



KANSAS CORPORATION COMMISSION 1076335
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: _____



1076335

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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Pelican Hill Oil + Gas, Inc.

11s 21w

Nelson # 5-16

16

Wildcat

1556' FSL + 1437' FEL

Arbuckle + LKC

16 11s 21w

2238

Trego

2229

Kansas

KB

3250 TD

3200 TD

3250 TD

3200

More Downing
Superias

Pelican Hill Oil + Gas, Inc.

Integrity Rig #7

11-7-11

11-11-11

8 5/8" @ 274'

5 1/2" @ 3927'

3925'

3928'

CNL/COL - PE

DIL

MEL

Sonic/Frac

Top Anhydrite
Base Anhydrite

NA
NA

1692
1637

+546
+601

-4
+9

Tapeka
HEEBNER
Toronto
LKC
BKC
Marmaton
Arbuckle

3281
3488
3507
3527
3765
3822
3855

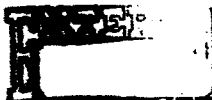
3284
3493
3512
3530
3768
3826
3860

-1046
-1255
-1274
-1292
-1530
-1588
-1622

-4
-6
-3
-5
-3
-5
-5



CONSOLIDATED
Oil Well Services, LLC



FIELD TICKET & TREATMENT REPORT

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

TICKET NUMBER 33141
LOCATION Oakley Ks
FOREMAN Walt Dunkel

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-13-11	6352	Nelson 5-16	16	11 ^s	21 ^w	Trego Ks
CUSTOMER		MAILING ADDRESS		CITY		STATE
Pelican Hill Oil + Gas		Rise 94 W.S		TRUCK #		DRIVER
				399		Miles Shaul
				460		Derrick Glassman

JOB TYPE Prod - O HOLE SIZE 7 7/8 HOLE DEPTH 3925 CASING SIZE & WEIGHT _____
 CASING DEPTH 3924' DRILL PIPE _____ TUBING _____ OTHER P.C - 1703'
 SLURRY WEIGHT 14.7 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 20.95
 DISPLACEMENT 923/4 DISPLACEMENT PSI _____ MIX PSI _____ RATE 6 BPM

REMARKS: Safety Meeting, rig up on Integrity Dlg, circ casing on bottom 1 Hr
Pump 20 BBL KCL, 500 gal mud Flush, mix 30 sks in R.H, mix 175 sks OWC, 5# Kol-
seal @ 14.7 PPG, clear Pump + Lines, release Plug + Displace 93 1/2 BBL H2O @
1000 #, Landed Plug @ 1500#, released Pressure, Float held

Thank You
Walt + Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401P	1	PUMP CHARGE	2700 ⁰⁰	2700 ⁰⁰
5406	40	MILEAGE	5 ⁰⁰	200 ⁰⁰
1126	205 SKS	OWC	21 ⁴⁸	4403 ⁴⁰
1110A	1.025 #	Kolseal	153	543 ²⁵
1215	2 Gal	KCL	35 ⁷⁰	71 ⁴⁰
11446	500 gal	mud Flush	1 ⁰⁰	500 ⁰⁰
5407A	9.64	Ton mileage Delivery	1 ⁵⁰	609 ²⁰
4159	1	5/8 - AFU Float Shoe	413 ⁰⁰	413 ⁰⁰
4454	1	5/8 - Latch down Plug Assy	303 ⁰⁰	303 ⁰⁰
4130	8	5/8 - Centralizers (W)	58 ⁰⁰	464 ⁰⁰
4104	3	5/8 - Baskets (2-1R-1-W)	276 ⁰⁰	828 ⁰⁰
4285	1	5/8 - Part Callar (W)	2075 ⁰⁰	2075 ⁰⁰
4314	40	5/8 - Reciprocating Scratchers	76 ⁰⁰	3120 ⁰⁰
				16,230 ²⁵
		Less 10% Disc		- 1,623 ⁰³
				14,607 ²²
			SALES TAX	778 ⁵²
		245783	ESTIMATED TOTAL	15385 ⁷⁴

Revin 3737

AUTHORIZATION [Signature] 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.

ALLIED CEMENTING CO., LLC. 034439

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Russell, KS

DATE <u>11-8-11</u>	SEC <u>16</u>	TWP. <u>11</u>	RANGE <u>21</u>	CALLED OUT	ON LOCATION	JOB START <u>4:15 pm</u>	JOB FINISH <u>4:45 am</u>
LEASE <u>Nelson</u>	WELL# <u>5-16</u>	LOCATION <u>Riga 8 1/2 IV WINTO</u>			COUNTY <u>Trego</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>NEW</u>							

CONTRACTOR <u>Integrity Drilling</u>	OWNER
TYPE OF JOB <u>Surfice</u>	
HOLE SIZE _____	T.D. <u>281</u>
CASING SIZE <u>8 5/8</u>	DEPTH <u>262</u>
TUBING SIZE _____	DEPTH _____
DRILL PIPE _____	DEPTH _____
TOOL _____	DEPTH _____
PRES. MAX _____	MINIMUM _____
MEAS. LINE _____	SHOE JOINT _____
CEMENT LEFT IN CSG. <u>15 ft</u>	
PERFS. _____	
DISPLACEMENT <u>16.68 bbl</u>	
EQUIPMENT	

PUMP TRUCK CEMENTER <u>Heath</u>
<u>409</u> HELPER <u>Todd</u>
BULK TRUCK
<u>378</u> DRIVER <u>Cody H</u>
BULK TRUCK
_____ DRIVER _____

CEMENT	AMOUNT ORDERED <u>200 SK COM</u>
	<u>3% CC 2% Gel</u>
COMMON	<u>200 @ 16.25 3250.00</u>
POZMIX	@ _____
GEL	<u>3 @ 21.25 63.75</u>
CHLORIDE	<u>7 @ 58.20 407.40</u>
ASC	@ _____
	@ _____
	@ _____
	@ _____
	@ _____
	@ _____
	@ _____
	@ _____
	@ _____
HANDLING <u>210</u>	@ <u>2.25 472.50</u>
MILEAGE <u>11.116/mile</u>	<u>1108.80</u>
TOTAL <u>5302.45</u>	

REMARKS:

Ran 7 jts of 8 5/8 casing & landing jt
Est Circulation with mud pump
Mixed 200sk & Disp with 16.68bbl of H2O
Shut in @ 300 psi !!
Cement Circulate !!
Thanks !!

SERVICE

DEPTH OF JOB	
PUMP TRUCK CHARGE	<u>1125.00</u>
EXTRA FOOTAGE	@ _____
MILEAGE <u>48</u>	@ <u>7.00 336.00</u>
MANIFOLD	@ _____
	@ _____
<u>LOW</u> <u>48</u>	@ <u>4.00 192.00</u>