



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
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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: _____



1075330

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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	SEK Energy, LLC
Well Name	Erbe, Tom 2-32
Doc ID	1075330

All Electric Logs Run

Den-Neu Log
DIL Log
Temp Log
G.R/ Neutron/Cement Bond Completion Log

From	To	Formation	From	To	Formation	From	To	Formation	From	To	Formation
0	1	OVERBURDEN	548	557	LIME	927	942	SHALE			
1	14	LIME	557	570	SHALE	942	943	COAL			
14	122	SHALE	570	577	SAND	943	952	SANDY SHALE			
122	127	LIME	577	650	SHALE	952	962	SAND			
127	130	SHALE	650	653	LIME	962	983	SANDY SHALE			
130	140	SAND	653	659	BLK SHALE COAL	983	984	COAL			
140	155	SANDY SHALE	659	684	LIME	984	1007	SHALE			
155	157	LIME	684	686	BLK SHALE	1007	1009	COAL			
157	184	SAND	686	722	SHALE	1009	1075	SHALE			
184	185	COAL	711		GAS TEST SAME	1075	1132	SANDY SHALE			
185	188	SHALE	722	723	COAL	1087		GAS TEST SAME			
188	195	SAND SANDY SHALE	723	745	LIME OIL ODOR	1132	1135	COAL			
195	238	SANDY SHALE	745	751	BLK SHALE COAL	1135	1142	SHALE			
238	240	LIME	751	759	LIME	1142	1157	MISS CHAT OIL ODOR			
240	245	SAND	752		GAS TEST SAME	1157	1237	LIME OIL SHOW			
245	324	LIME	759	763	BLK SHALE COAL	1187		GAS TEST 11# 1/4"			
324	326	BLK SHALE COAL	763	770	LIME						
326	330	SAND	770	780	SHALE			T.D. 1237			
330	365	SANDY SHALE	780	804	SANDY SHALE						
365	376	LIME	804	830	SHALE						
376	380	SHALE	830	833	COAL						
380	392	LIME	833	845	SHALE						
392	397	BLK SHALE	845	846	LIME						
397	399	SHALE	846	851	BLK SHALE COAL						
399	401	COAL	851	881	SHALE						
401	449	LIME	881	882	LIME						
449	505	SHALE	882	886	SHALE						
505	508	BLK SHALE	886	887	COAL						
508	512	LIME	887	895	SAND						
511	512	GAS TEST 1# 1/4"	895	925	SANDY SHALE						
512	548	SANDY SHALE	925	927	COAL						

Formation Record

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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 31488

LOCATION Europe, KS

FOREMAN Steve McNeil

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																				
5-25-11	7865	EPBR # 2-32				W. / son																				
CUSTOMER SEK Energy			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>485</td> <td>Alan m</td> <td></td> <td></td> </tr> <tr> <td>479</td> <td>Joey</td> <td></td> <td></td> </tr> <tr> <td>437</td> <td>Chris B</td> <td></td> <td></td> </tr> <tr> <td>452/163</td> <td>Jim</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	485	Alan m			479	Joey			437	Chris B			452/163	Jim		
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479	Joey																									
437	Chris B																									
452/163	Jim																									
MAILING ADDRESS P.O. Box 55																										
CITY Benedict	STATE KS	ZIP CODE 66714																								
JOB TYPE <u>Longstring G</u>	HOLE SIZE	HOLE DEPTH <u>1237</u>	CASING SIZE & WEIGHT <u>4 1/2 9.5</u>																							
CASING DEPTH <u>1228'</u>	DRILL PIPE	TUBING	OTHER																							
SLURRY WEIGHT <u>13.5[#]</u>	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING																							
DISPLACEMENT <u>19.90 bbls</u>	DISPLACEMENT PSI <u>900[#]</u>	MIX PSI <u>Bump Plug 1400[#]</u>	RATE																							

