



KANSAS CORPORATION COMMISSION 1096100
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: _____



1096100

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 Yes No
(Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No

Electric Log Submitted Electronically Yes No
(If no, Submit Copy)

List All E. Logs Run:

Log Formation (Top), Depth and Datum Sample
Name Top Datum

CASING RECORD New 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				

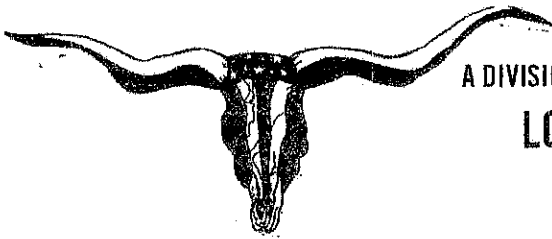
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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

DISPOSITION OF GAS:	METHOD OF COMPLETION:	PRODUCTION INTERVAL:
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<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"/> Commingled <i>(Submit ACO-4)</i> _____ _____



A DIVISION OF ADVANCED DRILLING TECHNOLOGIES, LLC.

LONGHORN CEMENTING CO.

P.O. BOX 203 YUMA, COLORADO 80759
Phone: 970-848-0799 Fax: 970-848-0798

FIELD SERVICE TICKET AND INVOICE

DATE 4-20-12 TICKET NO. 2264

Form with fields for DATE OF JOB, DISTRICT, NEW WELL, OLD WELL, PROD, INJ, WDW, CUSTOMER ORDER NO., CUSTOMER, LEASE, ADDRESS, COUNTY, STATE, CITY, SERVICE CREW, AUTHORIZED BY, EQUIPMENT, TYPE JOB, CEMENT DATA, SAND DATA, TRUCK CALLED, DATE, AM, PM, TIME, SIZE HOLE, DEPTH, SACKS, BRAND, TYPE, % GEL, ADMIXES, ARRIVED AT JOB, START OPERATION, FINISH OPERATION, RELEASED, MILES FROM STATION TO WELL, MAX DEPTH, MAX PRESSURE, P.S.I.

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only these terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without written consent or an officer of Advanced Drilling Technologies, LLC.

SIGNED: (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

Table with columns: ITEM / PRICE REF. NUMBER, MATERIAL, EQUIPMENT AND SERVICES USED, UNIT, QUANTITY, UNIT PRICE, \$ AMOUNT. Includes rows for Depth charge - Cement - Mileage, Calcium chloride pellets, Cement - 36 BBLs, Displacement 16.5 BBL.

ACID DATA table with columns: GALLONS, %, ADDITIVES. Rows for HCL.

Summary table with SUB TOTAL 5140.50, LESS discount -2500.00, LESS 30% -792.15, TOTAL 1848.35.

SERVICE THE ABOVE MATERIAL AND SERVICE



CONSOLIDATED
ON Well Services, LLC



ENTERED

TICKET NUMBER 36149 ✓

LOCATION 180

FOREMAN Larry Storm

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

FIELD TICKET & TREATMENT REPORT

CEMENT API 15-127-00 588-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-7-12	8544	Burhoop #1	26	16	SE	Marion
CUSTOMER Vertex Operating			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 3500 Oaklawn Dr Ste 720			603	Jeff		
CITY Dallas			491	Joe		
STATE TX			502	Steve		
ZIP CODE 75219			539	Larry		

JOB TYPE Prod B HOLE SIZE 7 7/8 HOLE DEPTH 2360 CASING SIZE & WEIGHT 5 1/2 15 1/2 16
 CASING DEPTH 2537 DRILL PIPE _____ TUBING _____ OTHER 2493
 SLURRY WEIGHT 15.0 SLURRY VOL 58 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 29.33 DISPLACEMENT PSI 1105 MIX PSI 0 RATE 8.8 bbls

REMARKS: Broke Circulation - Pumped 5 bbls water 12 bbls Mud Flush
5 bbls water - Moved 200 sks 60/40 102 - LPS + 5 lbs Kel-seal
1 lb Poly 2% CACL2 - Treated with 80 sks Thick-set + 5 lbs
Kel-seal - Flush Pump 8 Flats Displaced plug 3% Kcl water
landed plug at 1300 lbs - Total jobs - Rechecked float
left pressure 1000 -

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	52	MILEAGE	4.00	208.00
5407A	52	Bulk Gravel x 15.0 tons	1.34	1045.20
1126A	80	sks Thick-set	19.20	1536.00
1131	200	sks 60/40	10.55	2110.00
1102	320	lbs CACL2	.74	236.80
1110A	1100	lbs Kel-seal	.46	506.00
1118B	1600	lbs Gel	.21	336.00
1144G	500	gals Mud Flush	1.05	525.00
1107	50	lbs Poly Flats	2.35	117.50
3172	10	gals Kcl	33.50	335.00
4454	1	5/8 Watch down	234.00	234.00
4159	1	5/8 Float Valve	344.00	344.00
4130	8	5/8 Centralizers	48.00	384.00
4104	1	5/8 Cement Baskets	229.00	229.00
		Subtotal		9596.50
		SALES TAX		509.43
		ESTIMATED TOTAL		10105.93

Ravin 3737

[Signature]

249740
Foreman

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
9552.50