



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1131323
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

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
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1131323

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

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 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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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

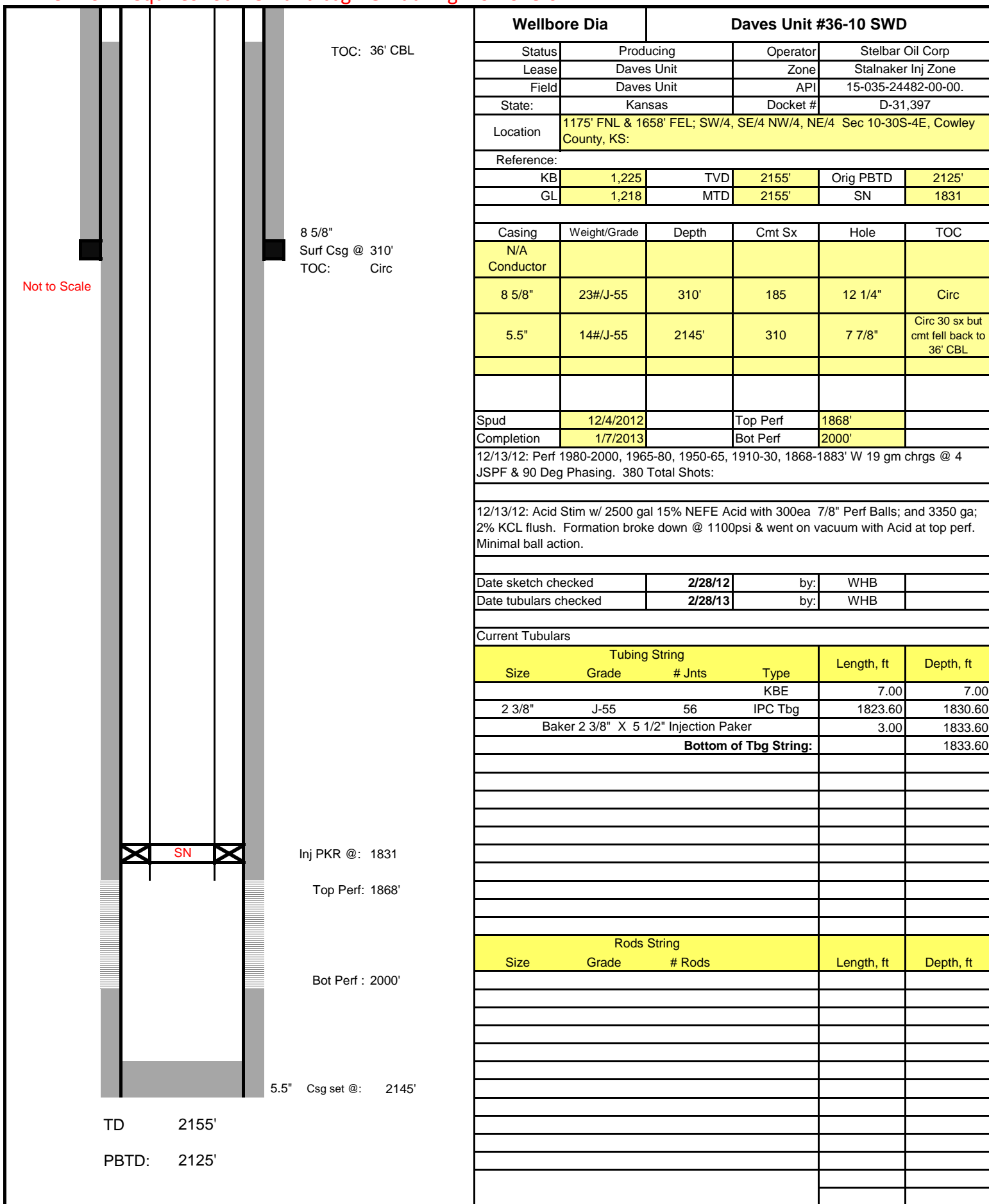
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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All wellwork requires rod BOP and tbg BOP during workovers.



Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

April 03, 2013

William H. Blagrave
Stelbar Oil Corporation, Inc.
1625 N WATERFRONT PKWY
WICHITA, KS 67206-6602

Re: ACO1
API 15-035-24482-00-00
Daves Unit 36-10 SWD
NE/4 Sec.10-30S-04E
Cowley County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
William H. Blagrave



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 35440

LOCATION 180

FOREMAN Larry Storm

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

FIELD TICKET & TREATMENT REPORT

CEMENT API-15-035-24482-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-4-12	7396	DAVES UNIT 36-10500	10	303	4E	Cowley
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Shelton Oil Corp			446	Josh		
MAILING ADDRESS			681	Mark		
1625 N Water Street Hwy 17E20			539	Larry		
CITY	STATE	ZIP CODE				
Wichita	KS	67206				

JOB TYPE Surface B HOLE SIZE 12 1/4 HOLE DEPTH 311 CASING SIZE & WEIGHT 858
 CASING DEPTH 310 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15.0 SLURRY VOL 44.54 WATER gal/sk 6.0 CEMENT LEFT in CASING 30 ft
 DISPLACEMENT 19.37 DISPLACEMENT PSI 200 MIX PSI 0 RATE 5 bbls -

REMARKS: Spoke Circulation - Moved 185 sks A + 2% 2nd + 3% CMC2 +
1/2 lb Poly - Displaced Cement with 17 1/2 bbls -
Circulated Cement to Surface &

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	825.00	825.00
5406	35	MILEAGE	4.00	140.00
11043	185	sks A	14.95	2762.75
1102	520	lbs CMC2	1.74	904.80
1118B	350	lbs Gel	1.21	423.50
1107	50	lbs Floack	2.35	117.50
5407A	35	Bulk Delivery 8.7 tons v	1.34	469.03
				4714.58
			SALES TAX	267.23
			ESTIMATED TOTAL	4981.81

Revin 3737

AUTHORIZATION Cert TITLE 255208 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

ENTERED

TICKET NUMBER 38351
LOCATION Eureka KS
FOREMAN Shannon Feek
Kevin McCoy

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

FIELD TICKET & TREATMENT REPORT
CEMENT API # 15-035-24482

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-7-12	1396	Daves Unit # 36-10 SWD	10	30S	4E	Cowley
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Stelbar Oil Corp. Inc			445	Dave G		
MAILING ADDRESS			667	Chris B		
1625 N. Water Front Pkwy Ste 200			681	Mark G		
CITY	STATE	ZIP CODE		Rudym		
Wichita	KS	67206				

JOB TYPE LS HOLE SIZE 7 7/8" HOLE DEPTH 2155' CASING SIZE & WEIGHT 5 1/2" 14#
CASING DEPTH 2146' 6.2 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 12.6 + 13.6 SLURRY VOL 65 + 35 WATER gal/sk 7.6 + 9.0 CEMENT LEFT in CASING 21'
DISPLACEMENT 53 Bbl DISPLACEMENT PSI 1000 MIX PSI 1500 RATE 5 BPM

REMARKS: Rig up to 5 1/2" casing w/ rotating head, Break circulation, mixed 100# metasilicate pre flush (10 Bbl) 5 Bbl Spacer. Mixed 220 SKS 60/40 Pozmix Cement with 6% gel + 2# Phenoseal/sk @ 12.6 with a yield of 1.65 as our lead cement. Tailed in with 100 SKS Thickset cement with 4# kol-seal/sk + 1# Phenoseal/sk @ 13.6 #/gal with a yield of 1.85. Shut down wash out pump & lines & displace with 53 Bbl water. Final pumping pressure of 1000psi, bumped plug to 1500psi. Float + plug held. Good circulation @ all times. 6-T Bbl Slurry to pit. Job Complete.

"Thanks Shannon & crew"

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
5611	1	Rotating head Rental	100.00	100.00
1131	220 SKS	60/40 Pozmix cement } Lead	12.55	2761.00
1118B	1135#	6el @ 6% } Cement	.21	238.35
1107A	440 #	Phenoseal @ 2#/sk	1.29	567.60
1126A	100 SKS	Thickset cement } Tail	19.20	1920.00
1107A	100 #	Phenoseal @ 1#/sk } Cement	1.29	129.00
1135A	25#	CFL-115	10.55	263.75
1111A	100 #	metasilicate pre flush (10 Bbl)	2.00	200.00
5407A	14.96 Tons	Ton mileage bulk Trucks	1.34	1002.32
1110A	400 #	Kol-seal @ 4#/sk (tail cement)	.46	184.00
1123	3000 gal	city water	16.50/1000	49.50
5502C	5 HRS	80 Bbl Vac Truck (#83 Muoy Trucking)	90.00	450.00
4130	10	5/8 centralizers	48.00	480.00
4454	1	5/8 Latch down Plug	254.00	254.00
4228B	1	5/2" AFV insert	172.00	172.00
			Sub Total	10001.52
		255259	6.8%	SALES TAX 490.92
			ESTIMATED TOTAL	10492.44

RAVIN 3737
AUTHORIZATION William N. Blagrove TITLE Prod Eng DATE 12-7-12

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.