REMARKS: SAFETY ALERTING Rig up to 4 1/2 casing with washhead wash units
Casing down 80' Pump 400[#] Gel Flush w/ hulls 5bbls water spacer. 20bbls
Pre flush 12bbls DYE water. Mix 135 sks Thick set cement w/ 4th Kal Seal
+ 1st Phenoseal per/sk AT 13.5[#] Wash out Pump & lines shut down.
Release plug. Displace with 20bbls Fresh water. Final pumping pressure
900[#]. Bump Plug 1400[#]. Wait 2min Release pressure. Plug held. Good
Cement Returns to surface 6bbls Slurry to PIT.
Job complete Rig down

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	50	MILEAGE	4.00	200.00
1126A	135 sks	Thick set Cement	18.30	2470.50
1110A	540 [#]	Kal Seal 4 th per/sk	.44	237.60
1107A	135 [#]	Phenoseal 1 st per/sk	1.22	164.70
1118B	400 [#]	Gel Flush	.20	80.00
1105	50 [#]	Hulls	.42	21.00
1102	80 [#]	CaCl2	.70	56.00
1111A	100 [#]	Metasilicate	1.90	190.00
5501C	4hrs	Water Transport	112.00	448.00
5502C	4hrs	Subbl Vacuum Truck	90.00	360.00
1123	5500 gallons	CITY water	15.60/1000	85.80
5407A	7.43 tons	Ton millard Bulk Truck	1.26	468.09
41401	1	4 1/2 Top Rubber plug	45.00	45.00
			SubTotal	5801.69
			SALES TAX	
			ESTIMATED TOTAL	

Ravin 3737

AUTHORIZATION Randy Lamb 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

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

TICKET NUMBER 52897
FIELD TICKET REF # 43293
LOCATION Trayer
FOREMAN Brett Babby

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-7-11		Esche Twp #2-22	32	28S	17E	WV
CUSTOMER S.E.K. Energy			* Safety meeting attendees			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			424	Eric		
STATE			61875	Marvin		
ZIP CODE						

WELL DATA

CASING SIZE <u>4 1/2</u>	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <u>2 3/8 2516</u>	PACKER DEPTH <u>1113'</u>
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>1147-47 (4)</u>	
<u>1150-53 (4) Mississippi</u>	
<u>1157-59 (4)</u>	

TYPE OF TREATMENT
Tubespnt - Acid ball-off

CHEMICALS
KCL Salt - Biocide
Acid - inhibitor - Stim Oil

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
Breakdown	1.5				1500	BREAKDOWN 15:00
30AK						START PRESSURE
START ACID		2.0		1300-1000		END PRESSURE
30AK						BALL OFF PRESS 3000
Acidize @ 4 bpm		3.0			1100	ROCK SALT PRESS
w/ 150 gal 15% HCL acid		3.0			1150	ISIP 500 12:02
+ 25 wells stage		3.0			1200	5 MIN 375 12:07
thru-out acid		3.5			1500	10 MIN 300 12:12
run to fill max ball off						15 MIN
psi achieved					3000	MIN RATE 2.0
Release balls to T.D.	4.0	FLUSH 10 bbls		1050-900		MAX RATE 6.0
FLUSH CASING w/	4.5	unset packer above		1000		DISPLACEMENT 4.9
remaining KCL water	5.2	thru packer 12'		1100		4.3 + .6 = 205 gal.
TOTAL FLUID	47.7	6.0	113	111	1100/1000	

REMARKS: * hold safety-RIP meeting

Tub spnt acid @ 11:59 = 4.5 bbls / 190 gal
spnt 75 gal 15% HCL acid flush 150 gal behind + set packer

Location 9:00 AM - 12:30 PM 10: miles

AUTHORIZATION Doug Lamb TITLE _____ DATE 9-7-11

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

February 28, 2012

Kerry King
SEK Energy, LLC
149 BENEDICT RD
PO BOX 55
BENEDICT, KS 66714

Re: ACO1
API 15-205-27964-00-00
Erbe, Tom 2-32
NW/4 Sec.32-28S-17E
Wilson 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,
Kerry King

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

February 29, 2012

Kerry King
SEK Energy, LLC
149 BENEDICT RD
PO BOX 55
BENEDICT, KS 66714

Re: ACO-1
API 15-205-27964-00-00
Erbe, Tom 2-32
NW/4 Sec.32-28S-17E
Wilson County, Kansas

Dear Kerry King:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 08/19/2011 and the ACO-1 was received on February 28, 2012 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department