

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1069614

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

## WELL COMPLETION FORM

	_	-	-	-	
WELL HISTORY -	· D	<b>ESCRIPTIOI</b>	N OF W	ELL	& LEASE

OPERATOR: License #		API No. 15	
Name:		Spot Description:	
Address 1:			rpS. R East 🗌 West
Address 2:		Feet from	North / South Line of Section
City: State: Zi	p:+	Feet from	East / West Line of Section
Contact Person:	·	Footages Calculated from Nearest (	Outside Section Corner:
Phone: ()			
CONTRACTOR: License #		County:	
Name:			Well #:
Wellsite Geologist:			vvcn #
Purchaser:			
		5	Kalla Dashian
Designate Type of Completion:			Kelly Bushing:
New Well Re-Entry	Workover	Total Depth: Plug Back 1	Iotal Depth:
Oil WSW SWD	SIOW	Amount of Surface Pipe Set and Ce	emented at: Fee
Gas D&A ENHR	SIGW	Multiple Stage Cementing Collar Us	sed? Yes No
☐ OG ☐ GSW	Temp. Abd.	If yes, show depth set:	Feet
CM (Coal Bed Methane)		If Alternate II completion, cement ci	rculated 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 Reserv	re Pit)
Original Comp. Date: Original To	otal Depth:	Chloride content:	pm Fluid volume: bbls
Deepening Re-perf. Conv. to	ENHR Conv. to SWD		
Conv. to	GSW	Dewatering method used:	
Plug Back: Plu	g Back Total Depth	Location of fluid disposal if hauled o	offsite:
Commingled Permit #:		Operator Name:	
Dual Completion Permit #:			License #:
SWD Permit #:			
ENHR Permit #:			S. R East West
GSW Permit #:		County: F	Permit #:
Spud Date or Date Reached TD Recompletion Date	Completion Date or Recompletion Date		

#### 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 Name:	Well #:
Sec TwpS. 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 (Attach Additional She	eets)	Yes I	ю	□ Lo Nam	-	n (Top), Depth and		Sample Datum
Samples Sent to Geolog	gical Survey	Yes I	No	Nam	e		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted E (If no, Submit Copy)	Electronically	Yes IN Yes IN Yes IN	No					
List All E. Logs Run:								
			SING RECORD					
		Report all string	s set-conductor,	surface, inte	rmediate, producti	on, etc.		-
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)		eight s. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

#### ADDITIONAL CEMENTING / SQUEEZE RECORD

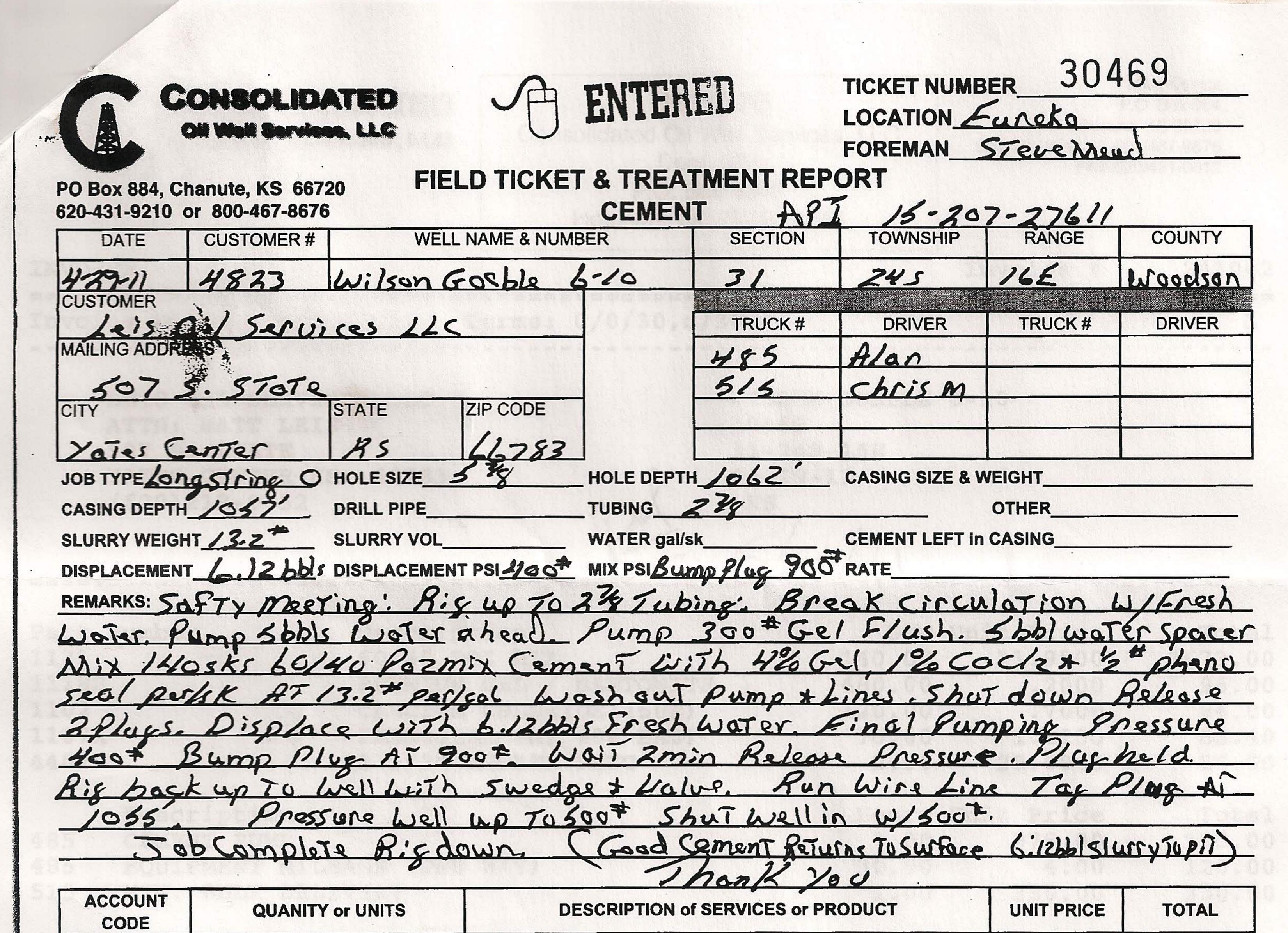
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