Pioneer Energy Services

Sonic Cement
Bond Log

15-03524482-00-00

Company: Stelbar Oil Corporation, Inc.
Well: Daves Unit 36-10 SWD
Field: Daves Unit
County: Cowley
State: Kansas

Location: 1175' FNL & 1658' FEL
SW - SE - NW - NE

Other Services
Perforate

Sec: 10 Twp: 30S Rge: 4E

Permanent Datum: Ground Level Elevation 1218
Log Measured From: Kelly Bushing 7 Ft. Above Perm. Datum
Drilling Measured From: Kelly Bushing

Elevation
K.B. 1225
D.F. 1218
G.L. 1218

Run Number	One
Date Survey	12/13/2012
Date Cementing	12/7/2012
Type Cementing Operation	Primary
Depth Driller	2155
Depth Logger	2131
Logged Interval	2129 to Surface
Casing Driller	5.5 @ TD
Float Collar -- D.V. Tool	////
Squeeze Depth	////
Amount & Type Cement	////
Amount & Type Admix	////
Type Fluid In Hole	Water
Fluid Level	Full
Salinity PPM CL	////
Weight lb/gal -- Vis.	////
Approx. Logged Cement Top	36
Calculated Cement Top	////
Max. Hole Temperature	RBT5
Tool No.	3-5
Spacing Recorded	5
Equipment -- Location	N. Schmeidler Pratt
Recorded By	Bill Blagrave
Witnessed By	

<<< Fold Here >>>

All interpretations are opinions based on inferences from electrical or other measurements and we cannot and do not guarantee the accuracy or correctness of any interpretation, and we shall not, except in the case of gross or willful negligence on our part, be liable or responsible for any loss, costs, damages, or expenses incurred or sustained by anyone resulting from any interpretation made by any of our officers, agents or employees. These interpretations are also subject to our general terms and conditions set out in our current Price Schedule.

