



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: _____



1063353

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 Bbbs.	Gas Mcf	Water Bbbs.	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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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/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

September 14, 2011

P.J. Buck
Buck, Paul Jordan
PO BOX 68
SEDAN, KS 67361-0068

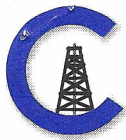
Re: ACO1
API 15-019-27038-00-00
Buck 18
SW/4 Sec.27-34S-10E
Chautauqua County, Kansas

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,
P.J. Buck



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 242875

Invoice Date: 07/27/2011 Terms: 10/10/30,n/30 Page 1

J. B. D. % P. J. BUCK
P.O. BOX 68
SEDAN KS 67361
(620)725-3636

PJ BUCK #18
32244
07/25/11
KS

Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	145.00	18.3000	2653.50
1107A	PHENOSEAL (M) 40# BAG)	80.00	1.2200	97.60
1110A	KOL SEAL (50# BAG)	800.00	.4400	352.00
1118B	PREMIUM GEL / BENTONITE	150.00	.2000	30.00
1123	CITY WATER	4200.00	.0156	65.52
4404	4 1/2" RUBBER PLUG	1.00	42.0000	42.00

Sublet Performed	Description	Total
9999-240	CASH DISCOUNT	-216.38
9999-240	CASH DISCOUNT	-324.06

Description	Hours	Unit Price	Total
492 CEMENT PUMP	1.00	975.00	975.00
492 EQUIPMENT MILEAGE (ONE WAY)	50.00	4.00	200.00
492 CASING FOOTAGE	1537.00	.21	322.77
518 MIN. BULK DELIVERY	1.00	330.00	330.00
T-125 WATER TRANSPORT (CEMENT)	3.00	112.00	336.00

Amount Due 5673.37 if paid after 08/26/2011

Parts:	3240.62	Freight:	.00	Tax:	242.08	AR	5106.03
Labor:	.00	Misc:	.00	Total:	5106.03		
Sublt:	-540.44	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

242875

TICKET NUMBER 32244

LOCATION B-ville

FOREMAN James Bell

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-25-11	4291	P.J. Buck #18				CO

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
P.J. Buck	492	Tim		
	518	James B		
	413 1125	Jake		

CITY	STATE	ZIP CODE

JOB TYPE L.S. HOLE SIZE 6 3/4 HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 1537 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.7 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 24.4 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Had to wash one joint at 400ft then the last three joints to bottom.
ran 3ses of gel circulated to surface. Hooked up to well established
circulation ran 160ses of thick set cement. Shut down washed up
behind plug. Dropped plug and displaced to bottom. Plug landed and
held.
Cement circulated to surface

X Safety Meeting X
J.M.C. [Signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975.00
5406	50	MILEAGE		200.00
5407	1	butt joint		330.00
5402	1537	footage		327.77
5501c	3 hrs	transport		336.00
5409		Misc Pump		
1126A	145	thickset	*	2653.50
1107A	80#	Fluo	*	97.60
1110A	800#	Kolene	*	352.00
1118b	150#	Gel	*	30.00
1123	4200 gal	City Water	*	65.52
4404	1	4 1/2 Plug	*	42.00
		10% discount if paid in 30 days =		540.44
		<u>5106.03</u>		
		8.3 % SALES TAX		242.08
		ESTIMATED TOTAL		5644.47

Ravin 3737

AUTHORIZATION _____ TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.