



KANSAS CORPORATION COMMISSION 1071207
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: _____



1071207

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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GEOLOGICAL REPORT
 DRILLING TIME & SAMPLE LOG

REPORT PREPARED BY FRANK S. MIEGEGOLOOIS: AP#- 15-169-20-328



COMPANY	BOP West, LLC	ELEVATION	
LEASE	Lyle Swisher #1	K.B.	1317
FIELD	Wildcat	D.F.	
LOCATION	C SW NW NW	G.L.	1308
SEC.	8	TWSP	16S
COUNTY	Saline	RGE.	1W
STATE	Kansas	DEPTH MEASURED FROM KB	
CONTRACTOR	C&G Drilling Rig #2	Log	Drilling <input checked="" type="checkbox"/>
SPUD	10-25-11	Surface	8.565 @ 27.265 w/100SK
SAMPLES SAVED FROM	1750	Production	1.11 @ 27.265 w/100SK
		Dial Induction	
		Dial Compensated Porosity	
FORMATION	SAMPLE	E LOG	DATAUM

FORMATION	SAMPLE	E LOG	DATAUM	A. ELOG	B. ELOG	C. DT
Grand	1827	1838	-511	-514	-510	-504
Heebner	1827	1838	-511	-514	-510	-504
Douglas	1850	1856	-520	-524	-522	-516
Brown	1900	1906	-529	-534	-532	-526
Lansing	2043	2049	-725	-727	-725	-719
Stark	2301	2307	-985	-986	-981	-973
Hushpuckney	2332	2333	-1016	-1017	-1015	-1004
BKC	2370	2374	-1056	-1057	-1055	-1050
Marmaton	2383	2386	-1069	-1070	-1068	-1062
Cherokee	2555	2558	-1241	-1259	-1258	-1230
Mississippian	2665	2668	-1351	-1342	-1358	-1336
Miss	2671	2674	-1357	-1362	-1373	-1349
Miss	2687	2735	-1421	-1441	-1421	-1387

FORMATION	SAMPLE	E LOG	DATAUM
Heebner	1827	-510	
Toronto	1844	-527	
Douglas	1856	-539	
Brown Lime	1973	-656	
Lansing	2043	-726	
Stark	2301	-985	
Hushpuckney	2332	-1015	
BKC	2370	-1053	
Marmaton	2383	-1066	
Cherokee	2555	-1238	
Dolomite	2671	-1354	

LEGEND

- SHALE
- SANDSTONE
- LIMESTONE
- DOLOMITE
- HALITE
- ANHYDRITE/GYPSUM

DESCRIPTIONS

1700: Limestone: off white to light brown, medium crystalline oolitic, some oolitic, poor interoolitic porosity, no show

1750: Limestone: off white to light gray, fine crystalline, fair to good intercrystalline porosity, no show, trace pyrite

1800: Limestone: off white to light gray, fine crystalline, fair to good intercrystalline porosity, no show

1850: Limestone: off white to light brown, medium to coarsely crystalline, no visible porosity, no show, much pyrite

1900: Shale: green to gray

1950: Shale: dark gray

2000: Shale: dark gray and much dark red

2050: Limestone: off white to light brown, medium crystalline, some densely oolitic, little visible porosity, no show

2100: Limestone: off white to light brown, medium to coarsely crystalline, dense, little visible porosity, no show, trace pyrite

2150: Limestone: off white to light brown, fine crystalline, densely oolitic, oolitic, little visible porosity, no show

2200: Limestone: off white to gray, fine grained, dense, micritic, no porosity, no show

2250: Limestone: gray, fine grained, dense, no visible porosity, micritic, no show

2300: Limestone: gray to dark gray, fine grained, micritic, no visible porosity, no show

2350: Limestone: gray to brown, medium to coarsely crystalline, little visible porosity, no show, fair amount pyrite

2400: Limestone: dark gray to brown, coarsely crystalline, some argillaceous, no porosity, no show

2450: Limestone: dark gray, coarsely crystalline, some argillaceous, no porosity, no show

2500: Limestone: gray to dark gray, fine grained, micritic, no porosity, no show, much gray shale

2550: Limestone: gray to brown, medium to coarsely crystalline, dense, no visible porosity, no show

2600: Limestone: gray to light brown, coarsely crystalline, dense, no visible porosity, no show

2650: Limestone: gray to dark gray, fine grained, micritic, no porosity, no show

2665: Limestone: gray to light brown, medium to coarsely crystalline, dense, no porosity, no show

2671: Dolomite: gray, medium crystalline, fair intercrystalline porosity, trace vuggy porosity, good show free oil, strong odor, fluorescence in 30% of 30" sample

2700: Dolomite: light gray, fine crystalline, suprac, good intercrystalline porosity, very faint odor, trace chert, dull fluorescence in less than 5% sample

DRILLING TIME

MINUTES	FOOT
1	10
2	20
3	30
4	40
5	50

MISSISSIPPIAN 2665

Dolomite 2671 - 1354

2667 30" x9

2667 30": Sandstone: green, medium grained well sorted, well cemented w/silica, poor intergranular porosity, no show, some frosted grains, glauconitic

2667 30": Dolomite: gray, medium crystalline, fair to good intercrystalline porosity, trace vuggy porosity, good show free oil, strong odor, fluorescence in 40% of 60" sample