Comments

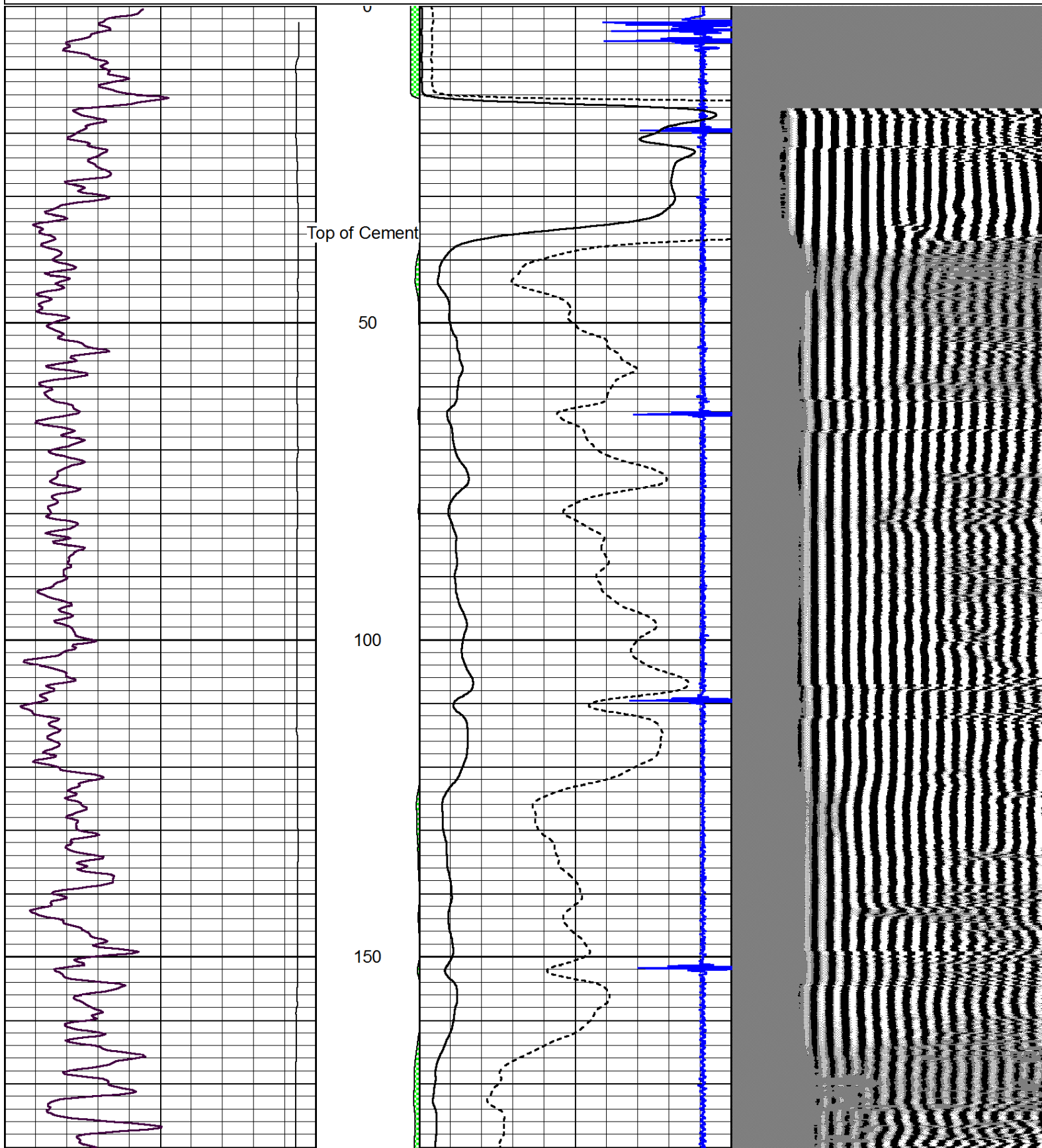
Thank you for using Pioneer Energy Services
(620) 672-8300
Rock
2 E on 32nd Rd to 101st Rd
1 1/2 N
1/4 W
N into

