



KANSAS CORPORATION COMMISSION 1113744
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: _____



1113744

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 |
|---|---|

| 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 |
| <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: <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: _____ _____ |
|---|---|--|

| | |
|-----------|--------------------------|
| Form | ACO1 - Well Completion |
| Operator | Howell Oil Company, Inc. |
| Well Name | Howell Pizinger SWDW |
| Doc ID | 1113744 |

All Electric Logs Run

| |
|----------------|
| |
| Micro |
| Porosity |
| Dual Induction |
| Cement Bond |

| | |
|-----------|--------------------------|
| Form | ACO1 - Well Completion |
| Operator | Howell Oil Company, Inc. |
| Well Name | Howell Pizinger SWDW |
| Doc ID | 1113744 |

Tops

| Name | Top | Datum |
|---------------|------|-------|
| Heebner Shale | 2354 | -878 |
| Lansing | 2540 | -1604 |
| Mississippi | 3270 | -1747 |
| Kinderhook | 3578 | -2102 |
| Hunton | 3656 | -2180 |
| Viola | 3778 | -2302 |
| Simpson | 3810 | -2334 |
| Arbuckle | 3876 | -2400 |



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 35426
LOCATION 180
FOREMAN LARRY STORM

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

FIELD TICKET & TREATMENT REPORT

CEMENT APT 15-079-20695-00-00

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|--|------------|-----------------------|-------------------------------|----------|-------|--------|
| 11-30-12 | | Howell-Pipepney SWDOW | 18 | 233 | 3W | HARLEY |
| CUSTOMER <u>Howell Oil Co Inc</u> | | | TRUCK # DRIVER TRUCK # DRIVER | | | |
| MAILING ADDRESS <u>2400 RIVER BREECH RD</u> | | | <u>603 Jeff S</u> | | | |
| CITY <u>Hutchinson</u> | | | <u>491 Jeremy A</u> | | | |
| STATE <u>KS</u> | | | <u>539 LARRY</u> | | | |
| ZIP CODE <u>67502</u> | | | | | | |

JOB TYPE SURFACE B HOLE SIZE 17" HOLE DEPTH 307 CASING SIZE & WEIGHT 1338 48lb
CASING DEPTH 307 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 46.15 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Spoke Concentration - Moved 260 sks A + 3% CACL2 + 2% Gel + 1/2 lb Poly - Displaced Cement with 42 bbls WATER -
Consolidated Cement to Surface!

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|------------------------------------|------------|---------|
| 5401 S | 1 | PUMP CHARGE | 825.00 | 825.00 |
| 5406 | 54 | MILEAGE | 4.00 | 216.00 |
| 1104S | 260 | sks A | 14.95 | 3887.00 |
| 1118B | 150 | lbs Gel | 1.21 | 157.50 |
| 1102 | 720 | lbs CACL2 | 1.74 | 532.80 |
| 1107 | 185 | lbs Poly-Flake | 2.35 | 293.75 |
| 5407A | 54 | Bulk Delivery X 12.9 X | 1.34 | 882.79 |
| Subtotal | | | | 6794.84 |

Ravin 3737
SALES TAX _____
ESTIMATED TOTAL _____
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.



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 35393

LOCATION # 180 Eldorado

FOREMAN Jacob storm

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

FIELD TICKET & TREATMENT REPORT

CEMENT

Ap 15-079-20695-00-00

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|------------|------------|---------------------|----------|----------|-------|--------|
| 12-9-12 | | Howell pizinger SWD | 18 | 23 S | 3 W | Harvey |
| CUSTOMER | | Mailing Address | | TRUCK # | | DRIVER |
| Howell oil | | 2400 River Birch Rd | | 603 | | Josh |
| CITY | | STATE | ZIP CODE | 681 | | mark |
| Hutchinson | | KS | 67502 | 702 | | Jacob |

Salty
meating
1 1/2
Jg
mg

JOB TYPE Longstring B HOLE SIZE 7 7/8 HOLE DEPTH 4500 CASING SIZE & WEIGHT 5 1/2 14 lb
CASING DEPTH 3903 DRILL PIPE N/A TUBING N/A OTHER _____
SLURRY WEIGHT 15 lb SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 13 ft shoe
DISPLACEMENT 94.91 DISPLACEMENT PSI 900 MIX PSI 300 RATE 6.38 bpm

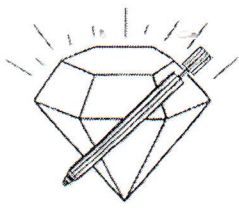
REMARKS: Salty meating, Run pipe to 3903 circulate for 45 min, open packer shoe pump 5 bbl water 500 gal Pull 100 (mud flush) 5 bbl water, mix 200 sks thickset 5% kol-seal, displaced plug with 94.91 bbl water - landing plug at 1500 psi checked float float held Job complete
plug Rat hole with 30 sks and mouse hole with 20 sks thickset.

