



KANSAS CORPORATION COMMISSION 1080106
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: _____



1080106

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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McGown Drilling, Inc.
Mound City, Kansas

Operator:

Circle E Investments
Roeland Park, Kansas

Vogelland, LLC #1

Douglas County, KS
28-12S-20E
API # 15-045-21714

Spud Date:	2/8/2012	Surface Bit:	11"
Surface Casing:	7"	Drill Bit:	5.875"
Surface Length:	52.60'	Longstring:	843.85'
Surface Cement:	Cemented by Consolidated	Longstring Date:	2/10/2012
		Longstring Size:	2 7/8 EUE

Driller's Log

Top	Bottom	Formation	Comments
0	2	Soil & clay	
2	50	Silt & sand	
50	64	Lime	
64	93	Shale	
93	110	Lime	
110	142	Shale	
142	208	Lime	
208	223	Shale	
223	233	Lime	
233	254	Shale	
254	261	Lime	
261	270	Shale	
270	378	Lime	
378	489	Big Shale	
489	497	Lime	
497	542	Shale	
542	547	Lime	
547	554	Shale	
554	556	Lime	
556	564	Shale	
564	570	Lime	
570	586	Shale	
586	588	Lime	
588	596	Shale	
596	602	Lime	

Vogelland LLC #1
 Douglas Co., KS

602	621	Shale	
621	628	Lime	
628	634	Shale	
634	636	Lime	
636	637	Shale	
637	639.5	Sand	Broken, fair oil show, very shaly
639.5	681	Shale	
681	682	Coal	
682	689	Shale	
689	692	Sand	Laminated, dry
692	700	Shale	
700	715	Sand	Odor, trace oil bleed
715	735	Sand	Fair to good oil show, best 725-735
735	736	Coal	
736	741	Shale	
741	743	Lime	
743	748	Shale	
748	749	Coal	
749	851	Shale	
851	860	Sand	Grey, dry
860	862	Shale	
862	TD		

Coring

Run	Footage	Recovery
1	637-657	20'

Mud

Mixes 24 sx gel to set surface



CONSOLIDATED
Oil Well Services, LLC

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

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 36461

LOCATION Ottawa

FOREMAN Alan Mader

DATE	CUSTOMER #	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
2-8-12	1862	Vogelland #1		SW 28	12	20	06
CUSTOMER				TRUCK #			
Circle E Investment				516	Alan M	Safety	Maat
MAILING ADDRESS				368	Alan M	ABM	
3820 W 52nd				369	Derek M	DM	
CITY		STATE	ZIP CODE	523	Daniel G	DG	
Hoeland Park		KS	66025	HOLE DEPTH <u>52</u>			
JOB TYPE	Gulfure	HOLE SIZE	1 1/4	CASING SIZE & WEIGHT <u>7"</u>			
CASING DEPTH	52	DRILL PIPE		OTHER			
SLURRY WEIGHT		SLURRY VOL		CEMENT LEFT IN CASING <u>YES</u>			
DISPLACEMENT	2.1	DISPLACEMENT PSI	100	RATE <u>4 bpm</u>			
REMARKS: <u>Held crew meet. Established rate. Mixed & pumped 40 sk 50/50 cement plus 270 gel. Mixed with calcium water. Stired in flo seal on the fly. Circulated cement. Displaced casing with clean water.</u>							

McGowan, Frank

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54025	1	PUMP CHARGE		825.00
54026		MILEAGE		
5402	52	casing footage		
5407	1/2 min	ton mileage		175.00
55026	1	80 gal	90.00	100.00
1124	40	50/50 cement		438.00
1123	67	gel		14.00
1107	25	flo seal		58.75
1102	50#	calcium		37.00
<u>247791</u>				
SALES TAX				39.99
ESTIMATED TOTAL				1677.85

Rev. 5/87

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 rendered.



CONSOLIDATED
Oil Well Services, LLC

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

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 36463

LOCATION Ottawa

FOREMAN Alan Mader

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-10-12	1862	Vegetland #1	SW 28	12	20	26
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Circle E Investments			316	Alan M	Safety	Meat
MAILING ADDRESS			368	Arland M	GM	
3820 W 52nd			370	Gary M	GM	
CITY	STATE	ZIP CODE	503	Daniel G	DC	
Roe Land Park	KS	66025	JOB TYPE <u>long string</u> HOLE SIZE <u>3 5/8</u> HOLE DEPTH <u>862</u> CASING SIZE & WEIGHT <u>2 7/8</u>			
CASING DEPTH <u>843</u>		DRILL PIPE	TUBING	OTHER		
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT IN CASING <u>yes</u>			
DISPLACEMENT <u>4.9</u>	DISPLACEMENT PSI <u>800</u>	MIX PSI <u>200</u>	RATE <u>4.6 pm</u>			
REMARKS: <u>Held crew meeting. Established rate. Mixed & pumped 100# gel followed by 140 sk 50/50 cement plus 2 7/8 gel. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float. Closed valve.</u>						

McGowan, 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	
5402	843'	casing footage		—	
5407	n/a	ton miles		350.00	
5502C	2	80vac		180.00	
1127	140 sk	50/50 cement		1533.00	
1118B	335 #	gel		70.35	
4402	1	2 1/2 plug		28.00	
				SALES TAX	119.09
				ESTIMATED TOTAL	3450.44

247812

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