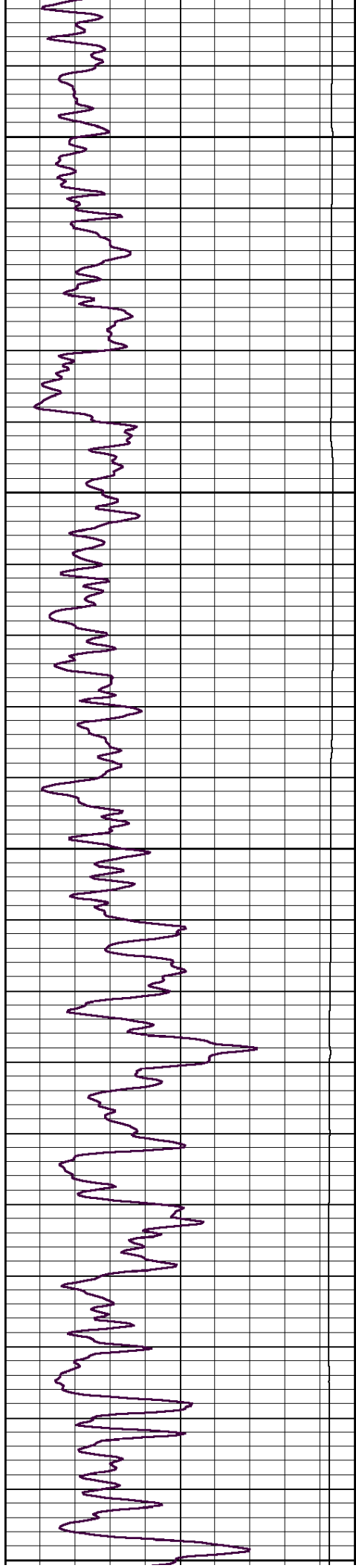


Main Pass

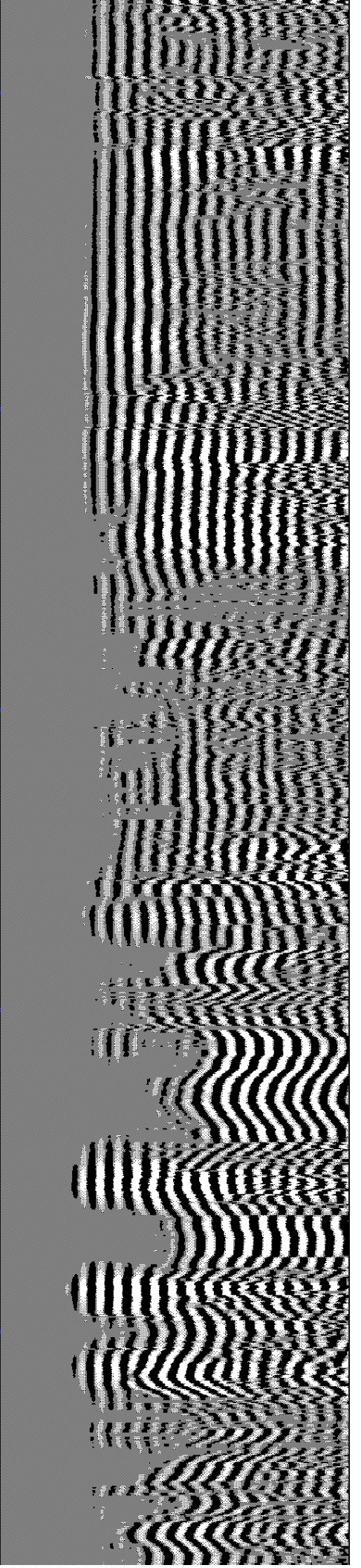
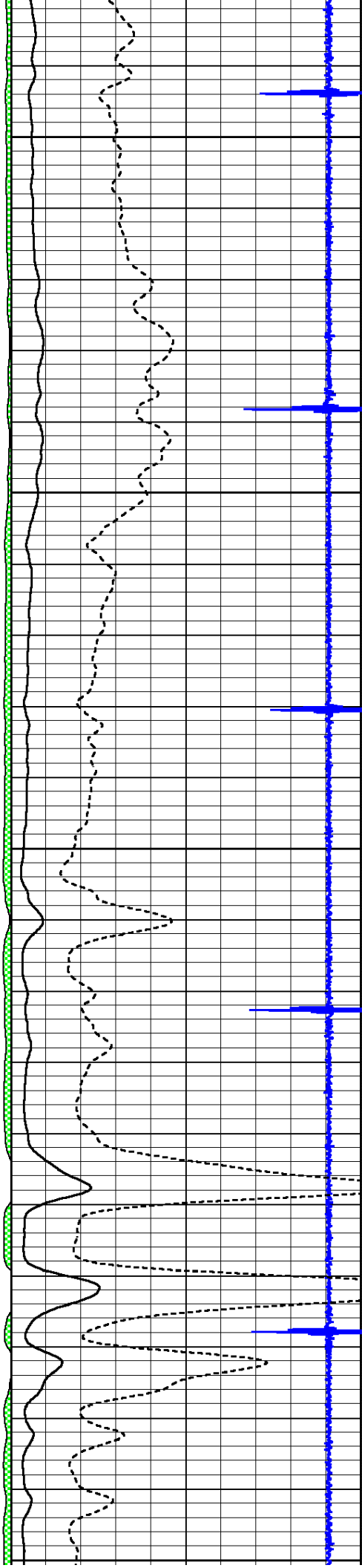
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 Dataset Pathname: grcbl/pass3.3
 Presentation Format: cbldr
 Dataset Creation: Thu Dec 13 09:14:49 2012 by Calc SCH 111116
 Charted by: Depth in Feet scaled 1:240

