



KANSAS CORPORATION COMMISSION 1096211
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: _____



1096211

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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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FIELD SERVICE TICKET AND INVOICE

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

DATE **4-16-12** TICKET NO. **2272**

DATE OF JOB	DISTRICT	NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/>
CUSTOMER	LEASE	WELL
ADDRESS	COUNTY	STATE
CITY	SERVICE CREW	EQUIPMENT
AUTHORIZED BY		
TYPE JOB: NEW	CEMENT DATA: <input type="checkbox"/> SAND DATA: <input type="checkbox"/>	
SIZE HOLE: 12 1/4"	SACKS BRAND TYPE % GEL ADMIXES	TRUCK CALLED
SIZE & WT CASTING	ARRIVED AT JOB	DATE AM TIME
SIZE & WT D PIPE OR TUBING	START OPERATION	AM PM
TOP PLUGS	FINISH OPERATION	AM PM
WEIGHT OF SLURRY: 11,800 LBS. / GAL.	RELEASED	AM PM
VOLUME OF SLURRY: 1,320 FT ³		
SACKS CEMENT TREATED WITH 3 % OF Colt		
MAX DEPTH FT.		MILES FROM STATION TO WELL

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, 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.

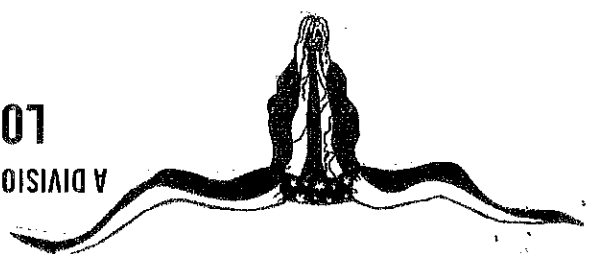
SIGNED: _____

(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM / PRICE REF. NUMBER	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
100-1	Depth Change - Cement - M. Leach	SD	10	85	850
	Calcium pellets	50#	29	98	2942
	Cement - 16.4 BBS 70SKS	70	17	50	850
SUB TOTAL					3692 98
TOTAL					3692 98

ACID DATA:	GALLONS	%	ADDITIVES
HCL			
HCL			

FIELD SERVICE ORDER NO. _____ SERVICE REPRESENTATIVE _____
 (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT) THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: _____



UNCONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 34327
LOCATION # 180 Eldorado
FOREMAN Jacob Storm

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																				
4-27-12	8544	Mills Trust #1	29	16	5E	Morris																				
CUSTOMER Ven tex Operating			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>603</td> <td>Jeff</td> <td></td> <td></td> </tr> <tr> <td>491</td> <td>Joe</td> <td></td> <td></td> </tr> <tr> <td>511</td> <td>Jacob</td> <td></td> <td></td> </tr> <tr> <td>502</td> <td>Steve</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	603	Jeff			491	Joe			511	Jacob			502	Steve		
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MAILING ADDRESS 3500 oak lawn DR Ste 720																										
CITY Dallas	STATE TX	ZIP CODE 75219																								
Safety meeting JB JS SD OR																										

JOB TYPE Longstring B HOLE SIZE 7 7/8 HOLE DEPTH 2660 CASING SIZE & WEIGHT 5 1/2
 CASING DEPTH 2635 DRILL PIPE _____ TUBING N/A OTHER _____
 SLURRY WEIGHT 14.516 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 62.71 DISPLACEMENT PSI 1230 MIX PSI 200 RATE 5.4 bpm

REMARKS: Safety meeting, pumped 2 bbl flash mixed 200sacs 60/40 8/ gel 2 1/2 1/4 lb poly 3/4 Kol seal, drilled with 100 sacs thick set 5/16 Kol seal, displaced with 6.79 bbl water landing plug at 1500 psi, checked float, float held

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
5407	2	min bulk delivery	350.00	700.00
5402	1135	footage	.22	249.70
1102	320	calcium chloride	.74	236.80
1107	50	poly-Flake	2.35	117.50
1110 A	1200	Kol-Seal	.46	552.00
1118 B	1600	gel	.21	336.00
1126 A	100	Thick Set	19.20	1920.00
1131	200	60/40	12.55	2510.00
4159	1	5 1/2 Float Shoe	344.00	344.00
4130	10	5 1/2 centralizer	48.00	480.00
4104	3	5 1/2 Basket	229.00	687.00
4454	1	5 1/2 Latch down plug	254.00	254.00
3172	10	KCl	33.50	335.00
			Subtotal	9960.00
			SALES TAX	5469.3
			ESTIMATED TOTAL	10509.3

Ravin 3737

AUTHORIZATION [Signature]

TITLE Foreman

DATE 4-27-12

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