Shots Per Foot		PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated				Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)			Depth	
TUBING RECORD:	Siz	e:	Set At:		Packer	At:	Liner R	un:	No	
Date of First, Resumed P	Producti	on, SWD or ENH	<b>λ</b> .	Producing N	_	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITION	N OF G	BAS:			METHOD	OF COMPLE	TION:		PRODUCTION INTE	RVAL:
Vented Sold		Jsed on Lease		Open Hole	Perf.	Uually (Submit A		Commingled (Submit ACO-4)		
(If vented, Subn	nit ACO	-18.)		Other (Specify	)					

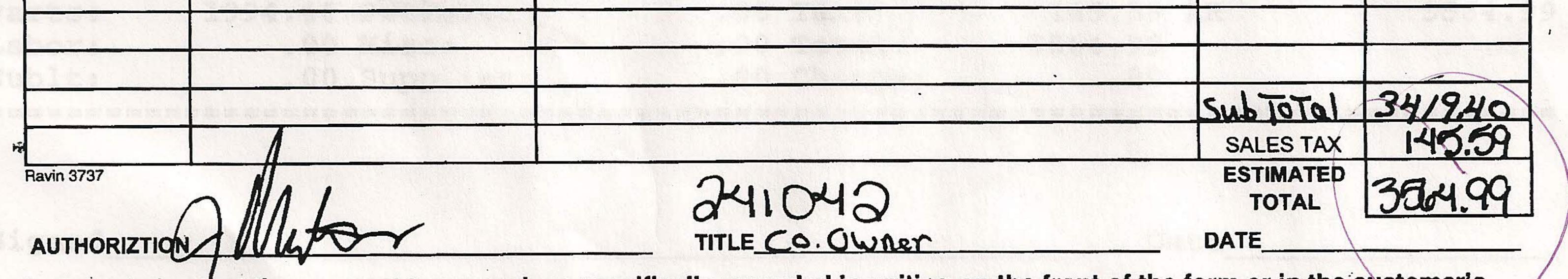
Operator License #: 32079	API #: 15-207-27610-00-00					
Operator: John E. Leis	Lease: Wilson-Goebel					
Address: 1188 Nighthawk Yates Center, KS 66783	<b>Well #:</b> 6-10					
<b>Phone:</b> (620) 625-3676	Spud Date: 04/27/11 Completed: 04/28/11					
Contractor License: 32079	Location: SW-NE-SE of 30-24S-16E					
<b>T.D.</b> : 1062 <b>T.D. of Pipe:</b> 1057	1665 Feet From South					
Surface Pipe Size: 7" Depth: 42'	945 Feet From East					
Kind of Well: Oil	County: Woodson					

