



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1079241
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

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
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

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

1079241

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 <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 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
<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> _____ <i>(Submit ACO-4)</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

July 23, 2012

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

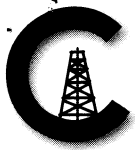
Re: ACO1
API 15-111-20449-00-00
Ralph Redeker 2D
SW/4 Sec.13-21S-10E
Lyon County, Kansas

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



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 # 248741

Invoice Date: 03/31/2012 Terms:

Page 1

TRIMBLE & MACLASKEY OIL LLC
BOX 171
GRIDLEY KS 66852
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RALPH REDEKER 2D
36408
13-21S-10E
03-30-12
KS

Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	140.00	19.2000	2688.00
1110A	KOL SEAL (50# BAG)	700.00	.4600	322.00
1107A	PHENOSEAL (M) 40# BAG)	140.00	1.2900	180.60
1131	60/40 POZ MIX	245.00	12.5500	3074.75
1118B	PREMIUM GEL / BENTONITE	1685.00	.2100	353.85
1107A	PHENOSEAL (M) 40# BAG)	245.00	1.2900	316.05
4104	CEMENT BASKET 5 1/2"	2.00	229.0000	458.00
4130	CENTRALIZER 5 1/2"	4.00	48.0000	192.00
4253	TYPE A PACKER SHOE61/2X6	1.00	1584.0000	1584.00
4277	DV TOOL SIZE 5 1/2" (STA	1.00	3220.0000	3220.00
4306	THREAD LOCK KIT	1.00	25.0000	25.00
4310	5 1/2" STOP RING	1.00	30.0000	30.00

Description	Hours	Unit Price	Total
515 TON MILEAGE DELIVERY	547.20	1.34	733.25
520 CEMENT PUMP	1.00	1030.00	1030.00
520 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
611 CEMENT PUMP	1.00	1030.00	1030.00

Parts: 12444.25 Freight: .00 Tax: 908.43 AR 16265.93
 Labor: .00 Misc: .00 Total: 16265.93
 Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 36408

LOCATION Eureka KS

FOREMAN Shannon Feck

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

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-111-2049

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-30-12	7842	Ralph Redeker 2D	13	215	10E	14DA
CUSTOMER Trimble & MacLasky Oil LLC			Gulick DRL6			
MAILING ADDRESS P.O. Box 171						
CITY Gridley	STATE KS	ZIP CODE 66852				
TRUCK # DRIVER TRUCK # DRIVER						
			520	John S		
			611	Joey K		
			515	Calin H		
			Russ McCoy - overswing Job			

JOB TYPE L/S oil HOLE SIZE 7 7/8" HOLE DEPTH 2847' K.B. CASING SIZE & WEIGHT 5 1/2" @ 15.50 New
 CASING DEPTH 2607.27 G.L. DRILL PIPE _____ TUBING _____ OTHER D.V. Tool @ 1597, 82
 SLURRY WEIGHT 13.6 #1 #2 SLURRY VOL 46 Bbl 75 2nd WATER gal/sk 9.0 + 8.0 CEMENT LEFT IN CASING 42'
 DISPLACEMENT Stage #1 61 Bbl DISPLACEMENT Stage #2 38.4 MIX PSI _____ RATE 5 BPM

REMARKS: Rig up to 5 1/2" casing, Packer shoe set @ 2607.27 G.L. Set Packer shoe @ 1000 psi. Stage #1 pump 15 Bbl ahead, mixed 140 SKS Thickset cement with 5#/kol-seal/sk + 1# phenoseal @ 13.6 #/gal + yield of 1.5. Washout pump + line, release flex plug + displace w/ 61 Bbl water. Final pumping pressure of 800 psi, bump plug to 1300 psi. Release pressure, plug held. Drop trip bomb open stage collar @ 1400 psi. Circulated 9-10 Bbl slurry w/ rig mud pump. Circulate 2 1/2 hours stage 1 complete. Stage 2 pump 10 Bbl ahead, mixed 245 SKS 60/40 Pozmix cement with 8% gel + 1# phenoseal/sk @ 12.8 #/gal, washout pump + line, release closing plug. Displace with 38.4 Bbl water. Final pumping pressure of 800 psi. Bump plug to 1200 psi. Tool closed. Release pressure float + plug held no flow back, 2 Bbl slurry to pit. Stage 2 complete. Job complete. Thanks Shannon + crew. Centralizers on 1, 3, 23, 25 Baskets on 3 + 23 D.V. Tool on top of #21

