



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1091204
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

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

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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

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

1091204

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
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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
<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
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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> _____
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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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Russell Oil, Inc.
Well Name	Soucie 1-5
Doc ID	1091204

All Electric Logs Run

COMPUTER PROCESSED INTERPRETATION
DUAL INDUCTION
DUAL COMPENSATED POROSITY
SONIC BOND LOG
MICRORESISTIVITY

Form	ACO1 - Well Completion
Operator	Russell Oil, Inc.
Well Name	Soucie 1-5
Doc ID	1091204

Tops

Name	Top	Datum
ANHYDRITE	2748	+511
BASE ANHYDRITE	2773	+486
HEEBNER	4136	-877
LANSING	4175	-916
STARK	4400	-1141
BKC	4476	-1217
MARMATON	4490	-1231
PAWNEE	4594	-1335
FORT SCOTT	4648	-1389
CHEROKEE	4678	-1419
JOHNSON	4722	-1463
MISSISSIPPIAN	4799	-1540



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Russell Oil Inc

5-11s-34w Logan, Ks

P.O. Box 8050
Edmond, Ok 73083

Soucie #1-5

Job Ticket: 46512

DST#: 1

ATTN: Kitt Noah

Test Start: 2012.05.10 @ 06:39:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

0 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

0 ppm

Viscosity: 58.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 9.18 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 6200.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
5.00	mud oil spots 100%m	0.025

Total Length: 5.00 ft Total Volume: 0.025 bbl

Num Fluid Samples: 0

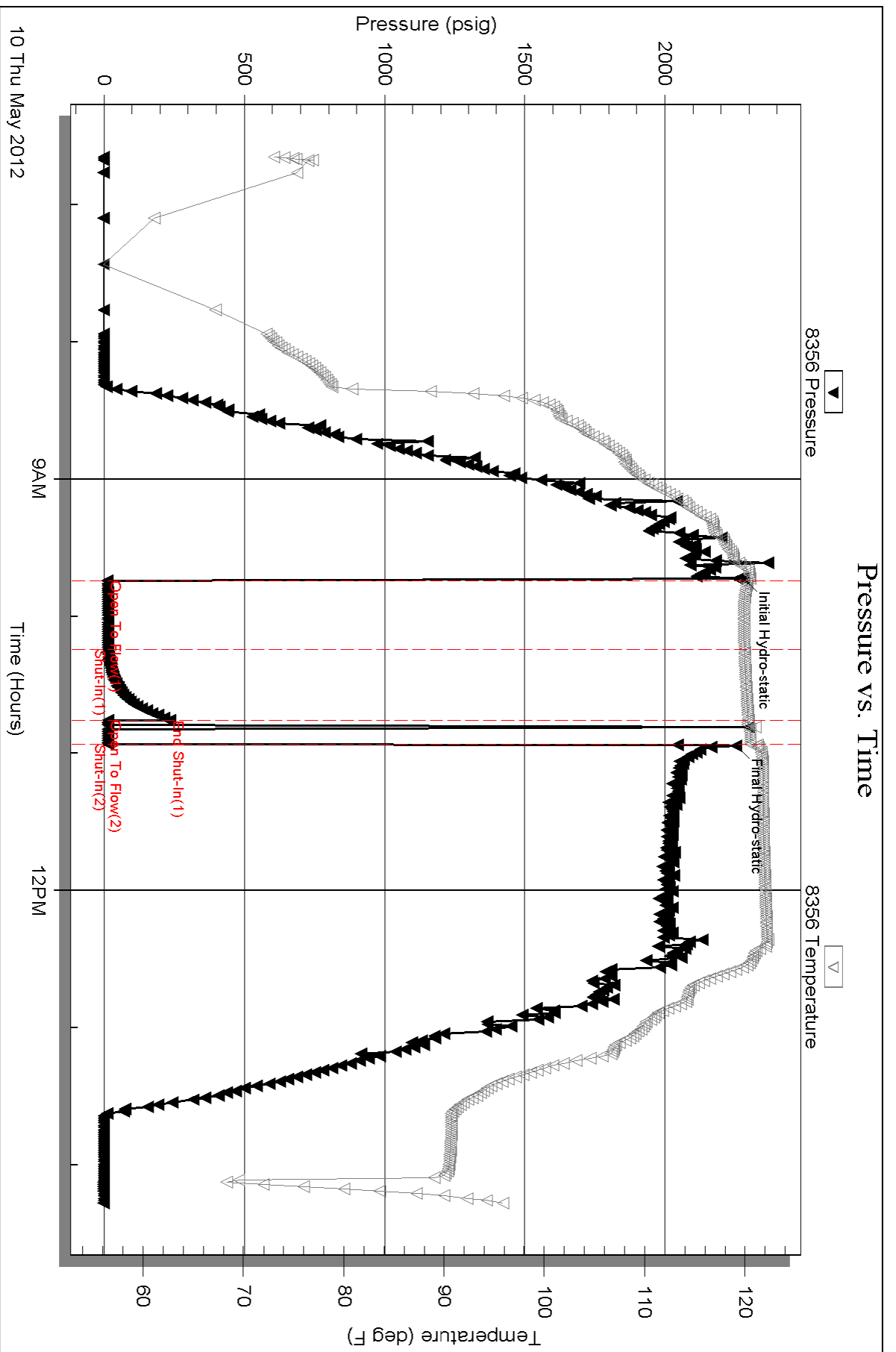
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:





