

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1079776

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: | |
| Phone: () | |
| CONTRACTOR: License # | |
| Name: | Lease Name:Well #: |
| Wellsite Geologist: | |
| Purchaser: | |
| | |
| Designate Type of Completion: | Elevation: Ground: Kelly Bushing: |
| New Well Re-Entry Workover | Total Depth: Plug Back Total Depth: |
| Oil WSW SWD SIOW | Amount of Surface Pipe Set and Cemented at: Feet |
| Gas D&A ENHR SIGW | Multiple Stage Cementing Collar Used? Yes No |
| OG GSW Temp. Abd. | If yes, show depth set: Feet |
| CM (Coal Bed Methane) | If Alternate II completion, cement circulated from: |
| Cathodic Other (Core, Expl., etc.): | |
| If Workover/Re-entry: Old Well Info as follows: | |
| Operator: | |
| Well Name: | Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) |
| Original Comp. Date: Original Total Depth: | |
| Deepening Re-perf. Conv. to ENHR Conv. to SV | /D |
| Conv. to GSW | Dewatering method used: |
| Plug Back: Plug Back Total Depth | Location of fluid disposal if hauled offsite: |
| Commingled Permit #: | Operator Name: |
| Dual Completion Permit #: | |
| SWD Permit #: | Lease Name: License #: |
| ENHR Permit #: | Quarter Sec TwpS. R East West |
| GSW Permit #: | County: Permit #: |
| | _ |
| Spud Date or Date Reached TD Completion Date or Recompletion Date 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: | |
| | | |

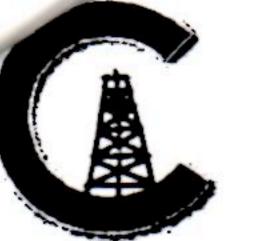
INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, 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.

| Vrill Stem Tests Taken (Attach Additional Sheets) | Yes No | Log Formatic | on (Top), Depth and [| Datum | Sample |
|--|---|--------------------------------|-----------------------|-----------------|-------------------------------|
| amples Sent to Geological Survey | Yes No | Name | | Тор | Datum |
| Cores Taken Electric Log Run Electric Log Submitted Electronically (If no, Submit Copy) | Yes No Yes No Yes No | | | | |
| ist All E. Logs Run: | | | | | |
| | CASING RECORD | New Used | | | |
| | Report all strings set-conductor, s | surface, intermediate, product | tion, etc. | | |
| Purpose of String Size Hole Drilled | | ight Setting / Ft. Depth | Type of Cement | # Sacks Used | Type and Percent Additives |
| | | | | | |
| Cores Taken Electric Log Run Electric Log Submitted Electronically (If no, Submit Copy) ist All E. Logs Run: | CASING RECORD Report all strings set-conductor, s Size Casing We | ight Setting | Type of | | |

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 of Material Used) | Depth | | |
|--------------------------------------|---|-----------------------|-----------------|-------------|----------------------|---------------------------|---|-----------------|---------------|---------|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| TUBING RECORD: | Siz | ze: | Set At: | | Packer | r At: | Liner F | Run: | No | |
| Date of First, Resumed | Product | ion, SWD or ENHF | λ . | Producing M | 1ethod: | ping | Gas Lift | Other (Explain) | | |
| Estimated Production Per 24 Hours | | Oil Bb | ls. | Gas | Mcf | Wate | er | Bbls. | Gas-Oil Ratio | Gravity |
| | | | | | | | | | 1 | |
| DISPOSITION OF GAS: | | METHOD OF COMPLETION: | | | PRODUCTION INTERVAL: | | | | | |
| Vented Sold Used on Lease | | | Open Hole | Perf. | Dually (Submit) | , Comp. 4 <i>CO-5)</i> | Commingled (Submit ACO-4) | | | |
| (If vented, Submit ACO-18.) | | | Other (Specify) | | | | | | | |



Consolidated

Qil Well Services, LLC

34212 TICKET NUMBER LOCATION 077- Que FOREMAN

FIELD TICKET & TREATMENT REPORT

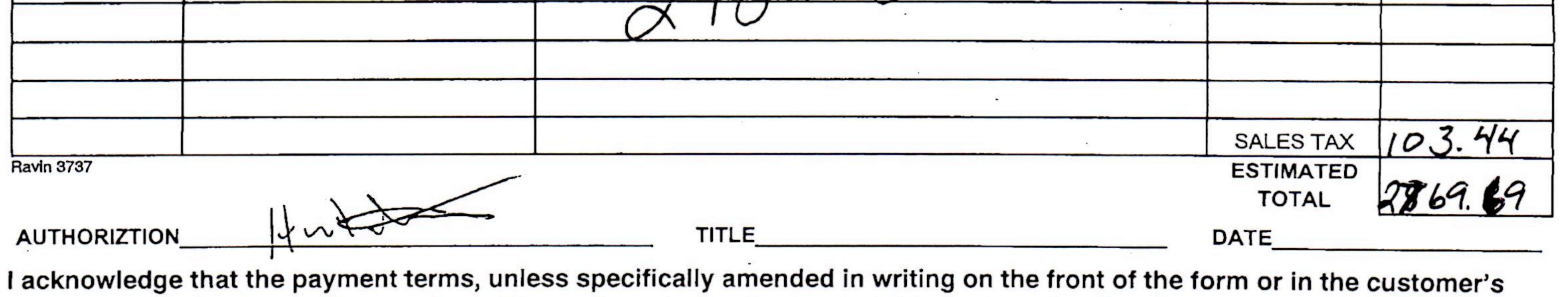
CEMENT

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

WELL NAME & NUMBER SECTION CUSTOMER # TOWNSHIP DATE RANGE COUNTY e eter CUSTOMER water TRUCK # DRIVER TRUCK # DRIVER MAILING ADDRESS Nee 6421 Avondale GM ann STATE ZIP CODE CITY Jerek M VIG anpre

5572 2.78 CASING SIZE & WEIGHT JOB TYPE ONe gtrine HOLE DEPTH HOLE SIZE DRILL PIPE TUBING CASING DEPTH_ OTHER CEMENT LEFT in CASING 1/05 WATER gal/sk_ SLURRY VOL SLURRY WEIGHT DISPLACEMENT PSI ROZ MIX PSI 20 RATE W DISPLACEMENT Meet. umped **REMARKS:** red 20# cem AURI reylates QP, PAMD. 1 mped ushpa Rinen value CH2:5 NPVS =vans ACCOUNT QUANITY or UNITS DESCRIPTION of SERVICES or PRODUCT UNIT PRICE TOTAL CODE

| 5401 | 1 | PUMP CHARGE | 1030,00 |
|-------|-------|----------------|---------|
| 5406 | | MILEAGE | |
| 5402 | 784 | easing footage | |
| 5407 | Vamin | ton miles | 175.00 |
| 33020 | 11/2 | 80 jul | 13500 |
| | | | |
| | | | |
| 124 | H3 sk | 50150 cement | 1237.35 |
| 1118B | 290# | gel | 60.90 |
| 4402 | • | 21/20148 | 28.00 |
| | • | | |
| | | | |
| | | | |
| | | 2,102176 | |
| | | YX | |



account records, at our office, and conditions of service on the back of this form are in effect for services identified on this forn

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