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|------------------------------------|-----------------|----------|
| 5401 | 1 | PUMP CHARGE | 1030.00 | 1030.00 |
| 5406 | 50 | MILEAGE | 4.00 | 200.00 |
| 5407 | 1 | min bulks delivery | 350.00 | 350.00 |
| 5402 | 1403 | Footage | .22 | 308.66 |
| 1126A | 200 sks | Thick-set | 19.20 | 3840.00 |
| 1110A | 1000 lbs | Kol-Seal | .46 | 460.00 |
| 1144G | 500 gal | Dv 1100 (mud Flush) | 1.05 | 525.00 |
| 4104 | 2 | 5 1/2 Basket | 229.00 | 458.00 |
| 4130 | 6 | 5 1/2 centrizer | 48.00 | 288.00 |
| 4253 | 1 | 5 1/2 Type A packer shoe | 1584.00 | 1584.00 |
| 4454 | 1 | 5 1/2 hatch down plug | 254.00 | 254.00 |
| 5404 | 12 | personel stand by | 84.00 | 1008.00 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | Subtotal | 10305.66 |
| | | | | |
| | | | | |
| | | | SALES TAX | |
| | | | ESTIMATED TOTAL | |

Ravin 3737

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



DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (800) 542-7313

HowPizSWDWDST1

Company Howell Oil Company, Inc. Lease & Well No. Howell Pizinger SWDW
 Elevation 1476 KB Formation Hunton Effective Pay _____ Ft. Ticket No. S0249
 Date 12-7-12 Sec. 18 Twp. 23S Range 3W County Harvey State Kansas
 Test Approved By Curtis E. Covey Diamond Representative Jacob McCallie

Formation Test No. 1 Interval Tested from 3,656 ft. to 3,708 ft. Total Depth 3,944 ft.
 Packer Depth 3,651 ft. Size 6 3/4 in. Packer Depth 3,708 ft. Size 6 3/4 in.
 Packer Depth 3,656 ft. Size 6 3/4 in. Packer Depth 3,713 ft. Size 6 3/4 in.
 Depth of Selective Zone Set 3,708 ft.

Top Recorder Depth (Inside) 3,637 ft. Recorder Number 30035 Cap. 10,000 psi.
 Bottom Recorder Depth (Outside) 3,694 ft. Recorder Number 8471 Cap. 10,000 psi.
 Below Straddle Recorder Depth 3,941 ft. Recorder Number 3851 Cap. 5,700 psi.

Drilling Contractor Val Energy, Inc. Drill Collar Length _____ ft I.D. _____ in.
 Mud Type Chemical Viscosity 48 Weight Pipe Length _____ ft I.D. _____ in.
 Weight 9.4 Water Loss 8.0 cc. Drill Pipe Length 3,623 ft I.D. 3 1/2 in.
 Chlorides 1,600 P.P.M. Test Tool Length 33 ft Tool Size 3 1/2-IF in.
 Jars: Make Sterling Serial Number 3 Anchor Length 52' perf. w/ 236' tail pipe Size 4 1/2-FH in.
 Did Well Flow? No Reversed Out Yes Surface Choke Size 1 in. Bottom Choke Size 5/8 in.
 Main Hole Size 7 7/8 in. Tool Joint Size 4 1/2-XH in.

Blow: 1st Open: Off bottom of bucket blow immediately. No blow back during shut-in.
 2nd Open: Off bottom of bucket blow in 30 secs. No blow back during shut-in.

Recovered 383 ft. of mud w/ a trace of oil = 5.450090 bbls. (Grind out: 100%-mud)
 Recovered 378 ft. of watery mud w/ a trace of oil = 5.378940 bbls. (Grind out: 48%-water; 52%-mud)
 Recovered 2,205 ft. of slightly oil specked mud cut water (circ. to pit) = 31.377150 bbls. (Grind out: 1%-oil; 95%-water; 4%-emulsified mud)
 Recovered 2,966 ft. of TOTAL FLUID = 42.206180 bbls.

Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Remarks Tool Sample Grind Out: 1%-oil; 98%-water; 1%-mud (Chlorides: 34,000 Ppm PH: 7.0 RW: .31 @ 40°)

Time Set Packer(s) 4:44 A.M. Time Started off Bottom 6:59 P.M. Maximum Temperature 119°
 Initial Hydrostatic Pressure _____ (A) 1748 P.S.I.
 Initial Flow Period _____ Minutes 15 (B) 720 P.S.I. to (C) 1266 P.S.I.
 Initial Closed In Period _____ Minutes 30 (D) 1311 P.S.I.
 Final Flow Period _____ Minutes 30 (E) 1285 P.S.I. to (F) 1311 P.S.I.
 Final Closed In Period _____ Minutes 60 (G) 1311 P.S.I.
 Final Hydrostatic Pressure _____ (H) 1742 P.S.I.