**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Russell Oil Inc

5-11s-34w Logan, Ks

P.O. Box 8050
Edmond, Ok 73083

Soucie 1-5

Job Ticket: 46513

DST#: 2

ATTN: Kitt Noah

Test Start: 2012.05.11 @ 16:19:05

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

0 deg API

Mud Weight: 10.00 lb/gal

Cushion Length:

ft

Water Salinity:

0 ppm

Viscosity: 65.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 11.98 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 7000.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
10.00	mud oil spots 100%m	0.049

Total Length: 10.00 ft Total Volume: 0.049 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

Serial #: 8373

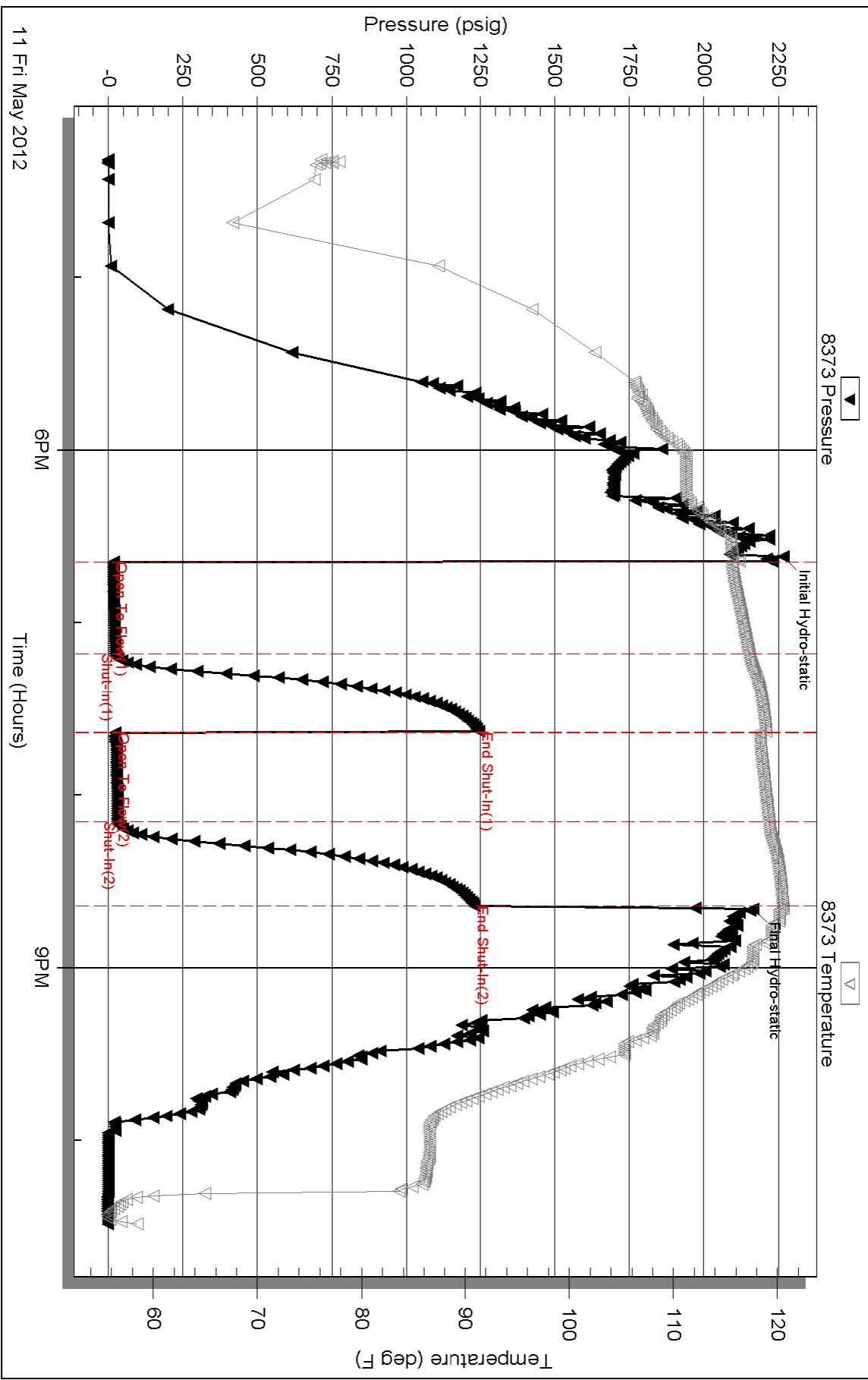
Inside

Russell Oil Inc

Source 1-5

DST Test Number: 2

Pressure vs. Time



Triobite Testing, Inc

Ref. No: 46513

Printed: 2012.05.11 @ 10:56:39



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Russell Oil Inc

5-11s-34w Logan, Ks

P.O. Box 8050
Edmond, Ok 73083

Soucie 1-5

Job Ticket: 46514

DST#: 3

ATTN: Kitt Noah

Test Start: 2012.05.12 @ 20:48:20

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

0 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

0 ppm

Viscosity: 57.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 9.18 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 6700.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
5.00	mud 100%m	0.025

