



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1157480
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
-----------------------------------	-----------------	---

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: _____



1157480

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
--	---

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: 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

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	Clark, Donald C. dba CFA Oil Company
Well Name	Mertz 1
Doc ID	1157480

All Electric Logs Run

Dual Induction
Dual Compensated Porosity
Neutron
BHC Sonic



WESTERN DRILL

OIL COUNTRY & INDUSTRIAL SUPPLY HOUSE

P.O. BOX 593 CHANUTE, KANSAS 66720 620-431-2751

CHANUTE WATS: 1-800/362-0771 OSAWATOMIE WATS: 1-800/432-0217

INDEPENDENCE: 1-620-331-4580 MADISON: 1-620-437-2100

SOLD TO

CFA Oil Co.

DATE <i>5-22-13</i>		CUSTOMER P.O.	
LOCATION			
CHARGE	CASH <input checked="" type="checkbox"/>	RETURN	QUOTE

County Tax City Tax Store Tax

PART NO.	DESCRIPTION	QUANTITY	PRICE	AMOUNT
<i>CSNG-R3-18</i>	<i>Casing 8 5/8 New 4/5 R-3 18"</i>	<i>169.58</i>	<i>12.32</i>	<i>2082.08</i>
	<i>Top .073</i>			<i>151.99</i>
	<i>Total</i>		<i>\$/</i>	<i>2234.07</i>
	<i>Fuel charge</i>	<i>1</i>		<i>200.00</i>
	<i>Total</i>		<i>#</i>	<i>2434.07</i>
	<i>check 1076 1077</i>			

RECEIVED / RETURNED BY

QUALITY OF USED PRODUCTS ARE BASED ON GOOD FAITH OPINION ONLY WITHOUT WARRANTIES OR GUARANTEES OF ANY KIND.

FORMAL ACCOUNTING WILL BE MADE ON ALL PRICES IN EFFECT AT TIME OF MACHINE BILLING.



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 # 259191

Invoice Date: 05/30/2013 Terms:

Page 1

CFA OIL CO
BOX 252
BONNER SPRINGS KS 66012
() -

MERTZ #1
41713
30-10S-9E
05-22-13
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	180.00	15.7000	2826.00
1102	CALCIUM CHLORIDE (50#)	510.00	.7800	397.80
1118B	PREMIUM GEL / BENTONITE	340.00	.2200	74.80
1107	FLO-SEAL (25#)	90.00	2.4700	222.30

Sublet Performed	Description	Total
9996-170	CEMENT MATERIAL DISCOUNT	-176.05
9995-170	CEMENT EQUIPMENT DISCOUNT	-124.14

Description	Hours	Unit Price	Total
515 TON MILEAGE DELIVERY	846.00	1.41	1192.86
520 CEMENT PUMP (SURFACE)	1.00	870.00	870.00
520 EQUIPMENT MILEAGE (ONE WAY)	100.00	4.20	420.00

*Pl
OK#1077
Thank you
Rayana
AR*

Parts:	3520.90	Freight:	.00	Tax:	244.18	AR	5947.75
Labor:	.00	Misc:	.00	Total:	5947.75		
Sublt:	-300.19	Supplies:	.00	Change:	.00		

Signed _____ Date _____



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



TICKET NUMBER 41713
LOCATION Eureka
FOREMAN Rick Letford

API# 15-161-20080

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-22-13	3175	Mertz #1	30	105	9E	Riley
CUSTOMER CFA Oil Company dba Don Clark			GOG Orig			
MAILING ADDRESS P.O. Box 252			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Banner Springs			520	Jahn		
STATE KS			515	Merle		
ZIP CODE 66012						

JOB TYPE surface B HOLE SIZE 12 1/4" HOLE DEPTH 180' CASING SIZE & WEIGHT 8 5/8"
 CASING DEPTH 181 R.B. DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15" SLURRY VOL _____ WATER gal/sk 6.5 CEMENT LEFT in CASING 20'
 DISPLACEMENT 10 1/2 Bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting - Rig up to 8 5/8" casing. Mixed 180 sacks class A cement w/ 32% calce, 27% gel + 1/2" floccul /sk @ 15" /gal. Displace w/ 10 1/2 bbl fresh water. Shut casing in w/ good cement returns to surface = 9 Bbl slurry to pit. Job complete Rig down.

