

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1077031

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 &	ያ LEASE

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
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:	Amount of Surface Pipe Set and Cemented at: Feel Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feel If Alternate II completion, cement circulated from: Feel feet depth to: w/ sx cmt Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) Fluid volume;
Deepening Re-perf. Conv. to ENHR Conv. to SWD Conv. to GSW Plug Back: Plug Back: Plug Back Total Depth Commingled Permit #: Durple Committing	Chloride content: ppm Fluid volume: bbls Dewatering method used: Location of fluid disposal if hauled offsite: Operator Name:
Dual Completion Permit #: SWD Permit #:	Lease Name: License #:
SWD Permit #: ENHR Permit #:	Quarter Sec TwpS. R East West
GSW Permit #:	County: Permit #:
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date	

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						
Confidential Release Date:						
Wireline Log Received Geologist Report Received						
UIC Distribution						
ALT I II III Approved by: Date:						

	Side Two			
Operator Name:	Lease Name:	Well #:		
Sec TwpS. 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 (Attach Additional Sheets)		Yes No		og Formatio	n (Top), Depth an	d Datum	Sample
Samples Sent to Geolog	gical Survey	Yes No	Yes No Name				Datum
Cores Taken Electric Log Run Electric Log Submitted Electronically (If no, Submit Copy)		☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
			G RECORD	ew Used	ion oto		
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: Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated					e			ement Squeeze Record d of Material Used)	Depth
TUBING RECORD: Size: Se			Set At:		Packer At: Liner Run:				No	
Date of First, Resumed Production, SWD or ENH			۶.	Producing N	1ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Oil Bb Per 24 Hours		ls.	Gas Mcf Wate		er	Bbls.	Gas-Oil Ratio	Gravity		
DISPOSITION OF GAS:				METHOD OF COMPLE			TION:		PRODUCTION INTER	RVAL:
Vented Sold Used on Lease			Open Hole Perf. Dually (Submit)				Commingled (Submit ACO-4)			
(If vented, Submit ACO-18.)			Other (Specify)							



