



KANSAS CORPORATION COMMISSION 1095258
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: _____



1095258

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				

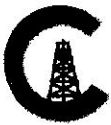
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 34363

LOCATION 180

FOREMAN Larry Storm

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

FIELD TICKET & TREATMENT REPORT

CEMENT APT 15-151-22389-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-28-12	4897	NOENER #1	1	27	14W	Pratt
CUSTOMER <u>Lachenmayer Oil LLC</u>						
MAILING ADDRESS <u>P.O. Box 536</u>						
CITY <u>Newton</u>		STATE <u>Ks</u>	ZIP CODE <u>67114</u>			
		TRUCK #	DRIVER	TRUCK #	DRIVER	
		<u>603</u>	<u>Jeff</u>			
		<u>491</u>	<u>JOE</u>			
		<u>539</u>	<u>LARRY</u>			

JOB TYPE Surfaces HOLE SIZE 12 1/4 HOLE DEPTH 405 CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 403 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.6 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 30 ft
 DISPLACEMENT 24.13 DISPLACEMENT PSI 300 MIX PSI 0 RATE 6.0 bbl/s

REMARKS: Broke Circulation - Moved 325 sks 60/40 + 3% excl 2 + 2% 200 +
1/2 lb Poly - Displaced Plug with 244 bbls water Shut Pw. Circulation
Cement 4 1/2 Surfaces

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
<u>54013</u>	<u>1</u>	PUMP CHARGE	<u>1085.00</u>	<u>1085.00</u>
<u>54016</u>	<u>37</u>	MILEAGE	<u>5.00</u>	<u>185.00</u>
<u>1131</u>	<u>325</u>	<u>60/40 Pbz - MISC</u>	<u>15.10</u>	<u>4907.50</u>
<u>1102</u>	<u>720</u>	<u>lbs excl 2</u>	<u>.89</u>	<u>640.80</u>
<u>1118B</u>	<u>700</u>	<u>lbs Gel</u>	<u>.25</u>	<u>175.00</u>
<u>1107</u>	<u>150</u>	<u>lbs Poly - MAKE</u>	<u>2.82</u>	<u>423.00</u>
<u>5407A</u>	<u>37</u>	<u>Bulk Delivery X15 X</u>	<u>1.67</u>	<u>926.85</u>
<u>4411</u>	<u>1</u>	<u>8 5/8 TR Plug</u>	<u>135.00</u>	<u>135.00</u>
<u>Subtotal</u>				<u>8478.15</u>
				SALES TAX <u>458.55</u>
				ESTIMATED TOTAL <u>8936.10</u>

Revin 3737

249480

AUTHORIZATION Larry Storm TITLE Tech. Partner DATE 4-28-12

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



ENTERED

TICKET NUMBER 34368

LOCATION 180

FOREMAN Larry Storm

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

FIELD TICKET & TREATMENT REPORT

CEMENT API-15-151-22389-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-5-12	4897	HOENER L-1	1	27	14W	Part

TRUCK #	DRIVER	TRUCK #	DRIVER
539	LARRY		
603	JOE		
491	JOE		

CUSTOMER: Lachenmayer Oil
 MAILING ADDRESS: P.O. Box
 CITY: Newtown STATE: Ks ZIP CODE: 67114
 JOB TYPE: Prod B HOLE SIZE: 7 7/8 HOLE DEPTH: 4333 CASING SIZE & WEIGHT: 5 1/2 15.5/lb
 CASING DEPTH: 4330 DRILL PIPE: _____ TUBING: _____ OTHER: _____
 SLURRY WEIGHT: 15.0 SLURRY VOL: 43 WATER gal/sk: 6.85 CEMENT LEFT in CASING: 2.1 ft Smith
 DISPLACEMENT: 109.53 DISPLACEMENT PSI: 98 MIX PSI: 0 RATE: 8.2 bbl/s

