

1086462

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 |
|--|---|

| 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: <input type="checkbox"/> Yes <input type="checkbox"/> No |
|----------------|-------|---------|------------|---|

| | |
|---|--|
| Date of First, Resumed Production, SWD or ENHR. | Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____ |
|---|--|

| 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: _____ _____ |
|--|--|---|



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 34718

LOCATION Eureka

FOREMAN Rick Letford

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8678

FIELD TICKET & TREATMENT REPORT
CEMENT

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|-----------------|------------|--------------------|---------|----------|-------|--------|
| 6-8-12 | 2092 | Oliver SWD Rebill | 1 | 325 | 10E | Chaut. |
| CUSTOMER | | | TRUCK # | | | |
| C+E Oil | | | DRIVER | | | |
| MAILING ADDRESS | | | TRUCK # | | | |
| 422 Elm St | | | DRIVER | | | |
| CITY | | | TRUCK # | | | |
| Malone | | | DRIVER | | | |
| STATE | | | TRUCK # | | | |
| KS | | | DRIVER | | | |
| ZIP CODE | | | TRUCK # | | | |
| 67353 | | | DRIVER | | | |

| | | | |
|----------------------------|-----------------------------|--------------------------|------------------------------------|
| JOB TYPE <u>Inc</u> | HOLE SIZE | HOLE DEPTH | CASING SIZE & WEIGHT <u>4 1/2"</u> |
| CASING DEPTH <u>2292'</u> | DRILL PIPE | TUBING <u>2 7/8"</u> | OTHER |
| SLURRY WEIGHT <u>13.5"</u> | SLURRY VOL <u>40 Bbl</u> | WATER gal/blk <u>6.5</u> | CEMENT LEFT IN CASING |
| DISPLACEMENT <u>13 Bbl</u> | DISPLACEMENT PSI <u>900</u> | PSI <u>500</u> Shut in | RATE |

REMARKS: Safety meeting - Rig up to 2 7/8" tubing, load casing w/ fresh water. Established rate @ 3 bpm @ 400 PSI. Circulated hole clean w/ 35 Bbl fresh water. Mixed 160 sacks class A cement w/ 2% gel @ 13.5" / gal. yield 1.25. Shut down, washout pump & lines, Displace w/ 13 Bbl fresh water. Shut tubing in @ 500 PSI. Job complete. Rig down.

Thank You

| 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 |
| 1145 | 160 sacks | Class A cement | 14.95 | 2392.00 |
| 1188 | 300" | 2% gel | .21 | 63.00 |
| 5407 | 7.5 ³ | for mileage back to | m/c | 350.00 |
| | | | Subtotal | 3955.00 |
| | | | SALES TAX | 203.77 |
| | | | ESTIMATED TOTAL | 4158.77 |

Favin 3737

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

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 03, 2012

Ed Triboulet
C & E Oil, LLC
RR1
BOX 1B2
MOLINE, KS 67353

Re: ACO1
API 15-019-22245-00-01
OLIVER 1
NW/4 Sec.01-32S-10E
Chautauqua 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,
Ed Triboulet