+B Oil and Gas

EQUIPMENT
 PUMP TRUCK CEMENTER Matt Himesch
 # 414/302 HELPER Ron Wiley
 BULK TRUCK
 # 353/290 DRIVER Liberal Hard
 BULK TRUCK
 # DRIVER

CEMENT
 AMOUNT ORDERED 50 sx 60:40:4% gel
+ 4% sms
150 sx classH + 10% salt + 5# Kol seal
 COMMON A 30 sx @ 15 45 463 00
 POZMIX 20 sx @ 8 00 160 00
 GEL 2 sx @ 20 00 41 00
 CHLORIDE @
 ASC @
SMS 17# @ 2 45 41 45
H 150 sx @ 16 75 2512 00
Salt 15 sx @ 12 00 180 00
Kol seal 750# @ .89 667 00
Clapro 8 Gals @ 31.25 250 00
WFR-2 500 Gals @ 1.27 635 00
 HANDLING 233 @ 2 40 559 00
 MILEAGE 233/.10/50 1165 00
 TOTAL 6675 95

REMARKS:

Bck circulation with Rig. Pump 20 bbls 2% KCL H2O
pump 3 bbls fresh H2O. Pump 500 gal ASE
pump 3 bbls fresh H2O. mix 15 sx 60:40:4
to plug Rothde, mix 10 sx 60:40:4 for a one hole
mix 25 sx 60:40:4 for scavenger, mix 150 sx
classH + 10% salt + 5# Kol seal. Shut down
wash pump & lines. Dispa. 72 1/2 bbls 2% KCL
pump plug 600 psi - 1100 psi plug held

SERVICE

DEPTH OF JOB 2011 00
 PUMP TRUCK CHARGE
 EXTRA FOOTAGE @
 MILEAGE 50 @ 7 00 350 00
 MANIFOLD @
 @
 @

CHARGE TO: R+B
 STREET
 CITY STATE ZIP

TOTAL 2361 00

4 1/2 PLUG & FLOAT EQUIPMENT

7-centrifizers @ 30 00 215 00
10-scratchers @ 23 94 239 40
1-guide shoe @ 72 00
1-Afu insert @ 100 00
1-Port Collar 1675 00
 TOTAL 2301 00

To Allied Cementing Co., LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any)
 TOTAL CHARGES [scribble]
 DISCOUNT [scribble] IF PAID IN 30 DAYS

PRINTED NAME TIM PIERCE
 SIGNATURE Tim Pierce



Services, Inc.

CHARGE TO: **RT B DiT Gas**
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET
 19441

PAGE 1 OF 1

1. Hopewell, KS	WELL PROJECT NO. A-1	LEASE MM Partnership	COUNTY/PARISH Ness	STATE KS	CITY	DATE 09-21-11	OWNER
2. Ness City, KS	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO.	SHIPPED VIA CT	DELIVERED TO N/Brazine, KS	ORDER NO.	
3.	WELL TYPE	WELL CATEGORY	JOB PURPOSE		WELL PERMIT NO.	WELL LOCATION	
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE #113	1				5.00	5.00
576 D					Pump Charge - cast Bit Collar	1				1100.00	1100.00
279					Refractite Gel	1	SKS	1225	lbs	25.00	25.00
288					20/40 Break Sand	1	SKS	2200	lbs	22.00	22.00
292					D. Air	1	gal	3500		175.00	175.00
330					3rd Cement	2	SKS	1780	lbs	2700.00	2700.00
276					Flaps	2	lbs	150		67.50	67.50
581					Service Charge - Cement	2	SKS	150		450.00	450.00
583					Drillage	2		378.24		1.60	378.24

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.
 DATE SIGNED **9-21-11** TIME SIGNED **11:25** P.M. A.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	AGREE	UN-DECIDED	DIS-AGREE
WE UNDERSTOOD AND MET YOUR NEEDS?			
OUR SERVICE WAS PERFORMED WITHOUT DELAY?			
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?			
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

PAGE TOTAL	5342.74
TAX	336.59
TOTAL	5679.33

SWIFT OPERATOR **Don Stewart** APPROVAL

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 2/4/11 PAGE NO. 1

CUSTOMER R.B. 2.16 Gas WELL NO. A-1 LEASE MNM Partnership JOB TYPE Cent Post Collar TICKET NO. 19441

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1045							On location - set up Tools RBP @ 2020' Tbg @ 2000' - load hole
	1115		32			c	800	Tst P.C. closed - OK
	1135		6			~		Spot 1 sk sand on Plug
	1145							Tbg @ P.C. 1458' - Open P.C.
		3				c	300	Inj rate
		3				500	c	hook to tbg - start H ₂ O
		3	12			500	c	@ 12 BBL - have circulation
		3	25			400	c	Pump 25 BBL H ₂ O
		3				400	c	Start 10 sks Gel
		3	35			350	c	Fin Gel - 5 BBL H ₂ O spacer
		3	5			350	c	Start 3rd Cement
		3	80			500	c	cont circ @ 150 sks - min cont 1 gal
		3				400		BT 30 sks @ 13.5" = 10 BBL
			90			300/100		Fin cont - 180 sks usual
			6					Displ 6 BBL H ₂ O
						500	500	Close PC & TA Closed - OK
								Run 2 stands -
		2 1/2	20					Rec-out 2 flags clean
		2	50					Wash sand off RBP w/ TELKOR
	1415							Job complete Wash up & Rookup
								Thawed Alan, Along & John W.
	1500							

REMARKS The old KB elevation was 2330', new KB elevation is 2333' therefore old TD using new KB should have been 4418'.
 Production pipe was run to test the Cherokee for commercial production.

Timothy G. Pierce
 Timothy G. Pierce