Total Length: 5.00 ft Total Volume: 0.025 bbl

Num Fluid Samples: 0

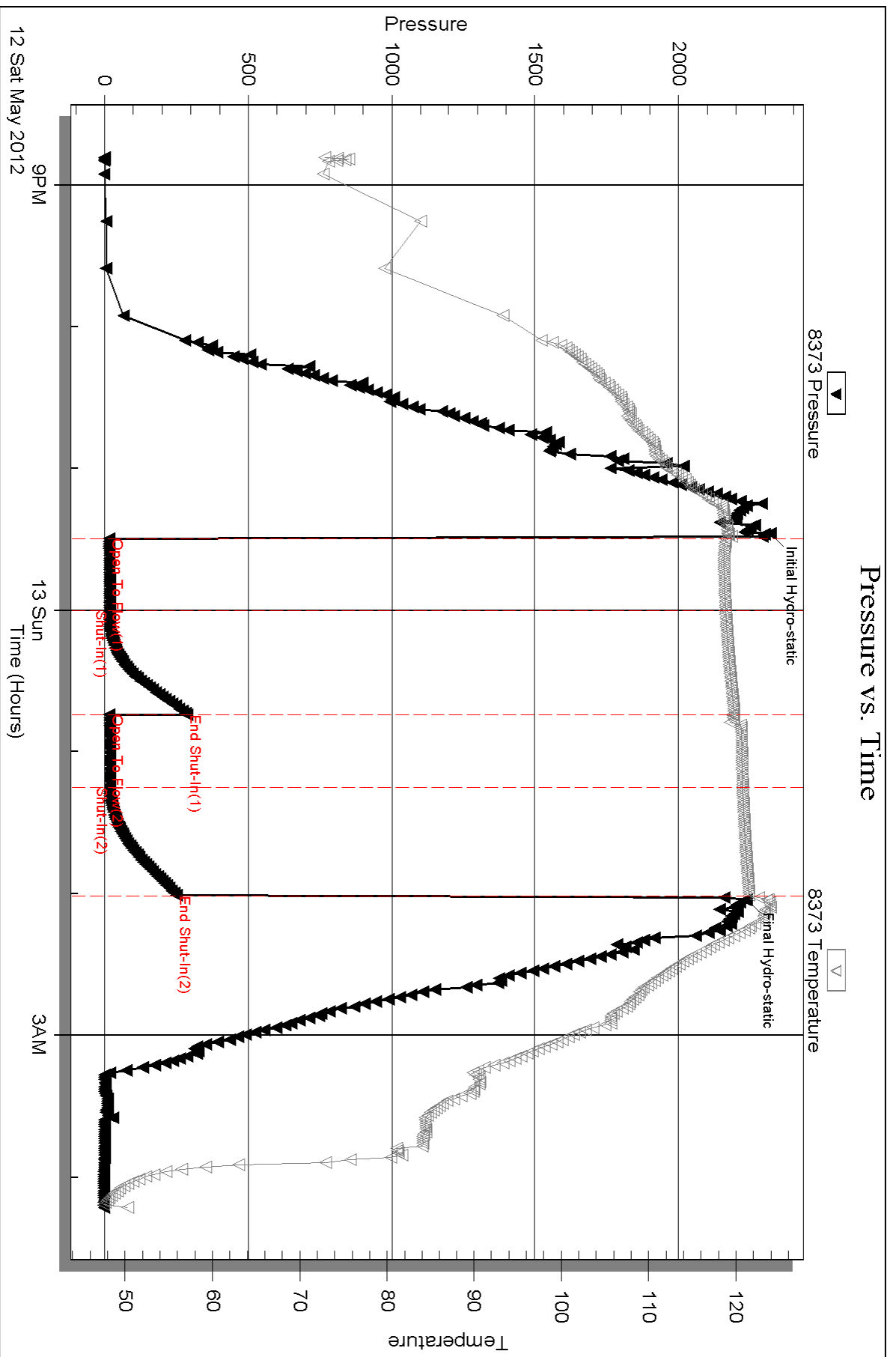
