



KANSAS CORPORATION COMMISSION 1154171
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: _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 37336
LOCATION Ottawa, KS
FOREMAN Casey Kennedy

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-9576

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/3/12	2463	Leis A+B # N-8	NE 2	24	17	AL
CUSTOMER Vic Leis c/o D-Roc Oil Co.			TRUCK #			
MAILING ADDRESS PO Box 223			481	Cas Ken dr	558	Ry Sin Ps
CITY Yates Center			106	Gar Han gn		
STATE KS			1675	Kai Det kd		
ZIP CODE 66783			503	Ar McD an		

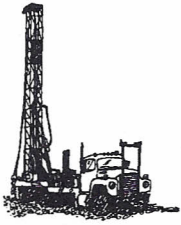
JOB TYPE longstring HOLE SIZE 5 5/8" HOLE DEPTH 1223' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 1219' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" rubber plug
 DISPLACEMENT 7.09 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.6 bpm

REMARKS: held safety meeting, established circulation, mixed + pumped 100 # Premium Gel, followed by 10 bbls fresh water, mixed + pumped 9 bbls dye marker, mixed + pumped 108 sks 5/50 Pozmix cement w/ 10% gel per sk, dye marker to surface, mixed + pumped 30 sks OWC cement w/ 1/2 # Flo Seal per sk, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 7.09 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	55 mi	MILEAGE		220.00
5402	1219'	casing footage		
5407A	264.33	for mileage		354.20
5407A	85.8	for mileage		114.97
5502C	3.5 hrs	80 Uac		315.00
1124	108 sks	5/50 Pozmix cement		1182.60
1118B	644 #	Premium Gel		135.24
1126	30 sks	OWC cement		544.00
1107	8 #	Flo Seal		18.80
4402	1	2 1/2" rubber plug		28.00
			7.55%	SALES TAX
				ESTIMATED TOTAL

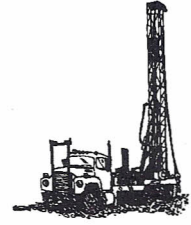
Revin 3737 AUTHORIZATION [Signature] TITLE 251124 DATE _____ SALES TAX 145.61 ESTIMATED TOTAL 4108.42

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.



LEIS OIL SERVICES

111 East Mary • Yates Center, Kansas 66783 • (620) 625-3676



Operator License #: 5983	API #: 15-001-30394-0000
Operator: Victor J. Leis	Lease: Leis A & B
Address: PO Box 223 Yates Center, KS 66783	Well #: N-8
Phone: 913.285.0127	Spud Date: 7/2/12 Completed: 7/3/12
Contractor License: 32079	Location: NE-SE-NW-NE of 2-24-17E
T.D. : 1222 T.D. of Pipe: 1219	913 Feet From North
Surface Pipe Size: 7" Depth: 22'	1412 Feet From East
Kind of Well: Oil	County: Allen

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
14	Soil/Clay/Gravel	0	14	7	Lime/odor/bleed	1164	1171
18	Lime	14	32	9	Lime/excl show	1171	1180
94	Shale	32	126	2	Lime/light odor	1180	1182
12	Lime	126	138	40	Lime/ Shale strks	1182	1222
17	Shale	138	155				
3	Lime	155	158				
37	Shale	158	195				
55	Lime	195	250				
52	Shale	250	302				
6	Lime	302	308				
13	Shale	308	321				
96	Lime	321	417				
4	Shale	417	421				
28	Lime	421	449				
167	Shale	449	616				
5	Lime	616	621				
17	Shale	621	638				
10	Lime	638	648				
69	Shale	648	717				
2	Lime	717	719				
7	Shale	719	726				
20	Lime	726	746				
19	Shale	746	765				
11	Lime	765	776		T.D.		1222
14	Shale	776	790		T.D. of Pipe		1219
10	Lime	790	800				
9	Shale	800	809				
5	Lime	809	814				
350	Shale	814	1164				