



KANSAS CORPORATION COMMISSION 1131951
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: _____



1131951

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Pelican Hill Oil & Gas, Inc.

	11s	21w	
Nelson #4-7			7
Wildcat			•
335' FSL + 335' FUL			Marm
7	11s	21w	2174
Trego			2165
Kansas			KB
			3200 TD
			3050 TD
			3200 TD
			3200
PHOG			More Downing
Integrity, Rig #7			Superior
9-27-12		10-1-12	
8 5/8" @ 272'		6 1/2" @ 3824'	CML/COL - OIL
		3824'	
		3826'	MEL - Sonic/frac

Top Anhydrite	NA	1620	+554	+9
Base Anhydrite	NA	1666	+504	+11
Tapcha	3202	3202	-1024	+9
HEEBNER	3412	3412	-1234	+10
Toronto	3434	3434	-1260	+9
LKC	3454	3451	-1277	+9
BKC	3690	3690	-1514	+10
Marmaton	3756	3756	-1542	+13

Running 'w' #1 Foxfire Exploration, Inc.
 NW-6s-SW Sec. 7-11s-21w



CONSOLIDATED
Oil Well Services, LLC

D&T

TICKET NUMBER 36749

LOCATION Onkley

FOREMAN Fuzzy

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

FIELD TICKET & TREATMENT REPORT

CEMENT

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY												
9-27-12	6352	Welson-4-7	7	115	21W	Trego												
CUSTOMER <u>Pelican Hill Oil & Gas</u>			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>463</td> <td>Jerry K</td> <td></td> <td></td> </tr> <tr> <td>693</td> <td>Bobby S</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	463	Jerry K			693	Bobby S		
TRUCK #	DRIVER	TRUCK #					DRIVER											
463	Jerry K																	
693	Bobby S																	
MAILING ADDRESS																		
CITY	STATE	ZIP CODE																

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 278' CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 278' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8 SLURRY VOL 1.36 WATER gal/sk 6.5 CEMENT LEFT in CASING 20'
 DISPLACEMENT 16.4 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Internity #7 Rig up and circulate
Mix 175 sks Class 'A' 390cc 29 gal Displace 16 1/2 BBL and
shut in.

Cement did circulate approx 20 BBL to bit

Thanks Fuzzy & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1085.00	1085.00
5406	60	MILEAGE	5.00	300.00
5407A	8.2 ton	Ton mileage Delivery	101.25	822.00
11045	175 sks	Class 'A' cement	17.65	3088.75
1102	494*	Calcium chloride	.89	439.66
1118B	329*	Bentonite	.25	82.25
		subtotal		5817.66
		less 1090		581.77
		subtotal		5235.89
		SALES TAX		220.98
		ESTIMATED TOTAL		5456.87

Revin 3737

AUTHORIZATION Don Morris

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.

253.321

INSOLIDATED
Oil Well Services, LLC

Comp

TICKET NUMBER 37181
LOCATION Oakley, KS
FOREMAN Kelly Gabel

884, Chanute, KS 66720
31-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-1-12	6352	Nelson #4-7	7	L1	21	ttc90
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Pelican Hill oil & Gas			399	Daman		
MAILING ADDRESS			4160	Travis W		
CITY				Corey D		
STATE						
ZIP CODE						

JOB TYPE Prod HOLE SIZE 7 7/8 HOLE DEPTH 3824 CASING SIZE & WEIGHT 5 1/2 15.5#
 CASING DEPTH 3823 DRILL PIPE _____ TUBING PC Top #52 shoe 19.5' OTHER PC @ 1653'
 SLURRY WEIGHT 147 SLURRY VOL 1,412 WATER gal/sk 6.9 CEMENT LEFT in CASING 19.5'
 DISPLACEMENT 90 1/2 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting, ran float equip on IT #5 cent. 1, 3, 4, 5, 6
7, 9, 11, 13, 51 baskets #3, 14, 52 PC Top #52, ran pipe to
bottom, hooked up to circulate for 2 hr. Pumped 5 bbl water,
mud flush, 2000l KCL water, mixed 30 sks o/wc 5# Kol-seal in
RH, mixed 195 sks down center, washed out pump line
released plug & displaced with 89 bbl water with 900#
lift & plug is held at 1600#, released pressure, float
held, washed pump lines, rigged down.

J. Hank
Kelly Gabel

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401P	1	PUMP CHARGE	2950.00	2950.00
5406	60	MILEAGE	5.00	300.00
1126	225 sks	O/WC	22.55	5073.75
1110A	1125 #	Kol-seal	.56	630.00
1215	3 gal	KCL	3570	7140
5407A	10.56	Ten Mileage delivery	1.67	1058.40
11446	500 gal	mud flush	1.00	500.00
41159	1	5 1/2 AFU Float shoe (I)	413.00	413.00
4454	1	5 1/2 latched down Assy (W)	567.00	567.00
41130	10	5 1/2 centralizer (I)	58.00	580.00
41104	3	5 1/2 basket (W)	276.00	828.00
41285	1	5 1/2 portcoller (I)	2075.00	2075.00
4314	40	5 1/2 reciprocating scratchers	78.00	3120.00
				18,166.55
				1816.66
				16,349.89
			SALES TAX	843.75
			ESTIMATED TOTAL	17193.64

Revin 3737

10:30 PM

AUTHORIZATION

[Signature]

TITLE

DATE 10-1-12

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

252271