# LOG

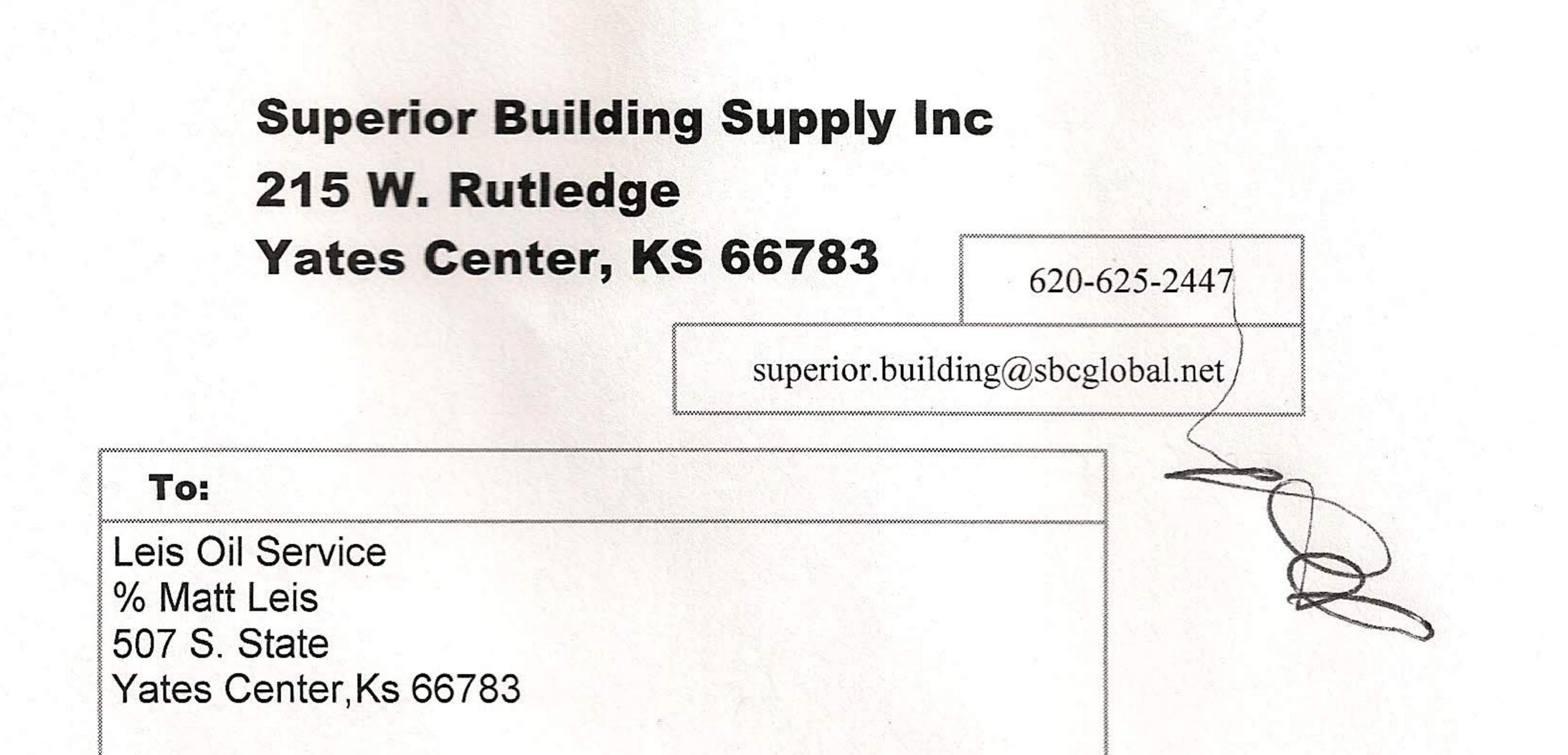
Thickness	Strata	From	То	Thickness	Strata	From	То
19	Soil and Clay	0	19	7	Lime	975	982
163	Shale	19	182	3	Shale	982	985
46	Lime	182	228	5	Black Shale	985	990
16	Shale	228	244	3	Lime	990	993
2	Lime	244	246	3	Black Shale	993	996
4	Shale	246	250	4	Shale	996	1000
196	Lime	250	446	8	Oil Sand	1000	1008
29	Shale	446	475	54	Shale	1008	1062
5	Lime	475	480				
33	Shale	480	513				
74	Lime	513	587				
5	Shale	587	592				
3	Black Shale	592	595				
25	Lime	595	620				
4	Black Shale	620	624		T. D.		1062
24	Lime	624	648		T. D. of Pipe		1057
161	Shale	648	809				
7	Lime	809	816				
18	Shale	816	834				
12	Lime	834	846				
64	Shale	846	910				
3	Lime	910	913				
3	Shale	913	916				
15	Lime	916	931				
9	Shale	931	940				
4	Lime	940	944				
14	Shale	944	958				
6	Lime	958	964				
11	Shale	964	975				