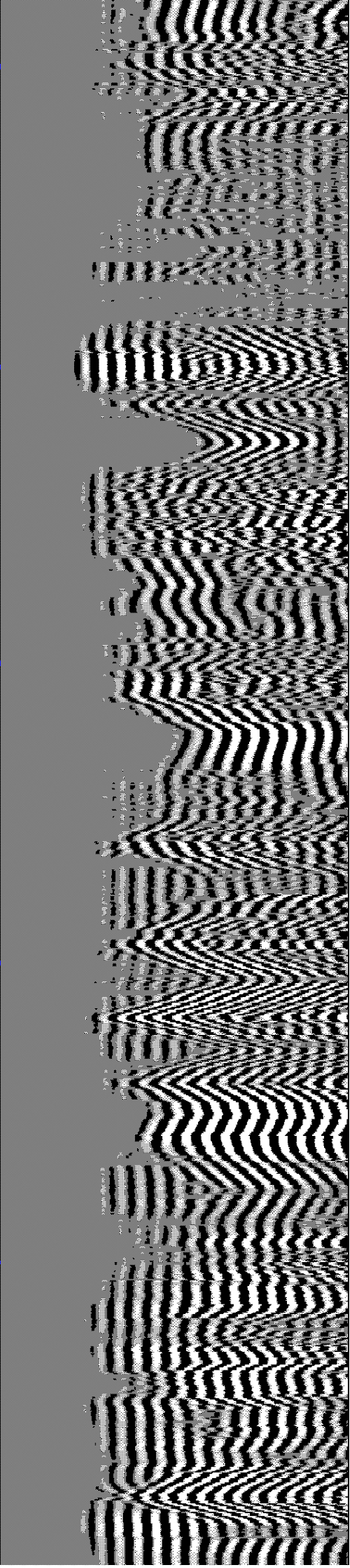
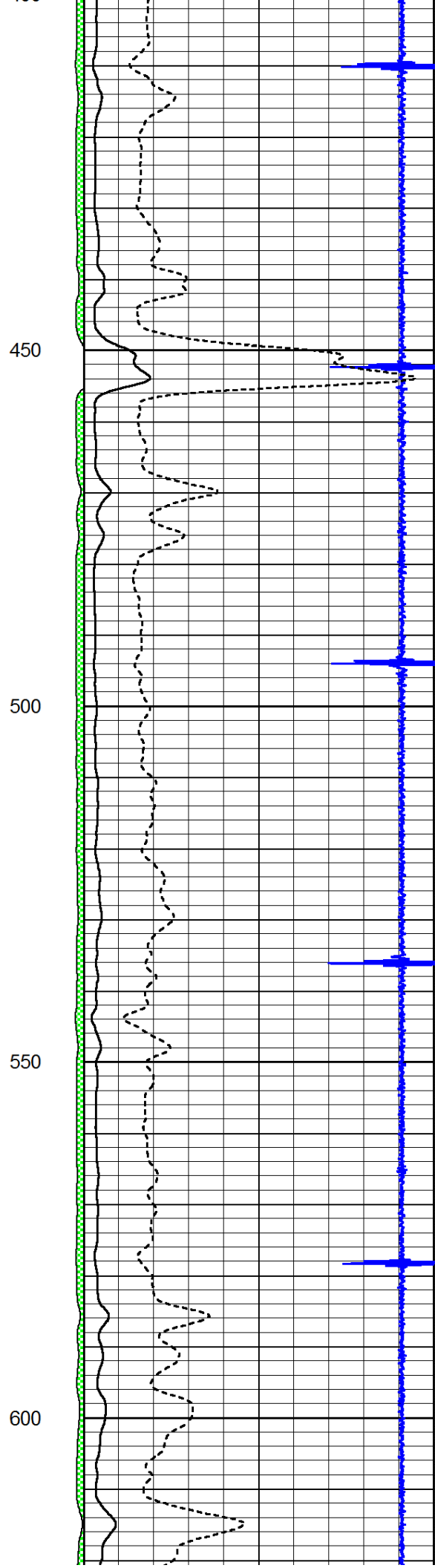
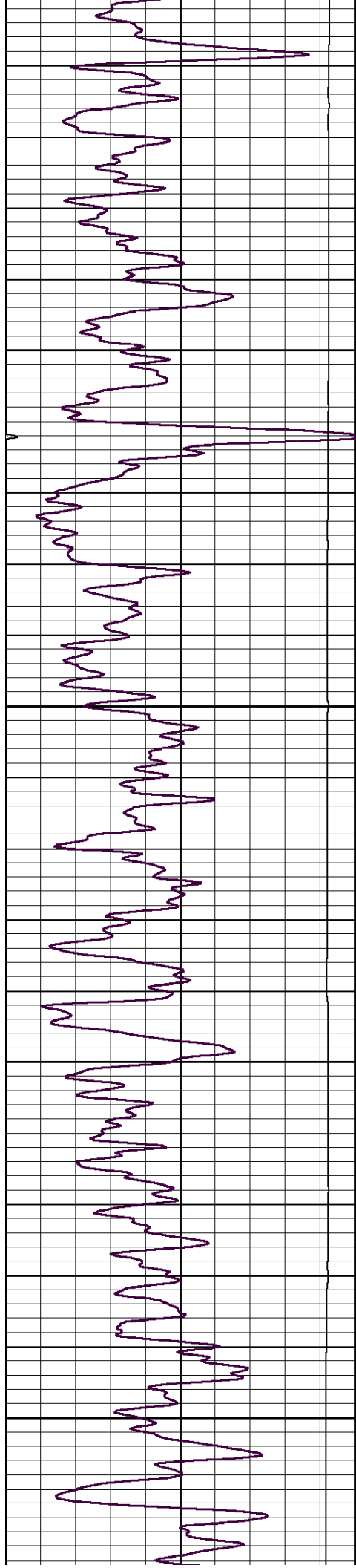
0	Gamma Ray	150	amp3ft	3	Casing Collars	-0.3	200	wvf5ft	1200
			(mV)	0	Amplified Amplitude (mV)	100			
			-100	10	Pipe Amplitude (mV)	20			