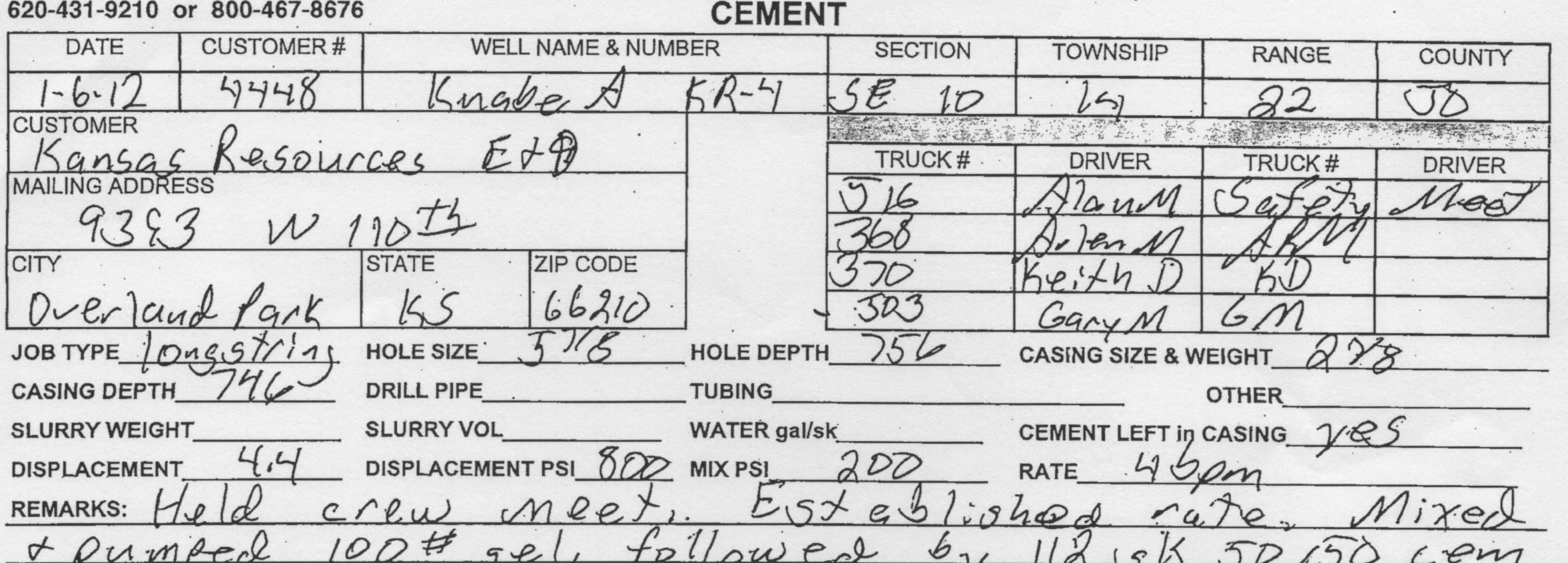
Consolidated

Qill Well Services, LLC

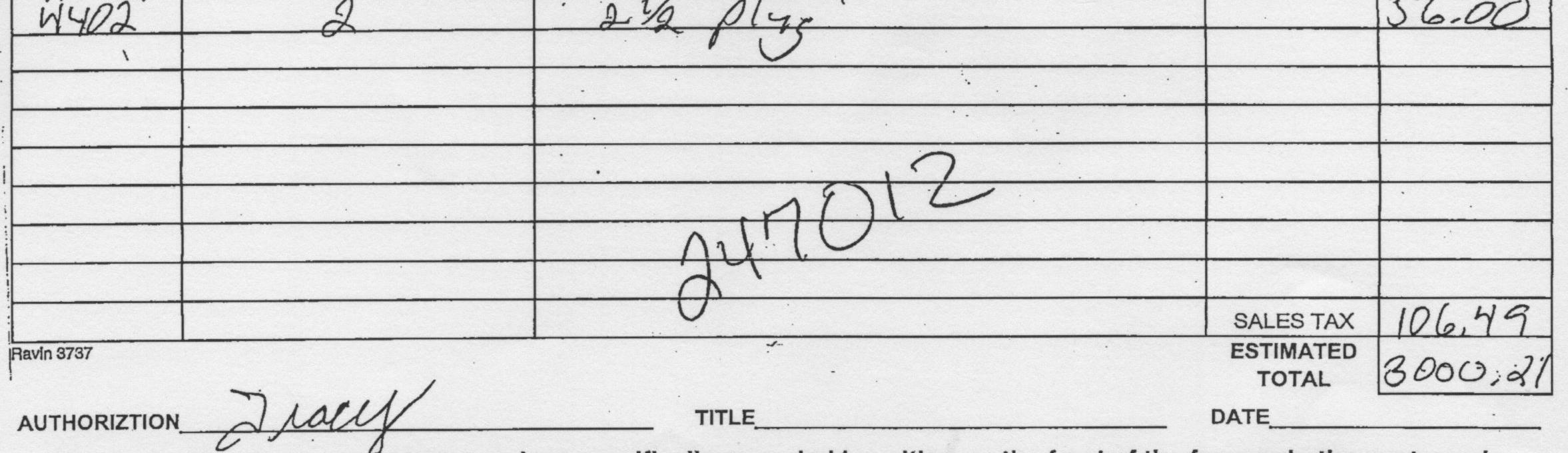
36787 TICKET NUMBER LOCATION DF FOREMAN

FIELD TICKET & TREATMENT REPORT

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



Pr Sacl ENDISPA reglated cemer IRS! saue, rauis. Evans Energy, Cen ACCOUNT **QUANITY or UNITS DESCRIPTION of SERVICES or PRODUCT UNIT PRICE** TOTAL CODE PUMP CHARGE 0 30 MILEAGE . . . Price · . : 44,48 60 n Mi 12 ac 37,06 em · -. 10 0 56 th end



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

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shale lime shale broken oil sand oil sand broken sand silty shale shale

660
662
696
697 brown & grey sand, lite bleeding
704 brown, ok bleeding
708 brown & grey sand, 50% bleeding sand
710
756 TD

Drilled a 9 7/8" hole to 23.2' Drilled a 5 5/8" hole to 756'

Set 23.2' of 7" surface casing cemented with 5 sacks of cement.

Set 746.9' of 2 7/8" threaded and coupled 8 round upset tubing including 3 centralizers, 1 float shoe, 1 clamp.

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