

1079234

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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

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> _____	PRODUCTION INTERVAL: _____ _____
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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

June 26, 2012

Randall L. Trimble
Trimble & Maclaskey Oil LLC
110 SOUTH ST
PO BOX 171
GRIDLEY, KS 66852

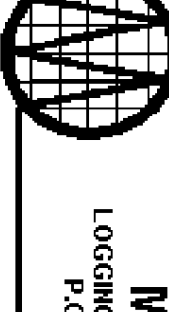
Re: ACO1
API 15-111-20442-00-00
Rossillon 3
NE/4 Sec.25-21S-10E
Lyon County, Kansas

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,
Randall L. Trimble



MIDWEST SURVEYS
 LOGGING - PERFORATING - CONSULTING SERVICES
 P.O. Box 68, Osawatomie, KS 66064
 913.765.2128

GAMMA RAY / NEUTRON / CCL

File No. **Company Trimble & MacLuskey Oil, LLC.**
Well Rosillon No. - 3

Field Bradford
County Lyon State **Kansas**

Location **4950' FSJ & 2150' FEL**
EZ-NW-1/4-NE

Sec. **25** Twp. **21S** Rge. **10E**
 Permit Datum **GL** Elevation **K.B. 114**
 Log Measured From **GL** & From **GL**
 Logging Measured From **GL** & From **GL**

Date **03-19-2012**
 Run Number **ONE**
 Depth Logger **2055.0**
 Bottom Logged Interval **2052.0**
 Log Interval **1000.0**

Type Fluid **Water**
 Density / Viscosity **NA**
 Stability - FPA CI **NA**
 Max Recorded Temp **NA**
 Estimated Cement Top **NA**
 Equipment No. **107** Location **Osawatomie**
 Recorder By **Steve VanDusen**
 Witnessed By **Cherie Maddox**

BOREHOLE RECORD TO **122.0** SIZE **WST** FROM **FROM** TO **122.0**
 Core **12.25** 0.0 **5.625** 0.0
 Tags **7.875** 122.0 **2065.0** **5.50'** 0.0

CASINGS RECORD TO **122.0** FROM **FROM** TO **122.0**
 Core **12.25** 0.0 **5.625** 0.0
 Tags **7.875** 122.0 **2065.0** **5.50'** 0.0

Perforate **Other Services**

Perforate **Other Services**

Perforate **Other Services**

Perforate **Other Services**

Perforate **Other Services**

Perforate **Other Services**

Perforate **Other Services**

Perforate **Other Services**

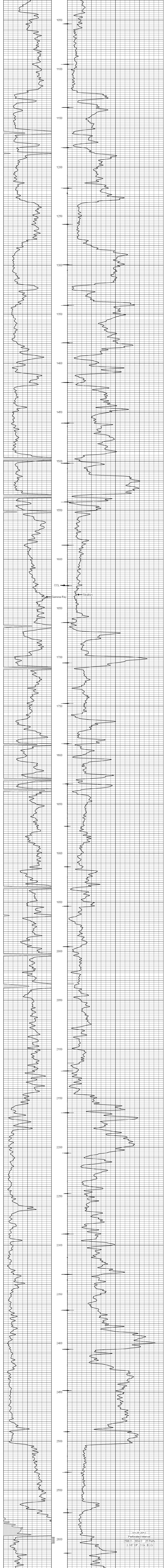
<<< Fold Here >>>

All interpretations are opinions based on inferences from electrical or other measurements and we cannot and do not guarantee the accuracy or correctness of any interpretation, and we shall not, except in the case of gross or willful negligence on our part, be liable or responsible for any loss, costs, damages, or expenses incurred or sustained by anyone resulting from any interpretation made by any of our officers, agents or employees. These interpretations are also subject to our general terms and conditions set out in our current Price Schedule.

Comments

Drilling Contractor : **Gulick Drilling**

Database File: **rossillon3.db**
 Dataset Pathname: **pass1**
 Presentation Format: **gr-h-col**
 Dataset Creation: **Mon Mar 19 12:57:02 2012** by **Log SCH 111116**
 Charted by:





CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 248344

Invoice Date: 03/13/2012 Terms:

Page 1

TRIMBLE & MACLASKEY OIL LLC
BOX 171
GRIDLEY KS 66852
() -



ROSSILLION #3
36284
25-21S-10E
03-08-12
KS

Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	125.00	19.2000	2400.00
1110A	KOL SEAL (50# BAG)	625.00	.4600	287.50
1107A	PHENOSEAL (M) 40# BAG)	30.00	1.2900	38.70
1103	CAUSTIC SODA	100.00	1.6100	161.00
4159	FLOAT SHOE AFU 5 1/2"	1.00	344.0000	344.00
4104	CEMENT BASKET 5 1/2"	1.00	229.0000	229.00
4130	CENTRALIZER 5 1/2"	6.00	48.0000	288.00
4454	5 1/2" LATCH DOWN PLUG	1.00	254.0000	254.00

Description	Hours	Unit Price	Total
445 CEMENT PUMP	1.00	1030.00	1030.00
445 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
WASH- WASH OR SWIVEL HEAD	1.00	100.00	100.00
611 MIN. BULK DELIVERY	1.00	350.00	350.00