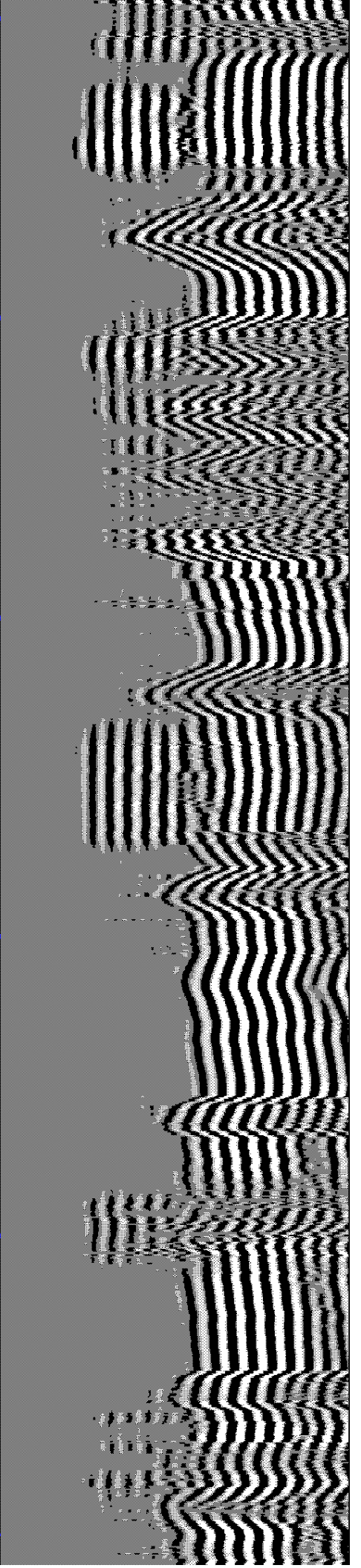
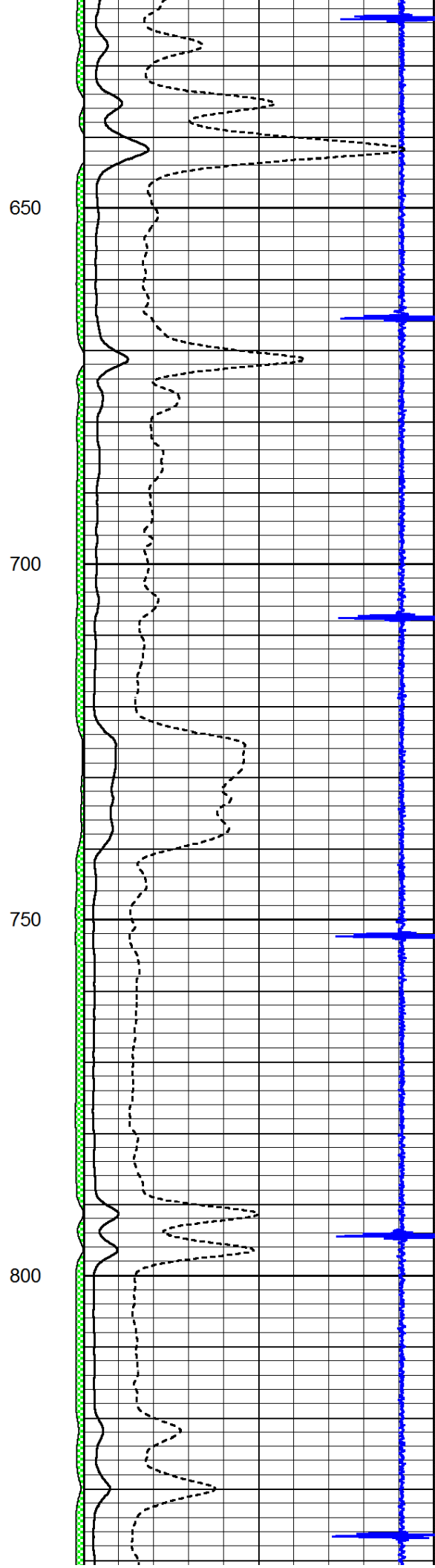
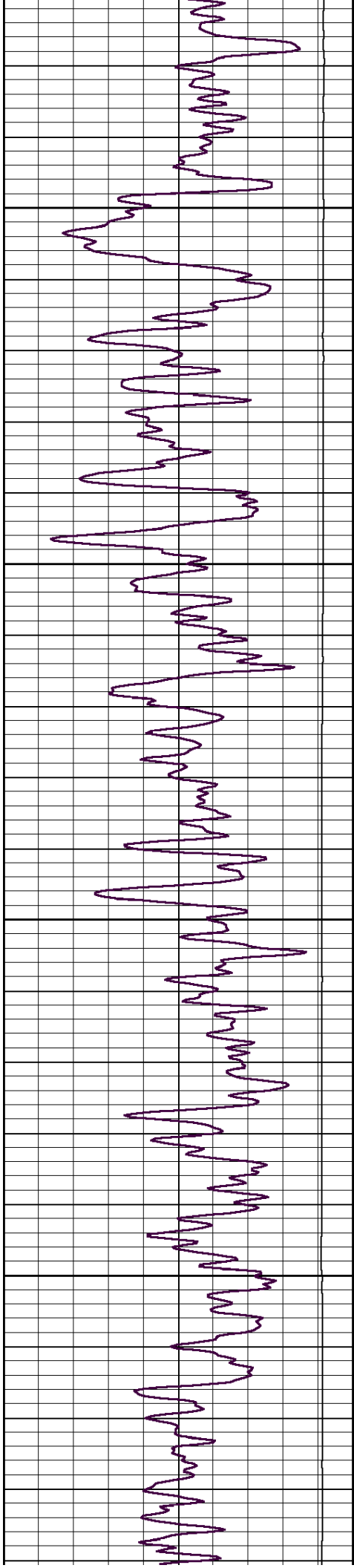


