



KANSAS CORPORATION COMMISSION 1091500
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: _____



1091500

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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CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 34052
LOCATION #180 E Dorado
FOREMAN Jacob Storm

FIELD TICKET & TREATMENT REPORT
CEMENT

Api 15-173-21009-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-17-12	4897	Sharver L-4	7	26	1E	Seignior
CUSTOMER			TRUCK #		DRIVER	
Lachenmayer			503	Jarild		
MAILING ADDRESS			442	Mark		
P.O. Box 526			511	Jacob		
CITY						
Newton						
STATE						
KS						
ZIP CODE						
67114						

Saffy
meating
JA
J.L.
m.g.

JOB TYPE <u>Longstring B</u>	HOLE SIZE <u>7 7/8</u>	HOLE DEPTH <u>3367</u>	CASING SIZE & WEIGHT <u>5 1/2 15 1/2 lb</u>
CASING DEPTH <u>3365</u>	DRILL PIPE _____	TUBING <u>N/A</u>	OTHER _____
SLURRY WEIGHT <u>15.5 lb</u>	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING <u>14 ft shoe</u>
DISPLACEMENT <u>80.11 bbl</u>	DISPLACEMENT PSI <u>1200</u>	MIX PSI <u>300</u>	RATE <u>7 bpm</u>

REMARKS: *Saffy meating, Break circulation, circulated with mud for 45 min opened shoe at 1550 psi, mixed 130 sks cement thickset 3x Kol-seal displaced plug with 80.11 bbl water landing plug at 1250 psi checked float held, plugged Rat hole with 25 sks and ~~flush~~ mouse hole with 15 sks thickset.*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	40	MILEAGE	4.00	160.00
5407	1	min bulk delivery	350.00	350.00
5402	1800	Footage	0.22	396.00
1126A	170	thick set	19.20	3264.00
1110 A	500	Kol-Seal	0.46	230.00
4104	1 2	5 1/2 centralizer Baskets	229.00	458.00
4130	4	5 1/2 centralizer	48.00	192.00
4253	1	5 1/2 packer shoe	1584.00	1584.00
4454	1	5 1/2 batchdown plug	254.00	254.00
			Subtotal	7918.00
			SALES TAX	
			ESTIMATED TOTAL	

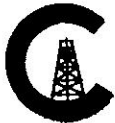
Revin 3737

AUTHORIZATION *Alan V...*

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.



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 34148
LOCATION # 180 Eldorado
FOREMAN Jacob Storm

FIELD TICKET & TREATMENT REPORT

CEMENT Api 15-173-21009-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-11-12	4897	Shaver L-4	7	26	1E	Sedwick
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Lachenmayer oil			603	Jeff		
MAILING ADDRESS			502	Steve		
P O Box 526			442	mark		
CITY	STATE	ZIP CODE	511	Jacob		
Newton	KS	67114				

Saffy
meating
J.S.
M.S.

JOB TYPE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT
Surface B	12 1/4	212	8 5/8
CASING DEPTH	DRILL PIPE	TUBING	OTHER
211	N/A	N/A	
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING
14 lb			8 ft
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE
13.44	500	300	4 bpm

REMARKS: Saffy meating, break circulation circulated hole for 1 hr waiting on mud hatter, mixed 165 SKS class A 3%cc 2% gel, 1/2 lb poly displaced with 13 bbl water did not get cement to surface, got 1 in mixed 100 SKS class A 3%cc circulating cement to surface from 38 ft

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE	825.00	825.00
5406	40	MILEAGE	4.00	160.00
5407	2	min bulk delivery	350.00	700.00
1104S	265	class A	14.95	3827.20
1102	560	calcium chloride	0.74	414.40
1118 B	350	gel	0.21	73.50
1107	75	poly-fluore	2.35	176.25
5404	2 hr	X 3 personnel/stad by X	84.00	504.00
			Subtotal	6680.35
			SALES TAX	
			ESTIMATED	
			TOTAL	

Ravin 3737

AUTHORIZATION [Signature] TITLE 1-12-12 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