REMARKS: Rigger up to 5 1/2 Cig - Broke Circulator - Comped Mud, 1 hr.
Pumped 2 bbls fresh water 300 gal mud flush - 2 bbls fresh water
Pumped 140 sks Thick-set + 6 lbs Kol-seal + 4 lb Poly - Fisher Pump
E lines displaced plug with 103.1 bbls water - Launch plug at
1350 lbs - Released float hauled

Plugged Rathole 25 sks - Plugged Mowerhole - 15 sks
Cent 1.3579 H 1.3 15 67 19
Baskets 10 - 21

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1325.00	1325.00
5406	37	MILEAGE	5.00	185.00
5402	1830	Footage	.22	402.60
1126A	180	sks Thick-set	23.03	4149.00
1110A	1100	lbs Kol-seal	.56	616.00
1107	50	lbs Poly	2.82	141.00
1144G	300	gal Mud Flush	1.26	378.00
5407A	37	Bulk Delivery @ 9.45 tow x	1.67	583.90
4159	1	5 1/2 API Float, 1/2 hr	413.00	413.00
4454	1	5 1/2 Latch down	303.00	303.00
4130	10	5 1/2 Cement Baskets	58.00	580.00
7104	2	5 1/2 Cement Baskets	276.00	552.00
		Subtotal		9580.50
		SALES TAX		639.04
		ESTIMATED TOTAL		10419.54

Form 3737

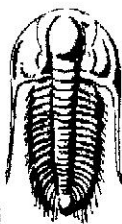
AUTHORIZATION: [Signature]

TITLE: 049639

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

DST #1



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Lachenmayer Oil LLC

1/27s/14w Pratt KS

P.O. Box 526
Newton KS 67114

Hoener "L-1"

Job Ticket: 47026 DST#: 1

ATTN: Larry Friend

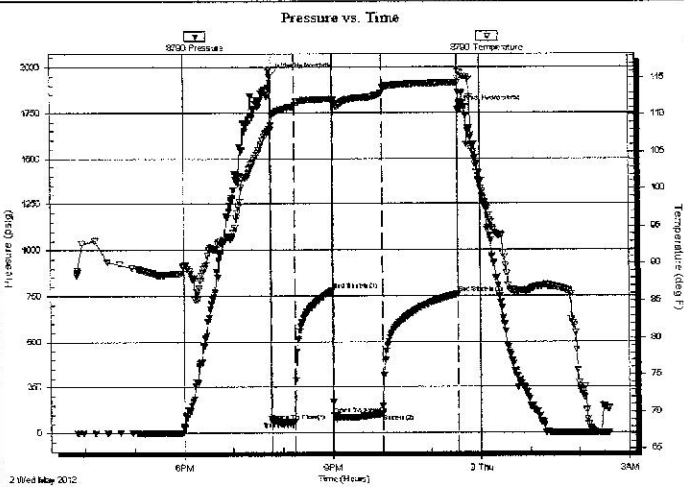
Test Start: 2012.05.02 @ 15:50:42

GENERAL INFORMATION:

Formation: **LKC "B"**
 Deviated: No Whipstock ft (KB)
 Time Tool Opened: 19:46:12
 Time Test Ended: 02:36:12
 Interval: **3867.00 ft (KB) To 3903.00 ft (KB) (TVD)**
 Total Depth: **3903.00 ft (KB) (TVD)**
 Hole Diameter: **7.88 inches** Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Kevin Taylor
 Unit No: Rickets 08
 Reference Elevations: 1989.00 ft (KB)
 1980.00 ft (CF)
 KB to GR/CF: 9.00 ft

Serial #: 8790 **Outside**
 Press@RunDepth: 103.40 psig @ 3868.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2012.05.02 End Date: 2012.05.03 Last Calib.: 2012.05.03
 Start Time: 15:50:47 End Time: 02:36:12 Time On Btm: 2012.05.02 @ 19:44:42
 Time Off Btm: 2012.05.02 @ 23:33:12