Parts: 4002.20 Freight: .00 Tax: 292.16 AR 5894.36
Labor: .00 Misc: .00 Total: 5894.36
Sublt: .00 Supplies: .00 Change: .00

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 36284

LOCATION Eureka, KS

FOREMAN Shannon Felt

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

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-111-20442

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-8-12	7842	Rossillon # 3	25	21 S	10 E	Lyon
CUSTOMER Trimble MacLasky Oil LLC			Gulick ORLG			
MAILING ADDRESS P.O. Box 171						
CITY Gardley	STATE KS	ZIP CODE 66852	TRUCK #	DRIVER	TRUCK #	DRIVER
			445	Dave G		
			611	Chris B		

JOB TYPE Longstring HOLE SIZE 7 7/8" HOLE DEPTH 2665' CASING SIZE & WEIGHT 5 1/2" @ 17#
 CASING DEPTH 2664' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.7 SLURRY VOL 41 Bbl WATER gal/sk 9.0 CEMENT LEFT IN CASING None
 DISPLACEMENT 62 1/2 Bbl DISPLACEMENT PSI 600 Bump Plug 1100 MIX PSI _____ RATE 5BPM

REMARKS: Rig up to 5 1/2" casing with Rotating head. Break Circulation with 5 Bbl water. Mixed 12-15 Bbl Caustic Soda pre Flush, 5 Bbl water Spacer. Mixed 125 SKS Thickset Cement @ 13.7#/gal with 5# Kolseal/SK, & 1/4# Phenoseal/SK. Shut down wash out pump & lines & displace with 62.5 Bbl water. Final pumping pressure of 600 psi, bumpod plug to 1100 psi. Good circulation @ all times. Plug + Float held good. Job Complete.

Run Centralizers on Joints 1, 2, 3, 5, 10, & 15 & a basket on Joint # 8
 "Thanks Shannon + Crew"

ACCOUNT CODE	QUANTITY 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
1126 A	125 SKS	Thick Set Cement	19.20	2400.00
1110 A	625 #	Kol-seal @ 5#/SK	.46	287.50
1107 A	30 #	Phenoseal @ 1/4#/SK	1.29	38.70
1103	100 #	Caustic Soda pre Flush (12-15 Bbl)	1.61	161.00
5407	6.87 Tons	Ton mileage bulk truck	m/c	350.00
4159	1	5 1/2" AFV Float shoe	344.00	344.00
4104	1	5 1/2" Cement Basket	229.00	229.00
4130	6	5 1/2 x 7 7/8 Centralizers	48.00	288.00
4454	1	5 1/2 Latch down Plug	254.00	254.00
5611	1	Rental on Rotating head	100.00	100.00
			Sub Total	5602.20
			SALES TAX 7.3%	292.16
			ESTIMATED TOTAL	5894.36

AUTHORIZATION M. J. [Signature] TITLE T.P. 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

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 248315

Invoice Date: 03/09/2012 Terms:

Page 1

TRIMBLE & MACLASKEY OIL LLC
BOX 171
GRIDLEY KS 66852
() -



ROSSILLION #3
33630
25-21S-10E
03-02-12
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	90.00	14.9500	1345.50
1102	CALCIUM CHLORIDE (50#)	255.00	.7400	188.70
1118B	PREMIUM GEL / BENTONITE	170.00	.2100	35.70
1107	FLO-SEAL (25#)	22.00	2.3500	51.70

Description	Hours	Unit Price	Total
445 CEMENT PUMP (SURFACE)	1.00	825.00	825.00
445 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
611 MIN. BULK DELIVERY	1.00	350.00	350.00

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

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 33630

LOCATION Eureka

FOREMAN Rick Ledford

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

FIELD TICKET & TREATMENT REPORT

CEMENT

API # 15-111-20442

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3/2/12	1842	Rossillion # 3	25	215	106	Lyon
CUSTOMER		Gulick Oil				
MAILING ADDRESS				TRUCK #	DRIVER	TRUCK #
Box 171				445	Dave	
CITY		STATE	ZIP CODE			
Gridley		KS	66852			
				TRUCK #	DRIVER	TRUCK #
				601	Chris B.	

JOB TYPE 5/p 0 HOLE SIZE 12 1/4" HOLE DEPTH 122' CASING SIZE & WEIGHT 8 5/8"
 CASING DEPTH 122' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15" SLURRY VOL 22 Bbl WATER gal/sk 1.5 CEMENT LEFT in CASING 20'
 DISPLACEMENT 6.4 Bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting - Rig up to 8 5/8" casing. Break circulation w/ fresh water.
Mixed 90 sacks class A cement w/ 37% casing, 22% gel + 1/4" floccule/sk @ 15"/gal. Displace
w/ 6.4 Bbl fresh water. Shut casing in w/ good cement returns to surface = 7 Bbl
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	825.00	825.00
5406	30	MILEAGE	4.00	120.00
11045	90 sacks	class A cement	14.95	1345.50
1102	255"	37% casing	.74	188.70
11188	170"	22% gel	.21	35.70
1107	22"	1/4" floccule/sk	2.35	51.70
5407	4.23	for mileage back trip	n/c	350.00
			Subtotal	2916.60
			SALES TAX 2.3%	118.38
			ESTIMATED TOTAL	3034.98

Flavin 3737

248315

AUTHORIZATION

[Signature]

TITLE

TR

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.