Num Gas Bombs: 0

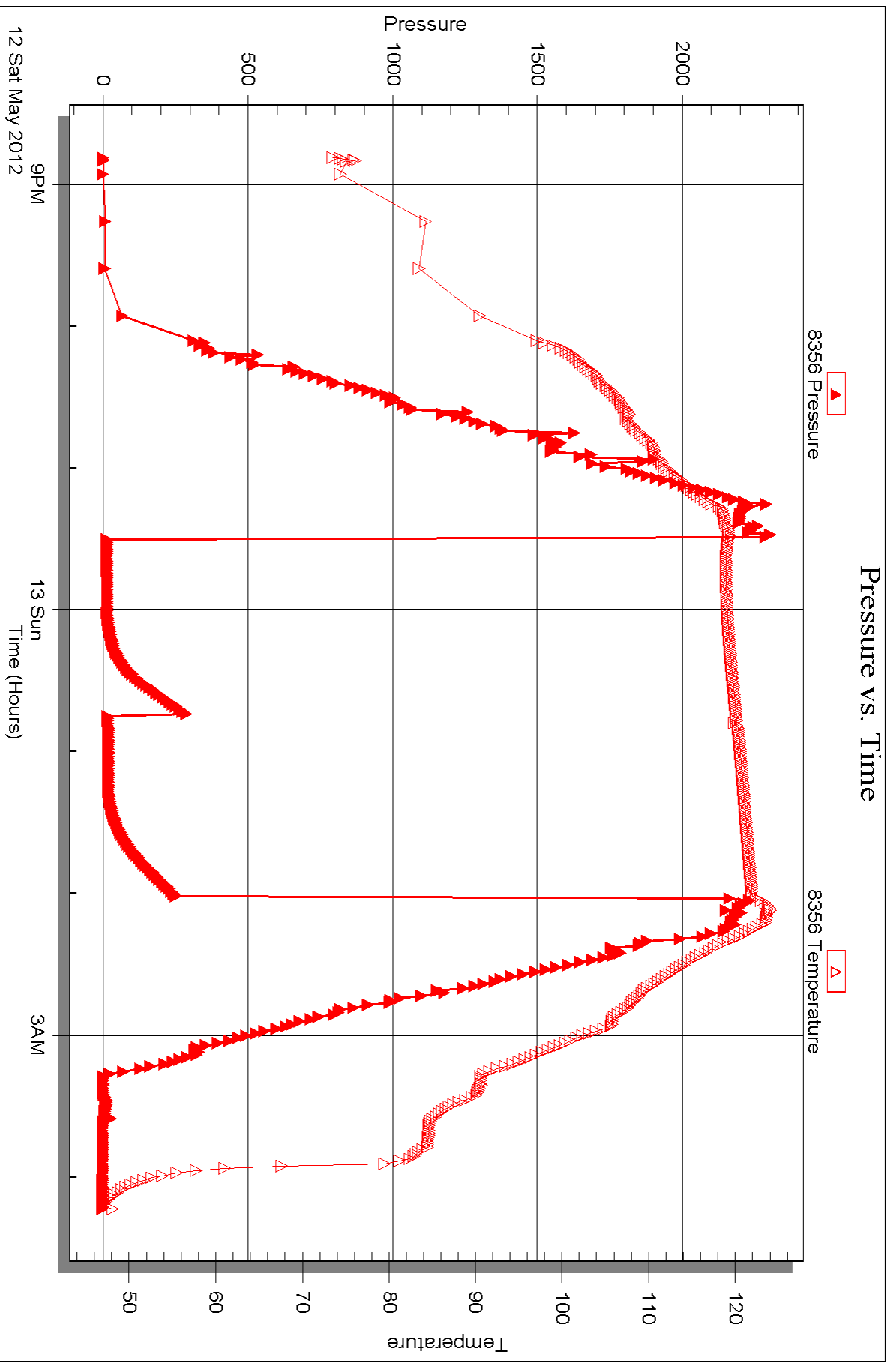
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:





