



KANSAS CORPORATION COMMISSION 1094947
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 Date Reached TD Completion Date or
Recompletion Date 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: _____



1094947

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Double Eagle Exploration, Inc.
Well Name	VINE 1
Doc ID	1094947

Tops

Name	Top	Datum
Anhydrite	1360	+659
Topeka	2997	-978
Heebner	3220	-1201
Toronto	3236	-1217
Lansing	3261	-1242
B/KC	3495	-1476
Arbuckle	3590	-1571
RTD	3614	-1595

SEPTEMBER 19, 2012

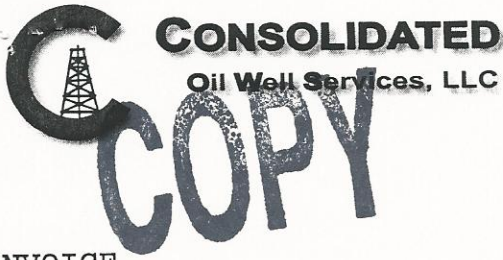
DOUBLE EAGLE EXPLORATION
221 S BROADWAY SUITE 310
WICHITA, KANSAS

#1 VINE
NE NWNE, 4950' FSL, 1650' FEL
Sec 11 Twp 11S Rgc 19W
ELLIS Co., KANSAS

The #1 Vine encountered the Lansing-Kansas City
and the Arbuckle formations 18' structurally
low to: Okmar #1 GASAWAY, NE NE NW, 11-11S-19W,
with no shows of oil & gas in any producing
formations.

IT was recommended to plug & abandon
the #1 VINE.

Eldon J. Schierling



REMIT TO
 Consolidated Oil Well Services, LLC
 Dept. 970
 P.O. Box 4346
 Houston, TX 77210-4346

MAIN OFFICE
 P.O. Box 884
 Chanute, KS 66720
 620/431-9210 • 1-800/467-8676
 Fax 620/431-0012

INVOICE

Invoice # 252916

Invoice Date: 09/18/2012 Terms: 10/10/30,n/30

Page 1

DOUBLE EAGLE EXPLORATION INC
 221 S. BROADWAY, #310
 WICHITA KS 67202
 (316)264-0422

VINE #1
 37150
 11-11-19
 09-14-2012
 KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	170.00	17.6500	3000.50
1102	CALCIUM CHLORIDE (50#)	479.00	.8900	426.31
1118B	PREMIUM GEL / BENTONITE	319.00	.2500	79.75

Sublet Performed	Description	Total
9996-130	CEMENT MATERIAL DISCOUNT	-350.66
9995-130	CEMENT EQUIPMENT DISCOUNT	-191.08

Description	Hours	Unit Price	Total
460 TON MILEAGE DELIVERY	1.00	600.75	600.75
T-118 CEMENT PUMP (SURFACE)	1.00	1085.00	1085.00
T-118 EQUIPMENT MILEAGE (ONE WAY)	45.00	5.00	225.00

Amount Due 5638.22 if paid after 10/18/2012

Parts:	3506.56	Freight:	.00	Tax:	198.82	AR	5074.39
Labor:	.00	Misc:	.00	Total:	5074.39		
Sublt:	-541.74	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK
 918/338-0808

EL DORADO, KS
 316/322-7022

EUREKA, KS
 620/583-7664

PONCA CITY, OK
 580/762-2303

OAKLEY, KS
 785/672-2227

OTTAWA, KS
 785/242-4044

THAYER, KS
 620/839-5269

GILLETTE, WY
 307/686-4914



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 37150

LOCATION Oakton MS

FOREMAN Mike Star

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
9-14-10	3088	Vino #1	11	115	19W	Ellis
CUSTOMER <u>Double Eagle Exploration</u>			AS			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			<u>59-718</u>	<u>Jerry Y</u>		
STATE			<u>400</u>	<u>M.60 M</u>		
ZIP CODE						

JOB TYPE Subs HOLE SIZE 12 1/2 HOLE DEPTH 276' 270 CASING SIZE & WEIGHT 5 7/8 23 1/2
 CASING DEPTH 205' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14 lb SLURRY VOL 136 WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 15 1/2 bbl/s DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meetings and rig area Integrity #7 Circulate casing
mix 170 SWS Common Cement with 38 Gallon 28 gel Displaced 15 1/2 bbls water
Shut in cement did Circulate 66 bbls to bit

Thank Mike & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1085. ⁰⁰	1085. ⁰⁰
5400	45	MILEAGE	5. ⁰⁰	225. ⁰⁰
5407 A	7.99 tons	Ton mileage delivery	1.67	600.75
11045	170 SWS	Common Class A	17.65	3000.50
1102	479 #	Calcium Chloride	.89	426.31
1118B	319 #	Bentonite gel	.25	79.75
			Subtotal	5417.31
			Less 108 bbls crew	541.74
			Subtotal	4875.57
			SALES TAX	198.82
			ESTIMATED TOTAL	5074.39

Completed

Authorization [Signature]

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.

252916



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 253024

Invoice Date: 09/21/2012 Terms: 10/10/30,n/30 Page 1

DOUBLE EAGLE EXPLORATION INC
221 S. BROADWAY, #310
WICHITA KS 67202
(316) 264-0422

VINE #1
37204
11-11-19
09-19-2012
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	230.00	15.1000	3473.00
1118B	PREMIUM GEL / BENTONITE	792.00	.2500	198.00
1107	FLO-SEAL (25#)	58.00	2.8200	163.56

Sublet Performed	Description	Total
9996-130	CEMENT MATERIAL DISCOUNT	-383.46
9995-130	CEMENT EQUIPMENT DISCOUNT	-266.34

Description	Hours	Unit Price	Total
405 SINGLE PUMP	1.00	1695.00	1695.00
405 EQUIPMENT MILEAGE (ONE WAY)	45.00	5.00	225.00
460 TON MILEAGE DELIVERY	1.00	743.40	743.40

Amount Due 6739.53 if paid after 10/21/2012

Parts:	3834.56	Freight:	.00	Tax:	217.41	AR	6065.57
Labor:	.00	Misc:	.00	Total:	6065.57		
Sublt:	-649.80	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 37204

LOCATION Oakley, KS

FOREMAN Walt Diakel

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-19-12	3088	vine #1	11	115	19W	ELLIS
CUSTOMER	MAILING ADDRESS		CITY	STATE	ZIP CODE	
Double Eagle Exploration	Hays North to S. Vine River Rd 4 1/2 W 1 N-W-15					
TRUCK #	DRIVER	TRUCK #	DRIVER			
405	Bobby	Stewart				
460	Mike	Martha				

JOB TYPE PTA HOLE SIZE 7 9/8 HOLE DEPTH 3614 CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting, rig up on Integrity Pals
Plug as ordered
25 SKS @ 3570'
25 SKS @ 1375'
100 SKS @ 659' 230 SKS 6 9/40 per, 4 9/16 gel 1/4" Flex Seal
40 SKS @ 300'
10 SKS @ 40'
30 SKS in R.H.

Thank You
Walt + crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE	1,695.00	1,695.00
5406	45	MILEAGE	5.00	225.00
1131	230 SKS	6 9/40 per	15.10	3,473.00
1118B	792 #	Gel	.25	198.00
1107	58 #	Flex Seal	2.82	163.56
5407A	9.89	Ton Mileage Delivery	167	743.40
				6,447.96
Less 10% Disc				649.80
				5,798.16
SALES TAX				217.41
ESTIMATED TOTAL				6,015.57

Completed

Ravin 3737

AUTHORIZATION [Signature]

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.

253024