



KANSAS CORPORATION COMMISSION 1111077
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: _____



1111077

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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Superior Building Supply, Inc.
215 West Rutledge
Yates Center, KS 66783

620-625-2447

SOLD TO:
D-ROC OIL CO
P.O. Box 223
Yates Center, KS 66783

785-313-2567

Invoice #	Page
61261	001
Invoice Date	
03-14-2012 09:01:31	



Please Remit To: Superior Building Supply, Inc., 215 West Rutledge, Yates Center, KS 66783

Terms	P.O.#	Order #	Type	Std.By	Cust.#	Sim.		
Net 10th		61261	House	MED	D25670	Store		
Quantity	UM	Item #	Description	Price	Extended Price			
40.000	EA	MA1235	MA Portland Cement 94#	11.60	464.00			
1.000	EA	X120	palot	25.00	25.00			
LET US E-MAIL YOUR INVOICES & STATEMENTS				Taxable:	489.00			
				Tax:	40.59			
				Non-Tax:	0.00			
Received by:				Total:	529.59			

Superior Building Supply, Inc.
215 West Rutledge
Yates Center, KS 66783

620-625-2447

SOLD TO:
D-ROC OIL CO
P.O. Box 223
Yates Center, KS 66783

785-313-2567

Invoice #	Page
61357	001
Invoice Date	
03-15-2012 14:51:22	



Please Remit To: Superior Building Supply, Inc., 215 West Rutledge, Yates Center, KS 66783

Terms	P.O.#	Order #	Type	Std.By	Cust.#	Sim.		
Net 10th	E STOCKB	61357	House	MED	D25670	Store		
Quantity	UM	Item #	Description	Price	Extended Price			
10.000	EA	MA1235	MA Portland Cement 94#	11.60	116.00			
LET US E-MAIL YOUR INVOICES & STATEMENTS				Taxable:	116.00			
				Tax:	9.63			
				Non-Tax:	0.00			
Received by:				Total:	125.63			

Operator License #: 5983	API #: 207-28012-00-00
Operator: Victor J. Leis	Lease: R & B Land LLC
Address: PO Box 223 Yates Center, KS 66783	Well #: 3
Phone: 913.285.0127	Spud Date: 01-04-12 Completed: 01-05-12
Contractor License: 32079	Location: SW-SE-NW-NW of 25-24-15E
T.D. : 1088 T.D. of Pipe: NA	1155 Feet From North
Surface Pipe Size: 7" Depth: 42'	825 Feet From East
Kind of Well: Dry Hole	County: Woodson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
28	Soil and Clay	0	28	7	Lime	993	1000
3	Lime	28	31	13	Shale	1000	1013
11	Shale	31	42	5	Lime	1013	1018
8	Lime	42	50	8	Shale	1018	1026
163	Shale	50	213	15	Sandy Shale	1026	1041
103	Lime	213	316	1	Lime	1041	1042
2	Shale	316	318	3	Shale	1042	1045
6	Lime	318	324	1	Lime	1045	1046
14	Shale	324	338	42	Shale	1046	1088
155	Lime	338	493				
29	Shale	493	522				
6	Lime	522	528				
29	Shale	528	557				
76	Lime	557	633				
7	Shale	633	640				
21	Lime	640	661				
6	Shale	661	667				
24	Lime	667	691				
156	Shale	691	847				
3	Lime	847	850				
23	Shale	850	873				
10	Lime	873	883				
2	Shale	883	885		T.D.		1088
2	Lime	885	887		T.D. of pipe		NA
57	Shale	887	944				
3	Lime	944	947				
3	Shale	947	950				
30	Broken Lime	950	980				
13	Shale	980	993				