



KANSAS CORPORATION COMMISSION 1080104
OIL & GAS CONSERVATION DIVISION

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 # _____

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

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

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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

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



1080104

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

Sec. _____ Twp. _____ S. 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 <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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> 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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

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
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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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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McGown Drilling, Inc.
Mound City, Kansas

Operator:
Circle E Investments
Roeland Park, Kansas

Irene Vogel Trust #4

Douglas County, KS
33-12S-20E
API # 15-045-21755

Spud Date:	2/1/2012	Surface Bit:	11"
Surface Casing:	7"	Drill Bit:	5.875"
Surface Length:	53.80'	Longstring:	754.45'
Surface Cement:	Cemented by Consolidated	Longstring Date:	2/2/2012
		Longstring Size:	2 7/8 EUE

Driller's Log

Top	Bottom	Formation	Comments
0	9	Soil & silt	
9	48	Sand	
48	75	Lime	
75	90	Shale	
90	112	Lime	
112	138	Shale	
138	202	Lime	
202	226	Shale	
226	238	Lime	
238	255	Shale	
255	265	Lime	
265	282	Shale	
282	366	Lime	
366	369	Bl. Shale & Shale	
369	384	Lime	
384	492	Big Shale	
492	500	Lime	
500	548	Shale	
548	564	Lime	
564	568	Shale	
568	577	Lime	
577	591	Shale	
591	593	Lime	
593	598	Bl. Shale & Shale	
598	612	Lime	

Irene Vogel Trust #4
Douglas Co., KS

612	631	Shale
631	637	Lime
637	649	Shale
649	654	Broken sand Slight to fair oil show
654	656	Sand Good oil show
656	714	Shale
714	717	Broken sand No oil show
717	766	Shale
766	TD	

Coring

Run	Footage	Recovery
1	642-661	19'

Mud

Mixes 27 sx gel to set surface



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8676

TICKET NUMBER 36915

LOCATION ottawa

FOREMAN Alan Mada

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-1-12	1862	Irving Vogel Trust #21 NE 33		12	20	26
CUSTOMER <u>Circle E Investments</u>			TRUCK #			
MAILING ADDRESS <u>3820 W 52nd</u>			DRIVER			
CITY <u>Boesland Park</u>			TRUCK #			
STATE <u>KS</u>			DRIVER			
ZIP CODE <u>66025</u>			TRUCK #			
			DRIVER			

JOB TYPE <u>surface</u>	HOLE SIZE <u>11 1/4</u>	HOLE DEPTH <u>54</u>	CASING SIZE & WEIGHT <u>7"</u>
CASING DEPTH <u>54</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>yes</u>
DISPLACEMENT <u>2 1/4</u>	DISPLACEMENT PSI <u>100</u>	MIX PSI	RATE <u>46 gpm</u>

REMARKS: Hold crew meet. Established rate. Mixed + pumped 40 5K 50/50 cement with calcium water. Mixed in 15 placed on the fly. Circulated cement. Displaced casing with clean water. Closed valve.

McGown Drilling, Frank

Alan Mada

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54019	1	PUMP CHARGE		825.00
5406		MILEAGE		
5402	54	casing footage		
5407	1/2 m in	ton miles		175.00
53021	1/2	80 gal		135.00
1124	40	50/50 cement		438.00
11180	62#	gel		14.07
1107	15#	Plaseal		35.25
1102	50#	calcium		37.00
<u>247726</u>				
SALES TAX				38.22
ESTIMATED TOTAL				1697.59

Form 5737

NO company rep

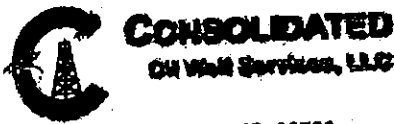
AUTHORIZATION

Jim O'K'd

TITLE

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



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

FIELD TICKET & TREATMENT REPORT CEMENT

TICKET NUMBER 36922

LOCATION Ottawa

FOREMAN Alan Maden

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-6-12	1862	Irene Vogel Trust #4	NE S3	12	20	D6
CUSTOMER Circle E Investments			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 3820 W 52nd			516	Alan M	Safety	Med
CITY	STATE	ZIP CODE	368	Arten M		
Hoeland Park	KS	66020	370	Gary M	GM	
			378	Kevin L	KL	
JOB TYPE <u>long string</u>	HOLE SIZE <u>5 5/8</u>	HOLE DEPTH <u>766</u>	CASING SIZE & WEIGHT <u>2 7/8</u>			
CASING DEPTH <u>754</u>	DRILL PIPE	TUBING	OTHER			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>yes</u>			
DISPLACEMENT <u>4.4</u>	DISPLACEMENT PSI <u>800</u>	MIX PSI <u>200</u>	RATE <u>40 bpm</u>			
REMARKS: Held crew meet. Established rate. Mixed & pumped 100# gel followed by 119 sk 50/50 cement plus 290 gal gel. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float. Closed valve.						

McGowan Frank
Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1080.00
5406	36	MILEAGE		140.00
5702	754'	Casing footage		175.00
5707	1/2 min	ten miles		135.00
5502C	1 1/2	80 gal		
1124	119	50/50 Cements		1303.05
11813	300#	gel		63.00
4402	1	2 1/2 plug		28.00
			7.9	SALES TAX ESTIMATED
				TOTAL
				161.76
				2975.81

247750
AUTHORIZATION _____ TITLE _____ 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.