THANK YOU

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	870.00	870.00
5406	100	MILEAGE	4.20	420.00
11045	180 sacks	class A cement	15.70	2826.00
1102	510"	32% calce	.78	397.80
1118B	340"	27% gel	.22	74.80
1107	90"	1/2" floccul /sk	2.47	222.30
5407A	7.40	ten mileage bulk tax	1.41	1192.86
6260.79 -570 313.04 Check # 1077 \$ 5947.75 total				
			Subtotal	6003.76
			SALES TAX 7.3%	257.03
			ESTIMATED TOTAL	6260.79

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



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

TICKET NUMBER 41713
LOCATION Eureka
FOREMAN Rick Loftord

API# 15-161-20080

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-22-13	3175	Mertz # 1	30	10S	9E	Riley
CUSTOMER CFA Oil Company dba Don Clark			C/G Orls			
MAILING ADDRESS P.O. Box 252			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Banner Springs			520	John		
STATE KS			515	Merle		
ZIP CODE 66012						

JOB TYPE surface B HOLE SIZE 12 1/4" HOLE DEPTH 180' CASING SIZE & WEIGHT 8 5/8"
 CASING DEPTH 181 R.B. DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15" SLURRY VOL _____ WATER gal/sk 6.5 CEMENT LEFT in CASING 20'
 DISPLACEMENT 10 1/2 Bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting - Rig up to 8 5/8" casing. Mixed 180 sks class A cement w/ 3% caloz, 2% gel + 1/2" floccul/sk @ 15" / gal. Displace w/ 10 1/2 Bbl fresh water. Shut casing in w/ good cement returns to surface = 9 Bbl slurry to pit. Job complete. Rig down.

THANK YOU

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54013	1	PUMP CHARGE	870.00	870.00
5406	100	MILEAGE	4.20	420.00
11043	180 sks	class A cement	15.70	2826.00
1102	510 #	3% caloz	.78	397.80
1118B	340 #	2% gel	.22	74.80
1107	90 #	1/2" floccul/sk	2.47	222.30
5407A	8.16	ten mileage bulk tax	1.41	1192.86
		6260.79		
		-5% 313.04	Check # 1077	
		\$ 5947.75 total		
		OK 1077		
		Subtotal		6003.76
		SALES TAX 7.3%		257.03
		ESTIMATED TOTAL		6260.79

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.

WESTERN DRILL

OIL COUNTRY & INDUSTRIAL SUPPLY HOUSE

P.O. BOX 593 CHANUTE, KANSAS 66720 620-431-2751

CHANUTE WATS: 1-800/362-0771 OSAWATOMIE WATS: 1-800/432-0217

INDEPENDENCE: 1-620-331-4580 MADISON: 1-620-437-2100



SOLD TO

CFA Oil Co.

PPd CR # 1081

County Tax City Tax Store Tax

DATE 6-3-13		CUSTOMER P.O.	
LOCATION			
CHARGE	CASH -	RETURN	QUOTE

PART NO.	DESCRIPTION	QUANTITY	PRICE	AMOUNT
APZ-R ⁰ -T-155-3	Casing 5" 2 15.50 R37mm 1/2" 5'	1131	10.36	11,717.16
231-0054	Shout shoe 5 1/2" flopper type	1		215.66
260-0054	Bashed Cement 5 1/2"	2	166.09	332.18
250-0054	Controlizer 5 1/2"	4	33.87	135.36
AC-P	Casing clamp 5 1/2"	1		107.14
2RS62-SE	Ball Valve 2" Balon	1		26.20
	Fuel Charge			200.00
	Tax .073			938.21
	Fuel Charge			13716.91
	TOTAL			

well 5 connection 1081
Metz #1
well 5
connection Metz #1

RECEIVED / RETURNED BY

QUALITY OF USED PRODUCTS ARE BASED ON GOOD FAITH OPINION ONLY WITHOUT WARRANTIES OR GUARANTEES OF ANY KIND.

