



KANSAS CORPORATION COMMISSION 1080105
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: _____



1080105

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 #5

Douglas County, KS
33-12S-20E
API # 15-045-21756

Spud Date: 1/30/2012
Surface Casing: 7"
Surface Length: 60.30'
Surface Cement: Cemented by Consolidated

Surface Bit: 11"
Drill Bit: 5.875"
Longstring: 753.15'
Longstring Date: 2/1/2012
Longstring Size: 2 7/8 EUE

Driller's Log

Top	Bottom	Formation	Comments
0	12	Soil & silt	
12	50	Sand	
50	65	Lime	
65	72	Shale	
72	78	Lime	
78	92	Shale	
92	108	Lime	
108	142	Shale	
142	206	Lime	
206	230	Shale	
230	267	Lime	
267	284	Shale & Bl. Shale	
284	366	Lime	
366	370	Bl. Shale & Shale	
370	390	Lime	
390	500	Big Shale	
500	508	Lime	
508	551	Shale	
551	580	Lime	
580	593	Shale	
593	612	Lime	
612	633	Shale	
633	640	Lime	
640	646	Shale	
646	654	Sand	Broken at the bottom - good oil show

Irene Vogel Trust #5
Douglas County, KS

654	702	Shale
702	705	Broken sand Trace oil
705	775	Shale
775	TD	

Coring

Run	Footage	Recovery
1	646-660	14'

Mud

Mixed 32 sx gel to set surface



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 36909

LOCATION Ottawa

FOREMAN Alan Maden

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-30-12	1862	Trene Vogel Trust #5	NE 33	12	20	DG
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Circle E Investment			516	Alan M	Safety	Meet
MAILING ADDRESS			368	Arlen M	AM	
3820 W 52nd			369	Derek M	DM	
CITY	STATE	ZIP CODE	510	Asa M	AM	
Boeland Park	KS	66205				
JOB TYPE	SURFACE	HOLE SIZE	1 1/4	HOLE DEPTH	63	CASING SIZE & WEIGHT
						2 1/2 7
CASING DEPTH	62	DRILL PIPE		TUBING		OTHER
SLURRY WEIGHT		SLURRY VOL		WATER gal/sk		CEMENT LEFT in CASING
DISPLACEMENT	2 1/2	DISPLACEMENT PSI	100	MIX PSI	-	YAS
REMARKS:	Hold crew meeting. Established rate. Mixed pumped 40 isK 50 150 cement plus floeal, 1/4 floeal per sack with calcium water. Circulated cement. Displaced casing with clean water closed valve.					

Melbourn Drilling Frank

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54013	1	PUMP CHARGE		826.00
5406	-	MILEAGE		-
5402	62	Casing footage		-
5407	1/2 mi	Ten miles		175.00
5502C	1 1/2	80 gal		135.00
1184	40	50 150 cement		438.00
118B	67#	gal		14.07
1107	10#	Floeal		23.50
1102	50	calcium		37.00
247563				
SALES TAX				37.92
ESTIMATED TOTAL				1684.99

Rev'n 9787

NO company rep

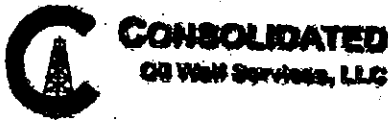
AUTHORIZATION

Jim Ok'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 for



TICKET NUMBER 36914

LOCATION Ottawa

FOREMAN Alan Mader

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-1-12	1862	Irene Vogel Trust #5	NE 33	12	20	DB
CUSTOMER Circle E Investments			TRUCK #			
MAILING ADDRESS 3820 W 52nd			DRIVER			
CITY Roeland Park			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 66025			TRUCK #			
			DRIVER			

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 775 CASING SIZE & WEIGHT 2 1/2
 CASING DEPTH 753 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING yes
 DISPLACEMENT 4.4 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Hold crew meeting. Established rates. Mixed & pumped 100# gel followed by 114 sk 50/50 cement plus 292 gal circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 RSI. Set float. Closed valve.

McGowan Drilling, Frank

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	35	MILEAGE		140.00
5407	253'	casing footage		
5407	1/2 mi	ton miles		175.00
5502L	1 1/2	80 vac		135.00
1124	114	50/50 cement		1248.30
118B	292#	gel		613.2
4402	1	2 1/2 plug		28.00
<u>247725</u>				
SALES TAX				97.65
ESTIMATED TOTAL				2915.27

Rev'n 3787

No company rep.

AUTHORIZATION

Jim Okid

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.