TEST COMMENT: I.F. Strong Blow B.O.Bo 10 Sec GTS 13 Min Gas Did Burn
 I.S.I. Bleed Off 5 Min No Blow
 F.F. B.O.B 3 Sec
 F.S.I. Bleed Off 5 Min B.O.B. Imedlity Died Back To 9" In 90 Min



PRESSURE SUMMARY

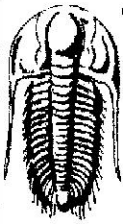
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1949.27	108.12	Initial Hydro-static
2	62.52	108.64	Open To Flow (1)
30	61.16	111.14	Shut-In(1)
76	781.32	112.18	End Shut-In(1)
77	97.08	112.11	Open To Flow (2)
136	103.40	112.94	Shut-In(2)
228	760.57	114.36	End Shut-In(2)
229	1770.87	114.98	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
55.00	Wtr Mud Cut Gsy Oil 25%G 34%O 31%W 0.40M	
120.00	Oil Gas Cut Mud 24%G 10%O 6%W 60% 0.88	
140.00	Sightly Oil Gas Cut Mud 6%G 4%O 1%W 1.79M	

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Lachenmayer Oil LLC
 P.O. Box 526
 Newton KS 67114
 ATTN: Larry Friend

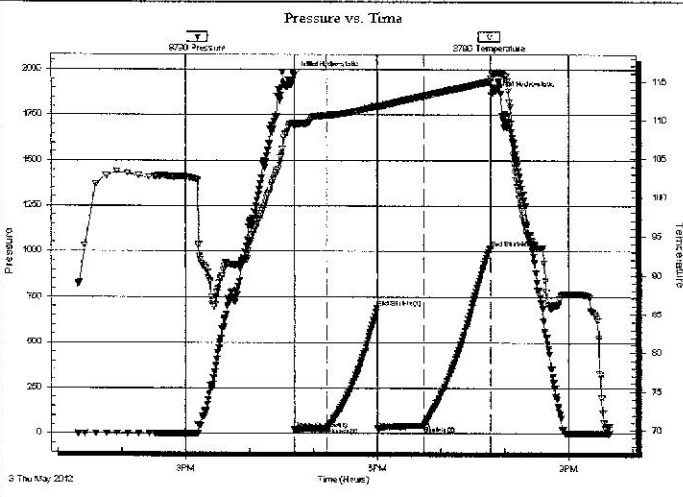
1/27s/14w Pratt KS
Hoener "L-1"
 Job Ticket: 47027 DST#: 2
 Test Start: 2012.05.03 @ 13:18:34

GENERAL INFORMATION:

Formation: **LKC "H"**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 16:42:34
 Time Test Ended: 21:38:34
 Interval: **4003.00 ft (KB) To 4024.00 ft (KB) (TVD)**
 Total Depth: 4024.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Reset)
 Tester: Kevin Taylor
 Unit No: 64
 Reference Elevations: 1989.00 ft (KB)
 1980.00 ft (CF)
 KB to GR/CF: 9.00 ft

Serial #: 8790 Outside
 Press@RunDepth: 43.26 psig @ 4004.00 ft (KB)
 Start Date: 2012.05.03 End Date: 2012.05.03
 Start Time: 13:18:39 End Time: 21:38:33
 Capacity: 8000.00 psig
 Last Calib.: 2012.05.03
 Time On Btm: 2012.05.03 @ 16:42:04
 Time Off Btm: 2012.05.03 @ 19:47:04

TEST COMMENT: I.F. Strong Blow B.O.B. 15 Min
 I.S.I. No Blow
 F.F. Strong Blow B.O.B. 20 Sec
 F.S.I. No Blow



