



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: _____



1055049

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED OIL WELL SERVICES, LLC
 P.O. BOX 884, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8876

TICKET NUMBER **12623**
 LOCATION Euclid
 FOREMAN Tom Stricker

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-11-03	02168	Burdick 2-5				Euclid
CUSTOMER Dart Cherokee Assets			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 211 W. Myrtle			290 Cliff			
CITY STATE ZIP CODE Independence KS 67301			515 Calm			
JOB TYPE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT			
Surface	2 1/2"	21'	15"			
CASING DEPTH	DRILL PIPE	TUBING	OTHER			
21'						
SLURRY WEIGHT	SLURRY VOL	WATER gal/ft	CEMENT LEFT in CASING			
15"		65'	15'			
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE			
401						
REMARKS: Safety Meeting: Rig up to 35k casing. Break circulation w/ water. Mixed 75cks Class A Cement w/ 22 Gels + 22 Gels @ 15" disp Cement w/ 401 water. Shut casing in. Good cement to surface. Job Complete						

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405	1	PUMP CHARGE	650.00	650.00
5406	40	MILEAGE	3.30	132.00
1105	75cks	Class 'A' Cement	12.00	900.00
1102	140"	22 Gels	.67	93.80
1104	140"	22 Gel	.15	21.00
1107	18"	1/4 Floate	1.90	34.20
5407		Ten Mileage Bulk Tank	m/c	200.00
Thank You!				
			5.1 Total	2121.00
			6.72 SALES TAX	67.03
			ESTIMATED TOTAL	2188.03

AUTHORIZATION Called by George Slough

TITLE Co-Rep

DATE

CONSOLIDATED OIL WELL SERVICES, LLC
 P.O. BOX 884, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

TICKET NUMBER 12662
 LOCATION EURONA
 FOREMAN KEVIN MCCOY

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-13-07	2368	Bradford 2-5				WILSON

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Dart Cherokee Basin / SEK Mailing Address 211 W. Myrtle City Independence STATE KS ZIP CODE 67301	445	Justin		
	479	Shannon		

JOB TYPE Log Staining HOLE SIZE 6 3/4 HOLE DEPTH 1137' CASING SIZE & WEIGHT 4 1/2 10.5# NEW
 CASING DEPTH 1135' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.2# SLURRY VOL 37 BBL WATER gal/sk 8 CEMENT LEFT IN CASING 0'
 DISPLACEMENT 17.9 BBL DISPLACEMENT PSI 500 PSI 1000 Bump Phyrate

REMARKS: Safety Meeting: Rig up to 4 1/2 casing. Break circulation w/ 25 BBL fresh water. Pump 6 sks Gal flush w/ HULLS 10 BBL Formu. 10 BBL water. Space. mixed 120 sks Thick Set Cement w/ 8" Kol-Seal pack @ 13.2# yield 1.73. wash out Pump & Lines. Shut down. Release Latch down Rig. Displace w/ 17.9 BBL fresh water. Final Pumping Pressure 500 PSI. Pump Phyr to 1000 PSI. wait 5 minutes. Release Pressure. Float Valve Shut Closing in @ 0 PSI. Good Cement Returns to Surface = 9 BBL Slurry to Mt. Job Complete - Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	840.00	840.00
5406	0	MILEAGE 2nd well of 2	0	0
1126 A	120 SKS	THICK Set Cement	15.40	1848.00
1110 A	750 #	Kol-Seal 8" pack	-39 #	297.00
1118 A	300 #	Gal Flush	.15 #	45.00
1105	50 #	HULLS	.36 #	18.00
5407	6.6 Tons	Ten Mileage Bulk Truck	1916	12606.00
1143	1 gal	Soap	25.75	25.75
1140	2 gal	Bi-Cide	46.60	93.20
		Sub Total		20025.92
		THANK YOU	6.3%	SALES TAX 1261.57
				ESTIMATED TOTAL 21287.49

AUTHORIZATION Witnessed By George TITLE SEK Co. Rep. DATE _____

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



phone: 316-337-6200
fax: 316-337-6211
<http://kcc.ks.gov/>

Thomas E. Wright, Chairman
Ward Loyd, Commissioner

Corporation Commission

Sam Brownback, Governor

May 03, 2011

Kerry King
SEK Energy, LLC
149 BENEDICT RD
PO BOX 55
BENEDICT, KS 66714

Re: ACO1
API 15-205-27221-00-00
BRADFORD, RICHARD 2-5
SW/4 Sec.05-30S-16E
Wilson County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Kerry King