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
5401	1	2nd Stage Pump Charge	1030.00	1030.00
1126 A	140 SKS	Thickset Cement } 1st stage	19.20	2688.00
1110 A	700 #	Kol-Seal @ 5#/sk } stage	.46	322.00
1107 A	140 #	Phenoseal @ 1#/sk } stage	1.29	180.60
1131	245 SKS	60/40 Pozmix Cement } 2nd stage	12.55	3074.75
1118 B	1685 #	gel @ 8% } stage	.21	353.85
1107 A	245 #	Phenoseal @ 1#/sk } stage	1.29	316.05
5407 A	18.24 Tons	Ton mileage bulk truck	1.34	733.25
4104	2	5 1/2" Cement Baskets	229.00	458.00
4130	4	5 1/2" x 7 7/8" Centralizers	48.00	192.00
4253	1	5 1/2" x 7 7/8" Type A Packer Shoe	1584.00	1584.00
4277	1	5 1/2" DV Tool (Stage collar)	3220.00	3220.00
4306	1	Thread Lock Kit	25.00	25.00
4310	1	5 1/2" Stop Ring	30.00	30.00
		Sub Total		15,357.50
		7.3% SALES TAX		908.43
		ESTIMATED TOTAL		16,265.93

Ravin 3737

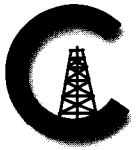
248741

AUTHORIZATION MC [Signature]

TITLE Tool Pusher

DATE 3-30-12

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 # 248611

Invoice Date: 03/28/2012 Terms:

Page 1

TRIMBLE & MACLASKEY OIL LLC
BOX 171
GRIDLEY KS 66852
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RALPH REDEKER #2D
36396
13-21S-10E
03-26-12
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	90.00	14.9500	1345.50
1102	CALCIUM CHLORIDE (50#)	254.00	.7400	187.96
1118B	PREMIUM GEL / BENTONITE	169.00	.2100	35.49
1107	FLO-SEAL (25#)	23.00	2.3500	54.05
	Description	Hours	Unit Price	Total
445	CEMENT PUMP (SURFACE)	1.00	825.00	825.00
445	EQUIPMENT MILEAGE (ONE WAY)	.00	4.00	.00
611	MIN. BULK DELIVERY	1.00	350.00	350.00

=====
Parts: 1623.00 Freight: .00 Tax: 118.48 AR 2916.48
Labor: .00 Misc: .00 Total: 2916.48
Sublt: .00 Supplies: .00 Change: .00
=====

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 36396
LOCATION Eureka, KS
FOREMAN Shannon Feck

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

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-111-20449

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-26-12	7842	Ralph Redeker #2D	13	215	10E	Lyon
CUSTOMER Trimble & MacLuskey			Gulick DRIG			
MAILING ADDRESS P.O. Box 171			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Bridley			445	Dave G		
STATE KS			611	Chris M		
ZIP CODE 66852						

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 120' CASING SIZE & WEIGHT 8 5/8" @ 23#
 CASING DEPTH 120 K.B. DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.5-15# SLURRY VOL 21 Bbl WATER gal/sk 6.4 CEMENT LEFT in CASING 20'
 DISPLACEMENT 6.3 Bbl DISPLACEMENT PSI 100 MIX PSI 100 RATE 5 Bpm

REMARKS: Rig up to 8 5/8" casing, Break circulation with 5 Bbl water.
Mixed 90 SKS Class "A" cement with 3% calcium 2% gel & 1/4#
Flo-cel/sk @ 14.5-15#/gal. Displace with 6.3 Bbl water & shut well in.
Good circulation @ all times 6 Bbl slurry to pipe Job complete.

"Thanks Shannon & Crew"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	825.00	825.00
5406	0	MILEAGE No charge on Location	N/C	0
11045	90 SKS	Class "A" cement	14.95	1345.50
1102	254 #	Calcium @ 3%	.74	187.96
1118B	169 #	Gel @ 2%	.21	35.49
1107	23 #	Flo-cel @ 1/4#/sk	2.35	54.05
5407	4.23 Tons	Ton-mileage bulk truck	M/C	350.00
			Sub Total	2798.00
			7.3% SALES TAX	187.48
			ESTIMATED TOTAL	2985.48

Ravin 3737

248611

AUTHORIZATION M. A. [Signature]

TITLE Tool Pusher

DATE 3-26-12

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.