FORMAL ACCOUNTING WILL BE MADE ON ALL PRICES IN EFFECT AT TIME OF MACHINE BILLING.

PACKING SLIP



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 # 259419

=====
Invoice Date: 06/10/2013 Terms:

Page 1

CFA OIL CO
BOX 252
BONNER SPRINGS KS 66012
() -

MERTZ #1
41748
30-10S-9E
06-03-13
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	230.00	15.7000	3611.00
4406	5 1/2" RUBBER PLUG	1.00	73.5000	73.50

Sublet Performed	Description	Total
9995-170	CEMENT EQUIPMENT DISCOUNT	-151.45
9996-170	CEMENT MATERIAL DISCOUNT	-184.23

Description	Hours	Unit Price	Total
445 CEMENT PUMP	1.00	1085.00	1085.00
445 EQUIPMENT MILEAGE (ONE WAY)	100.00	4.20	420.00
515 TON MILEAGE DELIVERY	1081.00	1.41	1524.21

*Pd
ck#1082
Franky
Angina
AR*

Parts:	3684.50	Freight:	.00	Tax:	255.52	AR	6633.55
Labor:	.00	Misc:	.00	Total:	6633.55		
Sublt:	-335.68	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 316/322-7022 EUREKA, KS 620/583-7664 PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-8822 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914 CUSHING, OK 918/225-2650



ENTERED

TICKET NUMBER 41748

LOCATION Eucrea

FOREMAN Bob Ledford

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

FIELD TICKET & TREATMENT REPORT

CEMENT API# 15-161-20080

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
6-3-13	3175	Mertz #1	30	105	9E	Riley																
CUSTOMER CFA Oil Company dba Don Clark			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>445</td> <td>Dave</td> <td></td> <td></td> </tr> <tr> <td>515</td> <td>Mark</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	445	Dave			515	Mark						
TRUCK #	DRIVER	TRUCK #					DRIVER															
445	Dave																					
515	Mark																					
MAILING ADDRESS P.O. Box 252																						
CITY Bonner Springs																						
STATE KS		ZIP CODE 66612																				

JOB TYPE L/S 0 HOLE SIZE 7 7/8" HOLE DEPTH 1784' CASING SIZE & WEIGHT 5 1/2" 15.5"
 CASING DEPTH 1121.61 G.L. DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.6" SLURRY VOL 50 Bbl WATER gal/sk 5.2 CEMENT LEFT in CASING 0'
 DISPLACEMENT 27.9 Bbl DISPLACEMENT PSI 300 ~~MAX~~ PSI 200 Bump plus RATE _____

REMARKS: Safety meeting- Rig up to 5 1/2" casing. Pump 3 Bbl water ahead. Mixed 210 sacks class A cement @ 13.6"/90'. Shut down, washout pump + lines, release plug. Displace w/ 27.9 Bbl fresh water. Final pump pressure 300 PSI. Bump plug to 700 PSI. release pressure, float + plug held. Good circulation @ all times while cementing. Job complete Rig down.