GEOLOGIST'S REPORT
 DRILLING TIME AND SAMPLE LOG

OPERATOR: Russell Oil, Inc. WELL NO.: #1-5
 LEASE: Soucie FIELD: Danime
 API: #15-109-21086 LOCATION: 465'FN & 1700'FE
 SEC: 5 TWP: 1S RNG: 34W
 COUNTY: Logan STATE: Kansas
 CONTRACTOR: HZ Drilling Rig #2
 COMM: 5-3-2012 COILED: 4814-202
 R/O: 4830 LOG TO: 4848 TD:
 SAMPLES SAVED FROM: 3800 TO: 4848
 DRILLING TIME SAVED FROM: 3800 TO: TD
 SAMPLES EXAMINED FROM: 3800 TO: TD
 GEOLOGICAL SUPERVISION FROM: 3800 TO: TD
 MUD UP: 3500 MUD TYPE: Chemical

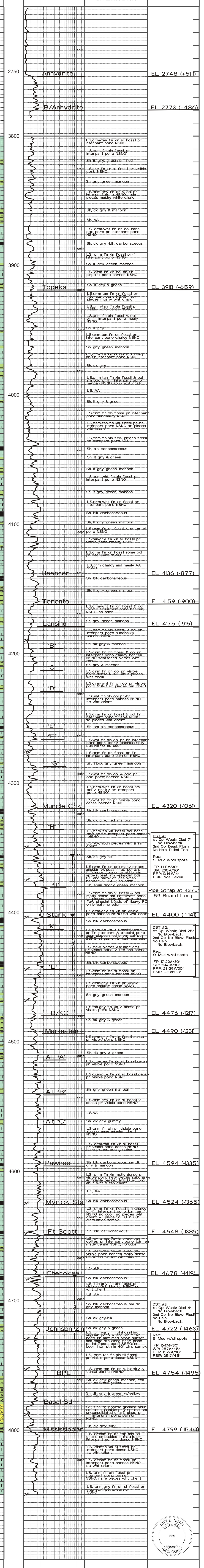
DE: 2886
 MEASUREMENTS ARE ALL FROM: KB
 CASING RECORD
 SURFACES
 DUAL INDUCTION
 DUAL COMP. POROSITY
 MICROLOG

FORMATION: Top Datum Top Sample Bottom Stratigraphical
 Anhydrite 2748 (+51.0) 2754 (+50.5) 1-1.4
 B/Anhydrite 2773 (+48.6) 2780 (+47.9) 6-6
 Heabner 486 (-87.7) 4140 (-88.0) -6-6
 Lansing 475 (-96) 4179 (-92.0) -5-4
 Stark 4400 (-141) 4404 (-145) -2-6
 B/KC 4476 (-127) 4480 (-122) -6-6
 Marmaton 4490 (-123) 4492 (-123.5) -2-5
 Pawnee 4524 (-136.5) 4526 (-137) -2-6
 Cherokee 4678 (-149) 4684 (-148.5) -2-3
 Johnson Zn 4722 (-166.3) 4724 (-166.5) -2-3
 BPL 4754 (-149.5) 4802 (-154.3) -5-4
 Basal Sd 4799 (-154.0) 4850 (-159) -5-4
 Mississippian 4848 (-159.9)

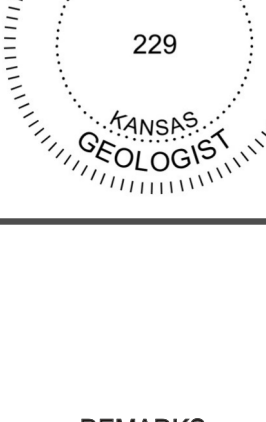
REFERENCE WELLS FOR STRUCTURAL COMPARISON:
 A. Russell, James Dr #4.5, KOOPFS & BOOFE, 5-S, 34W, Logan Co., KS
 B. No. 1 Star, Ebird #453, 1-6581FN & 2342FW, 33-DS-34W, Thomas Co., KS

