

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1079238

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 #	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.):	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.
If Workover/Re-entry: Old Well Info as follows:	
Operator:	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:         Quarter Sec         TwpS. R         Dest         County:
Spud Date or     Date Reached TD     Completion Date or       Recompletion Date     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
Date:
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 Shi	eets)	Yes No		og Formatio	n (Top), Depth an	d Datum	Sample
Samples Sent to Geolog	gical Survey	Yes No	Nam	е		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted B (If no, Submit Copy)	Electronically	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
			GRECORD Ne		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	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated					ement Squeeze Record I of Material Used)	Depth			
TUBING RECORD:	Siz	ze:	Set At:		Packer	At:	Liner R	un:	No	
Date of First, Resumed Production, SWD or ENHR.		Producing N	_	ping	Gas Lift	Other (Explain)				
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
									Ι	
DISPOSITIO	DISPOSITION OF GAS:			METHOD	OF COMPLE	TION:		PRODUCTION INTE	RVAL:	
Vented Sold		Jsed on Lease		Open Hole	Perf.	Dually (Submit )		Commingled (Submit ACO-4)		
(If vented, Subi	mit ACC	)-18.)		Other (Specify	)					

CONSOLIDATED Oil Well Services, LLC	Consolidated Oil Wall Sonvisor LLC			AIN OFFICE P.O. Box 884 te, KS 66720 00/467-8676 20/431-0012
INVOICE			Invoice #	246534
======================================	======================================		========== Pa	e======= .ge 1
		· <b>-</b> ·		
TRIMBLE & MACLASKEY OIL BOX 171 GRIDLEY KS 66852 ( ) -	334 / 24-	21-10E 10-11	ס	
1110A         KOL SEA           1107A         PHENOSE           1131         60/40 P           1118B         PREMIUM           1107A         PHENOSE           4104         CEMENT           4130         CENTRAL           4253         TYPE A           4277         DV TOOL           4306         THREAD	ET CEMENT L (50# BAG) AL (M) 40# BAG) OZ MIX GEL / BENTONITE AL (M) 40# BAG) BASKET 5 1/2" IZER 5 1/2" PACKER SHOE61/2X6 SIZE 5 1/2" (STA LOCK KIT NG 5 1/2"	140.00700.00140.00245.001685.00245.002.004.001.001.001.00	.4600 1.2900 12.5500 .2100 1.2900 229.0000 48.0000 1584.0000 3220.0000 25.0000 30.0000 Unit Price 1.34 1030.00	2688.00 322.00 180.60 3074.75 353.85 316.05 458.00 192.00
Parts: 12444.25 Freight: Labor: .00 Misc: Sublt: .00 Supplies:		908.4 16265.9	43 AR 93 00	16265.93
Signed			Date	

PONCA CITY, OK 580/762-2303

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 316/322-7022 EUREKA, KS 620/583-7664 OAKLEY, KS 785/672-2227 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914





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33476 TICKET NUMBER\_ LOCATION EUCEKS FOREMAN Rick Led ford

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

DATE

#### FIELD TICKET & TREATMENT REPORT API#15-111-20445 CEMENT SECTION TOWNSHIP RANGE COUNTY CUSTOMER # WELL NAME & NUMBER . . . 4 4 9

