



KANSAS CORPORATION COMMISSION 1071719
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: _____



1071719

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	BOP West, LLC
Well Name	Lyle Swisher 2
Doc ID	1071719

Tops

Name	Top	Datum
Heebner sh.	1834	-508
Lansing	2047	-719
Stark sh.	2306	-978
BKC	2379	-1051
Marmaton	2391	-1063
Cherokee	2563	-1235
Mississippian	2667	-1339
RTD	2745	-1417

GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

COMPANY BOP WEST, LLC LEASE LYLE SWISHER # 2 ELEVATION: 1320 KB

FIELD HUNTER NORTH LOCATION 980' ENL + 990' FUL COUNTY SALINE STATE KS

SEC 8 TWP 16.50 RGE 14W CONTRACTOR C & G DRILLING CO. SURFACE 85' @ 218' PRODUCION 85' @ 218' RD 2745 LTD 2745

DRILLING TIME KEPT FROM 1800 TO 20 SAMPLES EXAMINED FROM 2250 TO 20 GEOLOGICAL SUPERVISION FROM 2225 TO 20 GEOLOGIST ON WELL CAROL R. FLEWELL

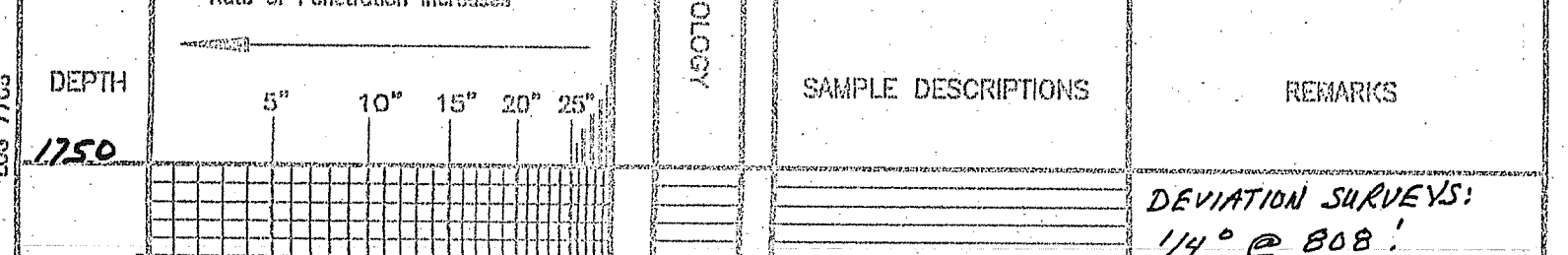
FORMATION TOPS LOG SAMPLES

HEEBNER SH.	1836 (-508)	1836 (-508)
LANSING	2046 (-718)	2046 (-718)
STARK SH.	2308 (-980)	2308 (-980)
BKC	2381 (-1052)	2381 (-1052)
MARIONTON	2392 (-1063)	2392 (-1063)
CHEROKEE	2564 (-1236)	2564 (-1236)
MISSISSIPPIAN	2669 (-1341)	2669 (-1341)
MISS. DOL	2683 (-1355)	2683 (-1355)
RD 2745	LTD 2745	

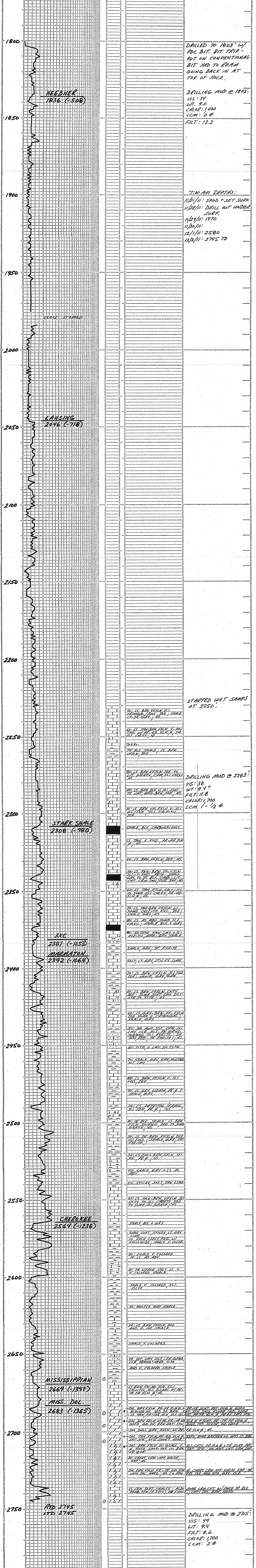
REMARKS DUE TO POSITIVE STRUCTURAL POSITION AND DL SHOWS + LOG CALCULATIONS IN THE MISSISSIPPIAN, IT WAS DECIDED TO RUN CASING AND PRODUCE THIS WELL.

Carol R. Flewell

LEGEND



SCALE 1" = 100'



COMPANY BOP WEST, LLC. LEASE LYLE SWISHER # 2 ELEVATION: 1320 KB

LOCATION 980' ENL + 990' FUL SEC. 8 TWP 16.50 RING 14W COUNTY SALINE STATE KS



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 33457
LOCATION EUREKA
FOREMAN Kevin McCoy

FIELD TICKET & TREATMENT REPORT

CEMENT API 15-169-20329

K5

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-2-11	1754	Lyle Swisher # 2	8	16S	1E	Saline

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
BOP West LLC	445	DAVE G.		
Mailing Address	611	CHRIS B		
P.O. Box 129				

CITY	STATE	ZIP CODE
Wooster	OH	44691

JOB TYPE Longstring 0 HOLE SIZE 7 7/8 HOLE DEPTH 2745 KB CASING SIZE & WEIGHT 5 1/2 14# new
 CASING DEPTH 2745 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.6* SLURRY VOL 31 BBL WATER gal/ek 9.0 CEMENT LEFT in CASING 13.64
 DISPLACEMENT 67.5 BBL DISPLACEMENT PSI 750 ~~MAX~~ PSI 1300 Bump Plug RATE _____

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 SKS Thick Set Cement w/ 5# Kol-Seal 1/sk @ 13.6*/gal yield 1.75. Wash out Pump & Lines. Shut down. Release Latch Down Plug. Displace Plug to Seat w/ 67.5 BBL fresh water. FINAL Pumping Pressure 750 PSI. Bump Plug to 1300 PSI. Wait 2 minutes. Release Pressure. Float Hold. Good Circulation @ ALL times during Cementing Procedures. Job Complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	100	MILEAGE	4.00	400.00
1126 A	100 SKS	THICK Set Cement	19.20	1920.00
1110 A	500*	Kol-Seal 5#/sk	.46	230.00
1111 A	100*	Metasilicate Pre Flush	2.00	200.00
5407 A	5.5 TONS	100 miles BULK Delv.	1.34	737.00
4454	1	5 1/2 Latch down Plug	254.00	254.00
4228 B	1	5 1/2 AFL INSERT FLOAT VALVE	172.00	172.00
4203	1	5 1/2 Guide Shoe	160.00	160.00
4130	4	5 1/2 x 7 7/8 CENTRALIZERS	48.00	192.00
			Sub Total	5295.00
		THANK YOU	SALES TAX 7.32	228.34
			ESTIMATED TOTAL	5523.34

AUTHORIZATION Kevin McCoy 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.