



KANSAS CORPORATION COMMISSION 1069614
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: _____



1069614

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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Operator License #: 32079	API #: 15-207-27610-00-00
Operator: John E. Leis	Lease: Wilson-Goebel
Address: 1188 Nighthawk Yates Center, KS 66783	Well #: 6-10
Phone: (620) 625-3676	Spud Date: 04/27/11 Completed: 04/28/11
Contractor License: 32079	Location: SW-NE-SE of 30-24S-16E
T.D. : 1062 T.D. of Pipe: 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	To	Thickness	Strata	From	To
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				

Statement

Superior Building Supply Inc
215 W. Rutledge
Yates Center, KS 66783

620-625-2447

superior.building@sbcglobal.net

Date

4/30/2011

To:

Leis Oil Service
 % Matt Leis
 507 S. State
 Yates Center, Ks 66783

Due Date	Terms	Account #	Amount Due
5/10/2011	Net 10th	L07921	\$553.59

Date	Transaction	Amount	Balance
03/31/2011	Balance forward		100.06
04/04/2011	PMT	-100.06	0.00
04/07/2011	INV #044495.	163.56	163.56
04/11/2011	INV #044630.	126.50	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.	101.20	427.09
04/28/2011	INV #045555.	126.50	553.59
<i>Wilson Geebel 5-10 & 6-10 Cement for surface</i>			
WE CAN E-MAIL INVOICE'S & STATEMENTS, LET US KNOW YOUR E-MAIL ADDRESS			Amount Due
			\$553.59

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