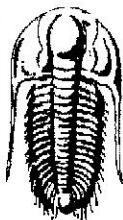
PRESSURE SUMMARY			
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1969.41	109.61	Initial Hydro-static
1	20.43	109.25	Open To Flow (1)
30	30.07	110.60	Shut-In(1)
77	692.05	111.83	End Shut-In(1)
78	24.09	111.59	Open To Flow (2)
122	43.26	113.12	Shut-In(2)
185	1017.46	114.95	End Shut-In(2)
185	1861.12	115.44	Final Hydro-static

Recovery		
Length (ft)	Description	Volume (bbl)
60.00	Oil WTR Gas Cut Mud 10%G 17%O 10%V 0.44%M	
5.00	Oil Spotted Mud 100%M	0.04

Gas Rates			
	Choke (inches)	Pressure (psig)	Gas Rate (Mc/d)

* Recovery from multiple tests

DST #3



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Lachenmayer Oil LLC

1/27s/14w Pratt KS

P.O. Box 526
Newton KS 67114

Hoener "L-1"

Job Ticket: 47028

DST#: 3

ATTN: Larry Friend

Test Start: 2012.05.04 @ 09:18:01

GENERAL INFORMATION:

Formation: **KC**

Deviated: **No Whipstock:** ft (KB)

Time Tool Opened: 11:06:01

Time Test Ended: 16:00:01

Test Type: **Conventional Bottom Hole (Reset)**

Tester: **Leal Cason**

Unit No: **Rickets 08**

Interval: **4083.00 ft (KB) To 4123.00 ft (KB) (TVD)**

Total Depth: **4123.00 ft (KB) (TVD)**

Hole Diameter: **7.88 inches** Hole Condition: **Good**

Reference Elevations: **1989.00 ft (KB)**

1980.00 ft (CF)

KB to GR/CF: **9.00 ft**

Serial #: 8790

Inside

Press@RunDepth: **57.37 psig @ 4084.00 ft (KB)**

Capacity: **8000.00 psig**

Start Date: **2012.05.04** End Date: **2012.05.04**

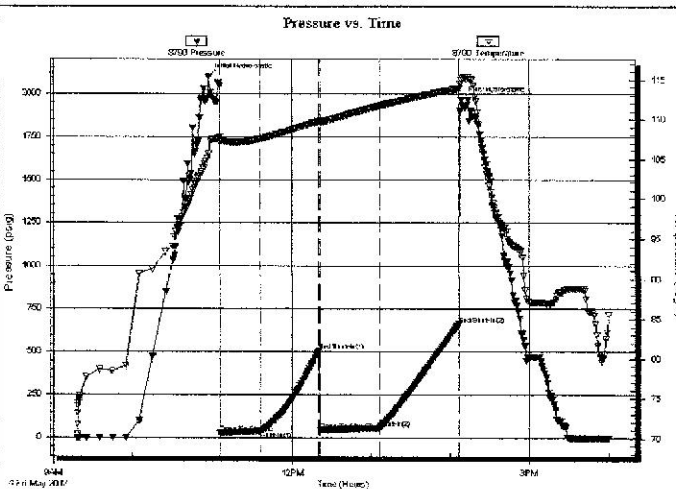
Last Calib.: **2012.05.04**

Start Time: **09:18:06** End Time: **16:00:00**

Time On Btm: **2012.05.04 @ 10:57:31**

Time Off Btm: **2012.05.04 @ 14:08:31**

TEST COMMENT: IF: Weak Blow , Built to 3 inches
IS: No Blow Back
FF: Fair Blow , BOB in 21 minutes
FSI: No Blow Back



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2098.48	105.65	Initial Hydro-static
9	26.31	107.18	Open To Flow (1)
39	38.93	107.55	Shut-In(1)
83	509.33	109.78	End Shut-In(1)
84	43.07	109.67	Open To Flow (2)
129	57.37	111.67	Shut-In(2)
189	662.74	113.85	End Shut-In(2)
191	1963.04	114.99	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
0.00	1100 GIP	0.00
65.00	SOCM 2%O 98%M	0.32

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)

* Recovery from multiple tests