



KANSAS CORPORATION COMMISSION 1136572
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: _____

1136572



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 Bbbs.	Gas Mcf	Water Bbbs.	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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CONSOLIDATED
Oil Well Services, LLC

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

INVOICE Invoice # 257941

Invoice Date: 04/10/2013 Terms: 0/0/30,n/30 Page 1

A. X. & P. INC.
% JURGEN HANKE
20147 CR 200
NEODESHA KS 66757
(620) 325-5251

UNIT 1 RODGERS RAG #1E
41458
29-30S-16E
04-05-13
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	90.00	14.9500	1345.50
1118B	PREMIUM GEL / BENTONITE	200.00	.2100	42.00
1102	CALCIUM CHLORIDE (50#)	100.00	.7400	74.00
1123	CITY WATER	3000.00	.0165	49.50
4402	2 1/2" RUBBER PLUG	2.00	28.0000	56.00

	Description	Hours	Unit Price	Total
520	CEMENT PUMP	1.00	1030.00	1030.00
520	EQUIPMENT MILEAGE (ONE WAY)	60.00	4.00	240.00
637	80 BBL VACUUM TRUCK (CEMENT)	3.00	90.00	270.00
667	MIN. BULK DELIVERY	1.00	350.00	350.00

ok / pe

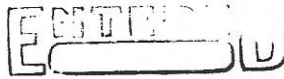
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Parts: 1567.00 Freight: .00 Tax: 98.73 AR 3555.73
Labor: .00 Misc: .00 Total: 3555.73
Sublt: .00 Supplies: .00 Change: .00
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Signed _____ Date _____

BARTLESVILLE, OK EL DORADO, KS EUREKA, KS PONCA CITY, OK OAKLEY, KS OTTAWA, KS THAYER, KS GILLETTE, WY CUSHING, OK
316/322-7022 620/583-7664 580/762-2303 785/672-8822 785/242-4044 620/839-5269 307/686-4914 918/225-2650



CONSOLIDATED
Oil Well Services, LLC



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

API # 15-205-28130
FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 41458
LOCATION Eureka
FOREMAN Rick Ledford

J. J. Coffey

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-5-13	1124	Unit 1 Rodgers Reg #1E	29	305	1106	Wilson
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
AX→P			520	John		
MAILING ADDRESS			6607	Chris B. / Colby		
P.O. Box 1176			630	Allen B.		
CITY	STATE	ZIP CODE				
Independence	KS	67301				

JOB TYPE L/S 0 HOLE SIZE _____ HOLE DEPTH 855' CASING SIZE & WEIGHT _____
 CASING DEPTH 853' DRILL PIPE _____ TUBING 2 7/8" OTHER _____
 SLURRY WEIGHT 13.7# SLURRY VOL 22 Bbl WATER gal/sk 6.5 CEMENT LEFT in CASING 0'
 DISPLACEMENT 5 Bbl DISPLACEMENT PSI 350 MAX PSI 700" Shut in RATE _____

REMARKS: Safety meeting - Rig up to 2 7/8" tubing. Break circulation w/ 5 Bbl fresh water. Mixed 90 sacks class A cement w/ 2% gel + 1% cacl2 @ 13.7#/gal. Washout pump + lines, stuff 2 plugs. Displace w/ 5 Bbl fresh water. Final pump pressure 350 PSI. Pump plug to 700 PSI. Close well in @ 700 PSI. Good cement returns to surface = 5 Bbl slurry to pit. Job complete. Rig down.

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	60	MILEAGE	4.00	240.00
11045	90 sacks	class A cement	14.95	1345.50
11186	200#	2% gel	.21	42.00
1102	100#	1% cacl2	.74	74.00
5407	4.23	tax mileage bulk trk	m/c	350.00
55026	3 hrs	80 Bbl VAC. TRK	90.00	270.00
1123	3000 gals	city water	16.51/1000	49.50
4402	2	2 7/8" top rubber plug	28.00	56.00
			Subtotal	3457.00
			6.39% SALES TAX	98.73
			ESTIMATED TOTAL	3555.73

257941

Ravin 3737

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.