



KANSAS CORPORATION COMMISSION 1119179
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: _____



1119179

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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Form	ACO1 - Well Completion
Operator	Krehbiel, Jay dba K & S Oil Co.
Well Name	UNRUH 7
Doc ID	1119179

All Electric Logs Run

Dual Induction
Dual Compensated Porosity
Microresistivity
Borehole Compensated Sonic

Form	ACO1 - Well Completion
Operator	Krehbiel, Jay dba K & S Oil Co.
Well Name	UNRUH 7
Doc ID	1119179

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	2908-10	Tested water set CI BP	2895-96
4	2878-80	Treated with 250 gal 15% HCA	2878-80
4	2880-85		
4	2864-72	Treated with 500 gal 15% HCA	2864-85
		Squeezed with 50 sacks cement	2855-85
4	2877-83	Treated with 350 gal NEFE acid	2877-83
	CI Bridge Plug set at 2895-96		

Signed _____

Date _____

BARTLESVILLE, OK 918/338-0808

EL DORADO, KS 316/322-7022

EUREKA, KS 620/583-7664

PONCA CITY, OK 580/762-2303

OAKLEY, KS 785/672-2227

OTTAWA, KS 785/242-4044

THAYER, KS 620/839-5269

GILLETTE, WY 307/686-4914

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Parts: 2247.60 Freight: .00 Tax: 164.08 AR 4068.22
Labor: .00 Misc: .00 Total: 4068.22
Sublt: .00 Supplies: .00 Change: .00
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Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	125.00	14.9500	1868.75
1102	CALCIUM CHLORIDE (50#)	350.00	.7400	259.00
1118B	PREMIUM GEL / BENTONITE	235.00	.2100	49.35
1107	FLO-SEAL (25#)	30.00	2.3500	70.50
485	CEMENT PUMP (SURFACE)	1.00	825.00	825.00
485	EQUIPMENT MILEAGE (ONE WAY)	70.00	4.00	280.00
611	TON MILEAGE DELIVERY	411.60	1.34	551.54
Description		Hours	Unit Price	Total

K & S OIL COMPANY
 JAY KREHBIEL
 1520 N. GRIMES ST.
 McPHERSON KS 67460
 (620) 241-8826

UNRUH #7
 34838
 35-18S-1E
 06-22-12
 KS

INVOICE # 250838 Invoice Date: 06/27/2012 Terms: 0/0/30,n/30 Page 1

REMIT TO
 Consolidated Oil Well Services, LLC
 Dept. 970
 P.O. Box 4346
 Houston, TX 77210-4346



MAIN OFFICE
 P.O. Box 884
 Chanute, KS 66720
 620/431-9210 • 1-800/467-8676
 Fax 620/431-0012



CONSOLIDATED
Oil Well Services, LLC

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Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 250995

Invoice Date: 06/30/2012 Terms: 0/0/30,n/30

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K & S OIL COMPANY
JAY KREHBIEL
1520 N. GRIMES ST.
McPHERSON KS 67460
(620) 241-8826

UNRUH #7
34833
35-18S-1E
06-28-12
KS

Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	130.00	19.2000	2496.00
1110A	KOL SEAL (50# BAG)	650.00	.4600	299.00
4253	TYPE A PACKER SHOE 61/2X6	1.00	1584.0000	1584.00
4454	5 1/2" LATCH DOWN PLUG	1.00	254.0000	254.00
4130	CENTRALIZER 5 1/2"	8.00	48.0000	384.00
		Hours	Unit Price	Total
445	CEMENT PUMP	1.00	1030.00	1030.00
445	EQUIPMENT MILEAGE (ONE WAY)	70.00	4.00	280.00
611	TON MILEAGE DELIVERY	500.50	1.34	670.67

Parts: 5017.00 Freight: .00 Tax: 366.24 AR 7363.91
 Labor: .00 Misc: .00 Total: 7363.91
 Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 316/322-7022 EUREKA, KS 620/583-7664 PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-2227 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914