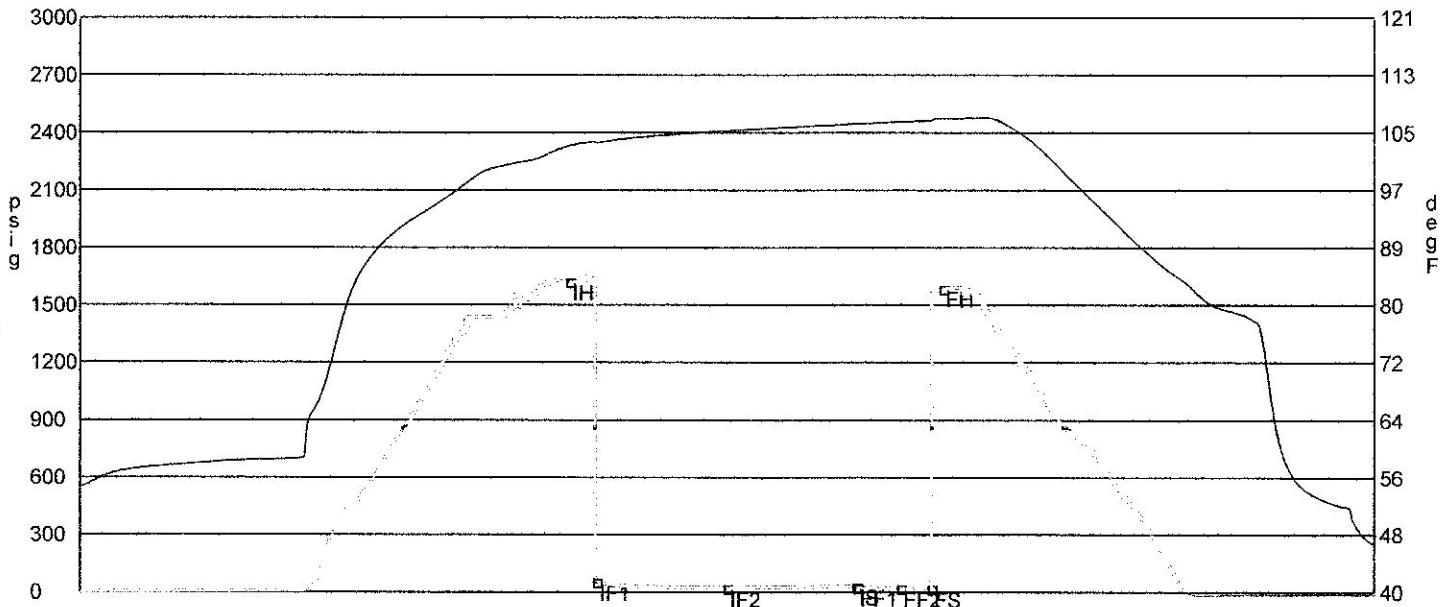
Company	Lachenmayr Oil LLC	Lease Name	Shawver	
Address	P.O. Box 526	Lease #	L-4	
CSZ	Newton, KS 67114	Legal Desc	SE NW NW	Job Ticket 6000
Attn.	John Lachenmayr	Section	17	Range 1E
		Township	26S	
		County	Sedgwick	State KS
		Drilling Cont	Southwind Drilling #2	
Comments	Field; Valley Center			

GENERAL INFORMATION

Test # 1	Test Date 1/16/2012	Chokes 3/4	Hole Size 7 7/8
Tester Johnny Jimmy		Top Recorder # 13310	
Test Type Conventional Bottom Hole		Mid Recorder #	
Successful Test		Bott Recorder # w1023	
# of Packers 2.0	Packer Size 6 3/4	Mileage 80	Approved By
Mud Type Gel Chem		Standby Time 0	
Mud Weight 9.6	Viscosity 48.0	Extra Equipmnt None	
Filtrate 10.8	Chlorides 3100	Time on Site 3:00 PM	
Drill Collar Len 0		Tool Picked Up 4:30 PM	
Wght Pipe Len 0		Tool Layed Dwn 8:45 PM	
Formation Hunton		Elevation 1341.00	Kelley Bushings 1350.00
Interval Top 3239.0	Bottom 3346.0	Start Date/Time 1/16/2012 4:00 PM	
Anchor Len Below 107.0	Between 0	End Date/Time 1/16/2012 8:55 PM	
Total Depth 3346.0			
Blow Type Weak surface blow throughout initial flow period. No blow final flow period.			
Times: 30, 30, 10, 6.			

RECOVERY

Feet	Description	Gas	Oil	Water	Mud
5	Drilling mud	0% 0ft	0% 0ft	0% 0ft	100%5ft
DST Fluids	0				



	Date	Time	Pressure	Temp	
IH	1/16/2012 5:51:00 PM	1.85	1622.116	102.999	Initial Hydro-static
IF1	1/16/2012 5:57:10 PM	1.952778	55.748	103.451	Initial Flow (1)
IF2	1/16/2012 6:27:00 PM	2.45	22.403	105.048	Initial Flow (2)
IS	1/16/2012 6:56:30 PM	2.941667	31.626	106.033	Initial Shut-In
FF1	1/16/2012 6:56:50 PM	2.947222	26.344	106.04	Final Flow (1)
FF2	1/16/2012 7:06:40 PM	3.111111	21.044	106.327	Final Flow (2)
FS	1/16/2012 7:13:40 PM	3.227778	19.931	106.519	Final Shut-In
FH	1/16/2012 7:16:20 PM	3.272222	1587.743	106.798	Final Hydro-static

GAS FLOWS

Min Into IFP Min Into FFP Gas Flows Pressure Choke