2667 30": Dolomite: same as 30" sample, 60% fluorescence, good show free oil fair to good odor, 1 pc w/barren formation in 2687 60" sample

2677 60" x20

2677 60": Dolomite: light gray, fine crystalline, suprac, good intercrystalline porosity, very faint odor, trace chert, dull fluorescence in less than 5% sample

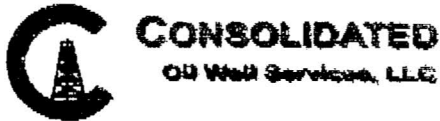
2687 60": Dolomite: light brown to gray, coarsely crystalline, dense no porosity, no show, slightly dolomitic

2687 60": Dolomite: gray, fine to coarsely crystalline, no show

BOP West, LLC
 Lyle Swisher #1
 C SW NW NW 8-16S-1W
 Saline County, Kansas

1317 KB

Comments:



ENTERED

TICKET NUMBER 33288

LOCATION EVICKA

FOREMAN Rex Letford

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

FIELD TICKET & TREATMENT REPORT

CEMENT

API # 15-169-20328

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
10/25/11	P1594	Lyle Swisher #1	8	16	1W	Saline	
CUSTOMER		C&G Orly		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS				520	John		
CITY		STATE	ZIP CODE	479	Allen B.		
Wooster		OH	44691				

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 2 1/2' CASING SIZE & WEIGHT 8 5/8"
 CASING DEPTH 2 1/2' KB DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15" SLURRY VOL _____ WATER gal/sk 6.5 CEMENT LEFT in CASING 20'
 DISPLACEMENT 12.5 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting - Rig up to 8 5/8" casing. Break circulation w/ 5 bbl fresh water. Mixed 150 sacks class A cement w/ 370 sacks, 270 gal @ 15" / gal. Displace w/ 12.5 bbls fresh water. Shut casing in w/ good cement. returns to surface = 12 bbl slurry to pit. Job complete. Rig down.

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54013	1	PUMP CHARGE	775.00	775.00
5406	100	MILEAGE	4.00	400.00
11043	150 sacks	Class A cement	14.25	2137.50
1102	425*	370 sacks	.70	297.50
11188	280*	270 gal	.20	56.00
1107	37*	1/4" flange / sk	2.22	82.14
5407A	7.05	tan mileage bulk tank	1.26	888.30
			Subtotal	4636.44
			SALES TAX	187.85
			ESTIMATED TOTAL	4824.29

Revin 0707

245371

AUTHORIZATION

Duke Coulter

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

TICKET NUMBER 33296

LOCATION EUREKA

FOREMAN KEVIN MCCOY

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

FIELD TICKET & TREATMENT REPORT

CEMENT *API #15-169-20328*

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-29-11		Lyle Swisher #1	8	16S	1W	Saline

CUSTOMER <u>BOP West, LLC</u>		
MAILING ADDRESS <u>P.O. Box 129</u>		
CITY <u>Wooster</u>	STATE <u>OH</u>	ZIP CODE <u>44691</u>

*C&G
Daly
Rig 2*

TRUCK #	DRIVER	TRUCK #	DRIVER
<u>520</u>	<u>CLIFF S.</u>		
<u>479</u>	<u>John G.</u>		

JOB TYPE <u>Longstring</u>	HOLE SIZE <u>7 7/8</u>	HOLE DEPTH	CASING SIZE & WEIGHT <u>5 1/2 14" New</u>
CASING DEPTH <u>2735' KB</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT <u>13.6*</u>	SLURRY VOL <u>31 BBL</u>	WATER gal/sk <u>9.0</u>	CEMENT LEFT in CASING
DISPLACEMENT <u>66.2 BBL</u>	DISPLACEMENT PSI <u>600</u>	PSI <u>1200 Bump Plug</u>	RATE <u>5 BPM</u>

REMARKS: Safety Meeting: Rig up to 5 1/2 casing. Break circulation w/ 5 BBL fresh water. Pump 15 BBL Metasilicate Pre Flush 5 BBL water spacer. Mixed 100 SK Thick Set Cement w/ 5" Kol-Seal/sk @ 13.6*/gal, yield 1.75, wash out pump & lines shut down, Release Latch down Plug. Displace Plug to Seat w/ 66.2 BBL fresh water. Final Pumping Pressure 600 PSI. Bump Plug to 1200 PSI, wait 2 minutes. Release Pressure. Float & Plug Held. Good Circulation @ All times while Cementing. Job Complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	100	MILEAGE	4.00	400.00
1126 A	100 SKS	THICK SET Cement	18.30	1830.00
1110 A	500 *	Kol-Seal 5"/sk	.44 *	220.00
1111 A	100 *	Metasilicate Pre Flush	1.90	190.00
5407	5.5 TONS	Ton Mileage 190 miles BULF Delv.	1.26	693.00
4454	1	5 1/2 Latch down Plug	254.00	254.00
4228 B	1	5 1/2 API INSET FLOAT Valve	172.00	172.00
4203	1	5 1/2 Guide Shoe	160.00	160.00
4103	4	5 1/2 x 7 7/8 Centralizers	48.00	192.00
4312	1	5 1/2 weld on Collar	80.00	80.00
			Sub Total	5166.00
			SALES TAX 7.3%	226.15
			ESTIMATED TOTAL	5392.15

Kevin 3737

AUTHORIZATION Danny J Reed 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.