

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1154171

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 #	API No. 15
Name:	Spot Description:
Address 1:	Sec TwpS. R East West
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	
Phone: ()	
CONTRACTOR: License #	
Name:	
Wellsite Geologist:	
C C	
Purchaser:	
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
Oil WSW SWD SIOW	Amount of Surface Pipe Set and Cemented at: Feet
Gas D&A ENHR SIGW	Multiple Stage Cementing Collar Used?
☐ OG	bd. If yes, show depth set: Feet
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from:
Cathodic Other (Core, Expl., etc.):	feet depth to:w/sx cmt
If Workover/Re-entry: Old Well Info as follows:	
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to	Chloride content: ppm Fluid volume: bbls
	Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	
Dual Completion Permit #:	Operator Name:
SWD Permit #:	License #:
ENHR Permit #:	Quarter Sec Two S R East West
GSW Permit #:	County: Permit #:
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date	

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:

	Side Two	1154171
Operator Name:	Lease Name:	Well #:
Sec TwpS. 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 (Attach Additional She	eets)	Yes No	L	-	n (Top), Depth an	d Datum Top	Sample
Samples Sent to Geolog	ical Survey	Yes No				iop	Datam
Cores Taken Electric Log Run Electric Log Submitted E (If no, Submit Copy)	Electronically	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING		ew Used			
		Report all strings set	-conductor, surface, inte	ermediate, producti	on, 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: —— Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated							ement Squeeze Record I of Material Used)	Depth	
TUBING RECORD:	Siz	ze:	Set At:		Packer	r At:	Liner R	un:	No	
Date of First, Resumed I	Product	ion, SWD or ENHF	λ .	Producing N	1ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
						1				
DISPOSITIC	ON OF G	BAS:			METHOD	OF COMPLE	TION:		PRODUCTION INT	ERVAL:
Vented Sold		Jsed on Lease		Open Hole	Perf.	Dually (Submit)	Comp. ACO-5)	Commingled (Submit ACO-4)		
(If vented, Sub	omit ACC)-18.)		Other (Specify)						

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

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	ONSOLID					LOCATION	Stawn KS	
	Oli Well Service					FOREMAN		L.
PO Boy BRA C	hanute, KS 6672	n FIEL	D TICKE	& TREA	TMENT REP		/	7
	or 800-467-8676			CEMEN	Т			
DATE	CUSTOMER#	WELL.	NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
7/3/12	2463	Leis At	B #N	-8	NE 2	24	17	AL
CUSTOMER	1	D-Roc Oi	16	T	e Balladia (147).			
MAILING ADDR	lois clo	D-Noc UI	10.	-	TRUCK#	DRIVER	TRUCK #	DRIVER
	or 223				78	Casten a	558	Ryc Sin RS
CITY		STATE	ZIP CODE	-	1.25	GAT HOO GA		
Yates (inter	KS	66783		502	Keilt Ko		
10007 0	- California - Cal	HOLE SIZE 5	S/a h	J HOLE DEPTI	12447	CASING SIZE & W	EIGHT 2%	"EUE
JOB TYPE <u>(64</u> CASING DEPTH		DRILL PIPE	10	TUBING		CADING DIZE & M		EVE
SLURRY WEIGH		SLURRY VOL		WATER gal/s	ik	CEMENT LEFT in	CASING 2 1/2	"rubber plue
		DISPLACEMENT	' PSI	MX PSI		RATE 4. La L	on	<u><u> </u></u>
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						1.19		
ACCOUNT	QUANITY	or UNITS	DE	SCRIPTION of	SERVICES or PR	ODUCT	UNIT PRICE	TOTAL
5401	1		PUMP CHARG	E				1130,00
SYCA	55 m	Ai	MILEAGE	and Antoine Contractory		الم الم الاستان الم		220,00
5402	1219	e	163	ing for	tace			
54074	264.	33	tou	mileca				354.20
STO7A	85.8	Contraction of the local distance of the loc		mileson				114.97
5502C	3.54	<u></u>	80	mileage Usc				315.00
		-						
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Ravin 3737		<i>p</i> .			25112		ESTIMATED	. 145,61
Ravin 3737	AK			TIFLE	25112		SALES TAX ESTIMATED TOTAL DATE	. 145,61 •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	То	Thickness	Strata	From	То
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		5		
96	Lime	321	417				
4	Shale	417	421				
28	Lime	421	449				E.
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				