12/10/11 7842	Rossill	· · 60		24	21	106	Lyon
	Δ .	_	Gener				
	leclesky O	il LLC	-	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS	,		Pris	520	Jehn		
P.O. BOX 1	71			515	Colin 1# 1	tere.	
CITY	STATE	ZIP CODE		411	Calin 200%	1915	
Gridley	KS	106852					
JOB TYPE LIS 0	HOLE SIZE	77/8"		2952'	CASING SIZE &		
		204	TUBING			OTHER 0. V. 2	od @ 1667'K
SLURRY WEIGHT /3.6"		44 04 - 74 Chi	WATER gal/s	k <u> 9.° - 8.°</u>	CEMENT LEFT in	CASING 47	
DISPLACEMENT () - 38.7	DISPLACEME		NEC PSI		RATE		
REMARKS: Safety meet	ion - Rue m H	Stor Concer	Pocker she	+ @ 21-25'	KA. Jetogener sh		store 1: Pune
15 001 water alread. of	man in an and f	icessot come	. I St Kalman	Kr + 1# abone	malan Q 13 4th	J. mald 1.25	washert and
Also play flesh	A day of the	an		1 7 Mr 0	. I. Lankt	man anno	also hald
+ Ines, release flow plu	e. Orphore w/ 61	But water Fro	elpino pressue	200 MI. Ber	plus to 1100 BJ.	release pressure	plus held.
+ Ines, release flar play	<u>e Orphere L/ 61</u> Celler @ 1100 fei	But water Front	el puno pressure (. Cob) starry C	200 PSJ. Buy	nd pup . Crew	te 242 hr	stop / mpleta
+ lines, celease flow phy Dop try back Open stoge Store 2: lung 18 Bal	e. Orgine 1/6) Caller C 1100 (2) Weter obegal	But water Fro E. Crewater	elpino pressur (. Bb) Stary C Ses 1.6/40	200 MJ. Buy erent/ cig o Amonix cent	ul pup Crew	te 242 hrs 1 mphonosed /	stop 1 complete
+ lines, clease flow phy Dop try back Open stoge Store 2: lung 18 Bal	e. Orgine 1/6) Caller C 1100 (2) Weter obegal	But water Fro E. Crewater	elpino pressur (. Bb) Stary C Ses 1.6/40	200 MJ. Buy erent/ cig o Amonix cent	ul pup Crew	te 242 hrs 1 mphonosed /	stop 1 complete
+ Ines, clean fler plu One try but Open stree Stage 2: Punp 10 Ball yield. 1.70. washart	e Organe 1/61 Caller @ 1100 Bi Wett alread pune + Innes, (C	Bel Note Fro E. Crechoted Mixed 245	elpunp pressur (6 Cb) Stary C Sees 60/40 3 plug. Du	200 Att. Buy erent / ciz o Anomis cerent place to som	./ 8 % gel +	1 "phonosed): Upter Fin	step / mplete sec /2.84/gal a) punp pressure
+ Ines, clease flow phy Dop try has Open stope Stope 2: lung 18 Bal	e Organe 2/6) celler @ 1100 (20 weter abread pune + Jines, (C to 1160 (255)	But Note Fro . Cree Jobe Mured 245 Jose Closed tool closed	elpunp pressur (6 Cb) Stary C Ses 60/40 3 plug. Du (500 CSI. B	e 200 Mit. Buy erent / cig o Amonix cenet place to som upe place		te 2 Ye ha I "phonosed ! Water Fin fleet + pl	stop/mplate sec/2.84/gol pmp plessure iz held. Ap

ACCOUNT	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	30	MILEAGE	4.00	120.00
540)	1	2nd stage pump charge	1030.00	1030.00
1126A	140 545	thickset cenest	19.20	2688.00
IAA	700*	5 * Katsmi /sk > 1 stage	. 46	322.00
1107A	140*	1th phoneson /sk	1.29	180.60
1131	245 545	Contra Pozmin comt	12.55	3074.75
11180	1685*	870 gel 20d stage	. 21	353.95
1107A	245"	1ª phenascel/su	1.29	316.05
SYOTA	18.24	ton milege built tek	1.34	733.25
4104	2	Cenert bearets	229.00	458.00
4130	4	centralizus	48.00	198.00
4253	1	5/2 × 77/8" Type A packed shee	1589.00	1584.00
4277		51/2" OV tool (stage caller)	3220.00	3220.0
4306		thread lock kit	25.00	25.00
4310		Step sing 51/2"	30.00	30.00
	<u> </u>	7.370	Subtodal	15,357.5
in 3737			SALES TAX	908.42
			TOTAL	16,265.9
UTHORIZTION	mil sit		DATE	<u>- 10 - 11</u>

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.