Plugged rat hole w/ 20 sacks

Thank Ya

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	100	MILEAGE	4.20	420.00
11045	230 sacks	class A cement	15.70	3611.00
5407A	10.8'	ten mileage bulk trk	1.41	1524.21
4406	1	5 1/2" top rubber plug	73.50	73.50
		<u>\$6982.68 total</u>		
		<u>-590 - 349.13</u>		
		<u>\$ 6633.55 total</u>		
		<u>Check # 1082</u>		
			Subtotal	6713.71
			SALES TAX	268.97
			ESTIMATED TOTAL	6982.68

Ravin 3737

AUTHORIZATION Don Clark

TITLE 2592119

DATE 7.3.13

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

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

Rock Ledford

TICKET NUMBER **41748**

LOCATION *Enigma*

FOREMAN *Rock Ledford*

FIELD TICKET & TREATMENT REPORT
CEMENT

API # *15-161-20080*

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-3-13	3175	Mertz #1	30	105	7E	Riley
CUSTOMER <i>CIA Oil Company dba Don Clark</i>			CJC Drig			
MAILING ADDRESS <i>P.O. Box 252</i>			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY <i>Bonner Springs</i>			STATE	ZIP CODE		
STATE						
ZIP CODE						
CITY						
STATE						
ZIP CODE						

JOB TYPE L/S 0 HOLE SIZE 7 7/8" HOLE DEPTH 1784' CASING SIZE & WEIGHT 5 1/2" 15.5"
 CASING DEPTH 1121.61 G.L. DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.6" SLURRY VOL 50 Bbl WATER gal/sk 5.2 CEMENT LEFT in CASING 0'
 DISPLACEMENT 27.9 Bbl DISPLACEMENT PSI 300 MIX PSI 700 Bump plus RATE _____

REMARKS: *Safety meeting- Rig up to 5 1/2" casing. @ 1000 3 Bbl water ahead. Mixed 210 sxs class A cement @ 13.6"/95' shut down, washout pump + lines, release plug. Displace w/ 27.9 Bbl fresh water. Final pump pressure 300 PSI. Bump plus to 700 PSI. release pressure, fluid + plug held. Good circulation @ all times while cementing. Job complete. Rig down.*

Plugged rat hole w/ 20 sxs

*Thank You **

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	100	MILEAGE	4.20	420.00
11045	230 sxs	class A cement	15.70	3611.00
5407A	10.8'	ton mileage bulk truck	1.41	1524.21
4406		5 1/2" top rubber plug	73.50	73.50
		<i>Well 5 Mertz #1 Cement</i>		
		<i>OK # 1082</i>		
		<i>\$6982.68 total</i>		
		<i>-596 - 349.13</i>		
		<i>\$ 6633.55 total</i>		
		<i>Check # 1082</i>		
			subtotal	6713.71
			7.3% SALES TAX	268.97
			ESTIMATED TOTAL	6982.68

Ravin 3737

AUTHORIZATION *Don Clark*

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.

memo

Kansas Corporation Commission – O&G Division

To: Who it may concern
From: Doug Westerhaus – for Donald C. Clark, Operator
CC:
Date: 9/5/2013
Re: Explanatory Notes

Comments: I am filing the completion report for Mr. Clark and thought a few explanatory notes should accompany the ACO-1 report.+

1. The Geologist is fighting Lyme Disease and hasn't provided the Geologist's log as of yet. He has indicated that he has a pencil copy that he will copy and provide to the operator in the next few days, which will be copied and supplied upon receipt.
2. Cutting samples were taken at the Well and will be delivered tomorrow to KGS in Wichita.
3. Casing was set and cemented from surface to a depth of 1132, which is approximately 50 feet into the granite/granite wash strata. All fresh and useable water zones are behind casing, as are all sedimentary formations. If testing reveals adequate basis for doing so, the well will then be completed.
4. Pioneer was called this morning and asked to deliver electronic copies of the well logs to KGS
5. We are requesting confidentiality for all materials for the maximum time permitted
6. Because of rainy weather and backlog of work, it has not been possible to flow test this well. Scheduling is currently being worked out with Hurricane Services to move in and begin testing and possible completion work.

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

September 05, 2013

Donald C. Clark
Clark, Donald C. dba CFA Oil Company
PO BOX 252
BONNER SPGS, KS 66012-0252

Re: ACO1
API 15-161-20080-00-00
Mertz 1
NE/4 Sec.30-10S-09E
Riley 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,
Donald C. Clark