



KANSAS CORPORATION COMMISSION 1067012
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: _____



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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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> _____ <i>(Submit ACO-4)</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

November 08, 2011

John Loyd
Excel Oil & Gas L.L.C.
PO BOX 68
BUCYRUS, KS 66013-0068

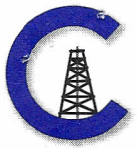
Re: ACO1
API 15-019-27076-00-00
Winders 15-5
NW/4 Sec.15-34S-12E
Chautauqua County, Kansas

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,
John Loyd



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 # 244993

=====
Invoice Date: 10/21/2011 Terms: 10/10/30,n/30 Page 1

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

WINDERS 15-05
32477
10/11/11
15-34S-12E
KS

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Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	50.00	14.2500	712.50
1102	CALCIUM CHLORIDE (50#)	100.00	.7000	70.00
1107A	PHENOSEAL (M) 40# BAG)	80.00	1.2200	97.60
1123	CITY WATER	1680.00	.0156	26.21

Sublet Performed	Description	Total
9999-240	CASH DISCOUNT	-95.20
9999-240	CASH DISCOUNT	-90.63

Description	Hours	Unit Price	Total
492 CEMENT PUMP (SURFACE)	1.00	775.00	775.00
492 CASING FOOTAGE	45.00	.20	9.00
NUNNE WATER TRANSPORT (CEMENT)	1.50	112.00	168.00

Amount Due 1933.54 if paid after 11/20/2011

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Parts:	906.31	Freight:	.00	Tax:	67.71	AR	1740.19
Labor:	.00	Misc:	.00	Total:	1740.19		
Sublt:	-185.83	Supplies:	.00	Change:	.00		

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Signed _____ Date _____



#244993

TICKET NUMBER 32477
 LOCATION Buile
 FOREMAN Jason 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
10-11-11	4291	Windas 15-05	15	34S	12E	CG
CUSTOMER J.R.O.			TRUCK #		DRIVER	
MAILING ADDRESS			5192		Jake	
CITY			551		Bayer	
STATE			N. W. 1/4		TP	
ZIP CODE						

JOB TYPE Surf HOLE SIZE 8 3/4 HOLE DEPTH _____ CASING SIZE & WEIGHT 7
 CASING DEPTH 45ft DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 1.25 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Established circulation ran SDS class A 27% calcium cement. Displaced and shut in.

- Cement circulated to surface -

Handwritten signature: J. R. O.

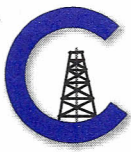
ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401s	1	PUMP CHARGE		775.00
-	-	MILEAGE		-
5402	45	Footage		9.00
5501c	1.5	transport		168.00
1104	SDSKS	Class A	*	712.50
1102	100*	Calcium	*	90.00
1107A	80*	Phono	*	97.60
1123	1680 gal	City Water	*	26.21
		10% discount applied in 30 days		194.26
		1740.19		
		9.3 % SALES TAX		67.71
		ESTIMATED TOTAL		1942.60

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AUTHORIZATION *[Signature]*

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.



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 # 245082

=====
Invoice Date: 10/21/2011 Terms: 10/10/30,n/30 Page 1
=====

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

WINDERS 15-5
32497
10/13/11
15-34S-12E
KS

Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	105.00	18.3000	1921.50
1107A	PHENOSEAL (M) 40# BAG)	80.00	1.2200	97.60
1110A	KOL SEAL (50# BAG)	550.00	.4400	242.00
1118B	PREMIUM GEL / BENTONITE	150.00	.2000	30.00
1123	CITY WATER	5460.00	.0156	85.18
4404	4 1/2" RUBBER PLUG	1.00	42.0000	42.00

Sublet Performed	Description	Total
9999-240	CASH DISCOUNT	-191.75
9999-240	CASH DISCOUNT	-241.83

Description	Hours	Unit Price	Total
398 CEMENT PUMP	1.00	975.00	975.00
398 EQUIPMENT MILEAGE (ONE WAY)	45.00	4.00	180.00
398 CASING FOOTAGE	993.00	.21	208.53
NUNNE WATER TRANSPORT (CEMENT)	2.00	112.00	224.00
551 MIN. BULK DELIVERY	1.00	330.00	330.00

Amount Due 4536.53 if paid after 11/20/2011

Parts:	2418.28	Freight:	.00	Tax:	180.65	AR	4082.88
Labor:	.00	Misc:	.00	Total:	4082.88		
Sublt:	-433.58	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

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

#245082

TICKET NUMBER 32497

LOCATION Barthesville, OK

FOREMAN Kirk Sanders

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-13-11	4291	Winders 15-5	15	34S	12E	CG
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
(JBD) Excel Oil & Gas			398	John G.		
			551	Bryan S. / Chris		
MAILING ADDRESS			Nunnally's			
CITY	STATE	ZIP CODE				

JOB TYPE LS HOLE SIZE 6 3/4 HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 993' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.8 SLURRY VOL 1.75 WATER gal/sk 8.5 CEMENT LEFT in CASING 0
 DISPLACEMENT 15.7 DISPLACEMENT PSI 400 MIX PSI 200 RATE 4.5 bpm

REMARKS: Ran gel/lcm to est. circ., ran 105xx of Thick Set Cement. Flushed pump & lines, dropped plug & disp. to set. Shut down & washed up.
Plug held in
- Circ. Cement to Surf. -

Safety Meeting
11-5-11 JBS

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975 ⁰⁰
5406	45	MILEAGE		180 ⁰⁰
5407	1	Bulk Trk		330 ⁰⁰
5402	993'	Footage		208 ⁵³
5501C	2 hrs.	Transport		224 ⁰⁰
1126A	105xx	Thick Set Cement	*	1,921 ⁵⁰
1107A	80 [#]	Pheno Seal	*	97 ⁶⁰
1110A	550 [#]	Kal Seal	*	242 ⁰⁰
1148B	150 [#]	Premium Gel	*	30 ⁰⁰
1123	5,460 gal	City Water	*	85 ¹⁸
4404	1	4 1/2 Rubber Plug	*	42 ⁰⁰
10% Disc. Price \$4,082.88				
* Customer left *				
			8.3%*	SALES TAX 200 ⁷²
				ESTIMATED TOTAL 4,536 ⁵³

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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.