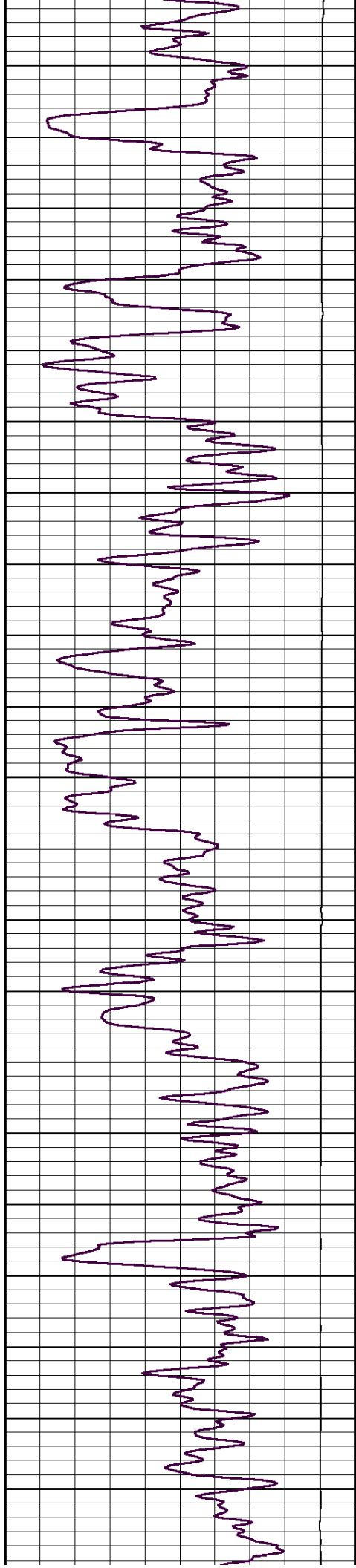


200
250
300
350
400









850

900

950

1000

1050