	CONSOLI Oil Well Serv	Billiotte autorite	<b>REMIT TO</b> Consolidated Oil Well Services, LLC Dept. 970 P.O. Box 4346 Houston, TX 77210-4346		Chanu 620/431-9210 • 1-8	AIN OFFICE P.O. Box 884 te, KS 66720 500/467-8676 520/431-0012
INVOI	CE				Invoice #	246377
===== Invoi	ce Date: 12/09	/2011 '	: Terms:		Pa	age 1
	TRIMBLE & MACLA BOX 171 GRIDLEY KS 668 ( ) -		LLC	ROSSILLION #60 33472 24-21S-10E 12-06-11 KS	)	
Part 1104S 1102 1118B 1107		CALCIUM	A" CEMENT (SALE) CHLORIDE (50#) GEL / BENTONITE	90.00 255.00	.2100	
445 445 667	Description CEMENT PUMP (S EQUIPMENT MILE MIN. BULK DELI	AGE (ONE	WAY)	Hours 1.00 30.00 1.00	Unit Price 825.00 4.00 350.00	Total 825.00 120.00 350.00

========			==========	==========	=================		
Parts:	1621.60	Freight:	.00	Tax:	118.38	AR	3034.98
Labor:		Misc:	.00	Total:	3034.98		
Sublt:	.00	Supplies:	.00	Change:	.00		
==========			=========		==========		

C	CONSOLIDATED OIL Wolf Barrison, LLG
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ENTERED \*

TICKET NUMBER 33472 LOCATION Excern FOREMAN Rick Ledford

PO Boy 884 (	Chenute KS 667	720 FI	ELD TICKE	IT & TREA	TMENT REF	PORT		
PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676			CEMENT			API#15-111-20445		
DATE	CUSTOMER #	WE	LL NAME & NU	MBER	SECTION	TOWNSHIP	RANGE	COUNTY
12/6/4	7842	Rossilla	n * 60	,	24	215	106	Lyon
				Gulier	TRUCK #	DRIVER	TRUCK #	DRIVER
CUSTOMER Timble & Maclassey Oil LLC MAILING ADDRESS				- G'3	445	Dave		
P.O. Box 171 CITY STATE ZIP CODE					667	Allon B.		
CITY		STATE	ZIP CODE					
Gr	idley	125	64852					·
JOB TYPE Sulface O HOLE SIZE /2/9"			HOLE DEPT	EPTH 121' CASING SIZE & WEIGHT 85%				
			_TUBINGOTHER					
SLURRY WEIGHT_15" SLURRY VOL 21. 6 85/3				WATER gal/sk <u>6.</u>		CEMENT LEFT IN CASING20*		
DISPLACEMENT 6/2 Bb/ DISPLACEMENT PSI			MIX PSI		RATE			
							sh water	Dird
90 545	class A C	ent u	3% Cac	2, 7% 90	1 + Yy + flow	lotion w/ fre rele C 15"	1 gol Dig	lac c/
6/2 Bt	of fresh we	tre. Shut	Casina in	w/ good	cement (etu	ins to surface	e = 6 Bb1	slucy
to oit.	Job complete	. Ria do	un.	/ 5				
<u> </u>								

"Thank You"

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT		TOTAL
54015	1	PUMP CHARGE	825.00	825.00
5406	30	MILEAGE	4.00	120.00
/1645	90 545	Class A Cement	14.95	1345.50
11 02	255*	3% 0000	.74	188.70
11188	170*	2% all	.21	35.70
1167	22*	2% gel Yy # flocele /sk	2.35	51.70
5407	4. 23	tor millinge bulk tre	m/c	350.00
	1			2916.60
		7.	3% SALES TAX	118.38
avin 3737		A DHU3M	ESTIMATED TOTAL	3034.98
AUTHORIZTION			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.