



KANSAS CORPORATION COMMISSION 1158559
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: _____



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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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HAT DRILLING
 12371 KS HWY 7
 MOUND CITY, KS 66056
 LICENSE # 33734

Mosher #BI-10
 API # 15-121-29492-00-00
 SPUD DATE 06-10-13

Footage	Formation	Thickness	Set 22.6' of 7" w/ 3sx TD 745' Ran 740' of 2 7/8 on 06-21-13
2	Topsoil	2	
5	clay	3	
8	lime	3	
10	sand stone	2	
25	lime	15	
31	shale	6	
69	lime	38	
95	shale	26	
114	lime	19	
194	shale	80	
217	lime	23	
245	shale	28	
256	lime	11	
260	shale	4	
265	lime	5	
282	shale	17	
304	lime	22	
308	shale	4	
319	lime	11	
329	shale	10	
343	lime	14	
370	shale	27	
377	lime	7	
549	shale	172	
557	lime	8	
607	shale	50	gas odor 595-599
609	lime	2	
653	shale	44	
659	lime	6	
667	shale	8	
669	sand	2	
670	sand/shale	1	little odor
671	shale	1	
672	lime/brown	1	
676	oil sand	4	good odor good bleed 80% sand
679	shale/sand	3	70% sand, 30% shale
745	shale	66	



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 # 259958

Invoice Date: 06/27/2013 Terms: 0/0/30,n/30

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BLUE DIAMOND HOLDINGS, LLC
P.O. BOX 128
WELLSVILLE KS 66092
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MOSHER BI-10
42005
1-16-21
06-21-2013
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	113.00	11.5000	1299.50
1118B	PREMIUM GEL / BENTONITE	490.00	.2200	107.80
1111	SODIUM CHLORIDE (GRANULA	237.00	.3900	92.43
1110A	KOL SEAL (50# BAG)	565.00	.4600	259.90
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50
Description		Hours	Unit Price	Total
369	80 BBL VACUUM TRUCK (CEMENT)	3.00	90.00	270.00
548	MIN. BULK DELIVERY	1.00	368.00	368.00
666	CEMENT PUMP	1.00	1085.00	1085.00
666	EQUIPMENT MILEAGE (ONE WAY)	20.00	4.20	84.00
666	CASING FOOTAGE	740.00	.00	.00

Parts: 1789.13 Freight: .00 Tax: 135.08 AR 3731.21
Labor: .00 Misc: .00 Total: 3731.21
Sublt: .00 Supplies: .00 Change: .00

Signed _____

Date _____



CONSOLIDATED
Oil Well Services, LLC

259958

TICKET NUMBER 42005

LOCATION Attawa, KS

FOREMAN Craig Kennedy

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

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12/13	1133	Mather # BI-10	NW 1	16	21	M1
CUSTOMER <u>Blue Diamond Holdings</u>			TRUCK #			
MAILING ADDRESS <u>PO Box 128</u>			DRIVER		TRUCK #	
CITY <u>Wellsville</u>		STATE <u>KS</u>	ZIP CODE <u>66092</u>		DRIVER	
JOB TYPE <u>long string</u>			HOLE SIZE <u>5 7/8"</u>	HOLE DEPTH <u>759'</u>	CASING SIZE & WEIGHT <u>2 7/8" GUE</u>	
CASING DEPTH <u>740'</u>			DRILL PIPE	TUBING	OTHER	
SLURRY WEIGHT			SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING	
DISPLACEMENT <u>4.28 bbls</u>			DISPLACEMENT PSI	MIX PSI	RATE <u>4.5 bpm</u>	

TRUCK #	DRIVER	TRUCK #	DRIVER
481	Coker		
6666	Garth		
548	Mikha		
369	DerMas		

REMARKS: held safety meeting, established circulation, mixed & pumped 300# Premium Gel followed by 20 bbls fresh water, circulated out of pit to condition hole, mixed & pumped 113 sks 50/50 Pozmix cement w/ 2% gel, 5% salt, & 5# Kolseal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 4.28 bbls fresh water, pressured to 800 PSI, shut in annulus, released pressure, shut in casing.

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00
5406	20 mi	MILEAGE		84.00
5402	740'	casing footage		
5407	minimum	ton mileage		368.00
5502C	3 hrs	80 Vac		270.00
1124	113 sks	50/50 Pozmix cement		1299.50
1118B	490 #	Premium Gel		107.80
1111	237 #	Salt		92.43
1104	565 #	Kolseal		259.90
4402	1	2 1/2" rubber plug		29.50

Completed

[Handwritten signature]

Rawin 3737

7.55%

SALES TAX ESTIMATED TOTAL 135.08
3731.21

AUTHORIZATION

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.