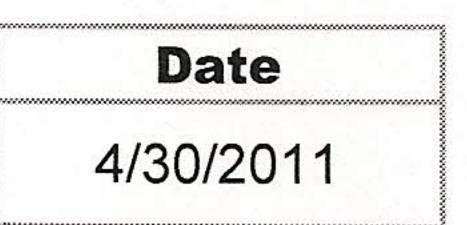
5401	1	PUMP CHARGE	975.00	\$75.00
5406	30	MILEAGE	4.00	120.00
			1.01	11.52.00
1131	140sKr	60/40 Pozmix Cament		1673.00
1118B	480 #	4% Gel	120	96.00
1102	120#	120 Cac/z Phenoseal 1/2 pos/sk	170	<u>84.00</u> 85.40
1107 2		Menaskal Z paysk	1.22	0270
5407	6.02 Ton	Ton Mileage Bulk Truck	mic	330.00
4402	2	228 Rubber Plug	28.00	56.00



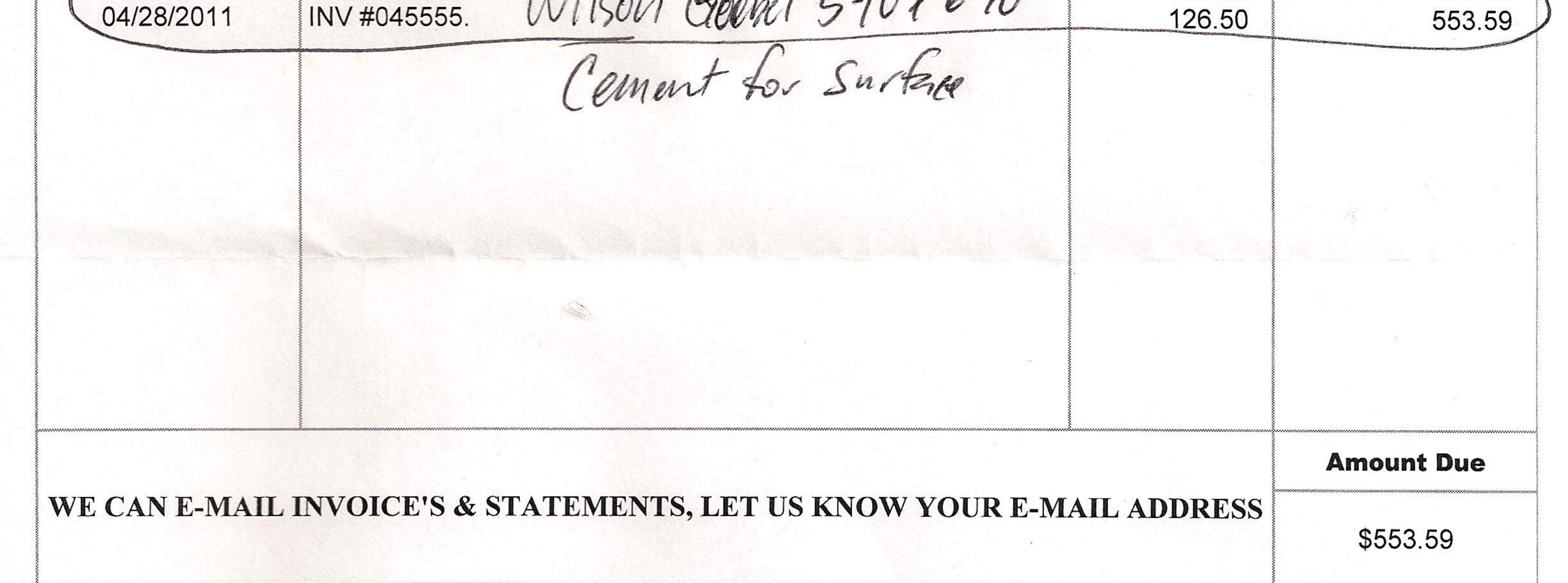
I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



# Statement



		Due Date	Terms	Ac	count #	Amoun	t Due
		5/10/2011	Net 10th	L	.07921	\$553	.59
Date		Transact	ion		Amount	B	alance
03/31/2011	Balance forwa	ard					100.06
04/04/2011	PMT				-100.06		0.00
04/07/2011	INV #044495.				163.56	8	163.56
04/11/2011	INV #044630.				126.50	8	290.06
04/15/2011	INV #044851.	matt			17.44		307.50
04/15/2011	INV #044866.	MATT		~~~~~	10.13		317.63
04/25/2011	INV #045326.				8.26		325.89
04/25/2011	INV #045346.	In ritrain L	anh 1 5-10\$ 6.	-1n	101.20		427.0



Accounts are due 10th of the month following date of purchase. A FINANCE CHARGE OF 18% (or a Minimum charge of \$1.50 for balances under \$50) will be applied as of the date of closing.

WE ACCEPT VISA, MASTER CARD & DISCOVER