LEGEND

	Limestone
	Ool Lime
	Dolomite
	Sandstone
	Shale
	Carb Shale
	Chert
	Anhydrite



ELEVATION: 3259 KB
 OPERATOR: Russell Oil, Inc. LOCATION: 465'FN & 1700'FE
 LEASE: Soucie WELL NO.: #1-5 SEC: 5 TWP: 1S RNG: 34W
 API: 15-109-21086 FIELD: Wildcat COUNTY: Logan STATE: Kansas





CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 34505
LOCATION Oakley Ks
FOREMAN Walt Dunkel

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-4-12	7043	Soucie 1-5	5	11 ^s	34 ^J	Logan
CUSTOMER Russell Oil Inc			Monument			
MAILING ADDRESS			West			
CITY			Highway 25			
STATE			Northwell			
ZIP CODE			3w			
			S.S			
TRUCK #	DRIVER	TRUCK #	DRIVER			
399	Damon Miller					
460	Thomas Burns					
	Cody Rostz					

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 270' CASING SIZE & WEIGHT 8 5/8 -
 CASING DEPTH 270' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15.2 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 15'-20'
 DISPLACEMENT 16 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting, rig up on H2 #2, circ casing on bottom
mix 210 sks cem, 3%cc-2%cel, Displace 16 BBL H2O, shut in
Cement Did Circ
Approx 5 BBL to BIT

Thank You
Walt Dunkel

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1,085 ⁰⁰	1,085 ⁰⁰
5406	15	MILEAGE	5 ⁰⁰	75 ⁰⁰
11045	210 SKS	Class A Cement	17 ⁶⁵	3,706 ⁵⁰
1102	591 #	Calcium Chloride	1 ⁸⁹	525 ⁹⁹
1118B	394 #	Bentonite Cel	1 ²⁵	98 ⁵⁰
5407	9.87	Tan Mileage Delivery	1 ⁶⁷	410 ⁰⁰
				5,900 ⁹⁹
		Less 10% Disc		- 590 ¹⁰
				5,310 ⁸⁹
			SALES TAX	304.04
			ESTIMATED TOTAL	5614.93

Completed

Ravin 3737

AUTHORIZATION Steven Craig TITLE H2 Toolpusher 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

TICKET NUMBER 34484

LOCATION Oak Hills, KS

FOREMAN Fuzz

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
5-14-12	7043	Soucie 1-S	S	11	34	Logan
CUSTOMER Russell Oil Co.			40+25			
MAILING ADDRESS			n-city			
CITY			line			
STATE			3 1/2 W			
ZIP CODE			S			
TRUCK #	DRIVER	TRUCK #	DRIVER			
463	Tom D					
439	Josh G					

JOB TYPE PTB HOLE SIZE 7 7/8 HOLE DEPTH 4580 CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE 4 1/2 TUBING _____ OTHER _____
 SLURRY WEIGHT 14.1 SLURRY VOL 1.40 WATER gal/sk 6.7 CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on H₂*2 Rig up and plug as ordered
255 sks @ 2765'
100 sks @ 1650' 220 sks 60140 4.9 gal 114# flostal
40 sks @ 320'
10 sks @ 40' w/ plug
15 sks MH
30 sks RH

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	1325 ⁰⁰	1325 ⁰⁰
5406	15	MILEAGE	5 ⁰⁰	75 ⁰⁰
5407	9.5 ton	Ton mileage delivery (min)	410 ⁰⁰	410 ⁰⁰
1131	220 sks	60140 pos	15 ¹⁰	3322 ⁰⁰
1118B	750*	Bentonite	.25	189 ²⁵
1107	55*	flostal	2 ⁸³	155 ¹⁰
4432	1	85/8 wood cup plug	96 ⁰⁰	96 ⁰⁰
		subtotal		5572 ³⁵
		less 10% disc		5572 ²⁴
		subtotal		5015. ¹¹
		SALES TAX		264.12
		ESTIMATED TOTAL		5279.23

Completed

Ravin 3737

AUTHORIZATION [Signature] TITLE Driller 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
Thomas E. Wright, Commissioner

Sam Brownback, Governor

August 20, 2012

LEROY HOLT
Russell Oil, Inc.
PO BOX 8050
EDMOND, OK 73083

Re: ACO1
API 15-109-21086-00-00
Soucie 1-5
NE/4 Sec.05-11S-34W
Logan 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,
LEROY HOLT