



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1209235
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: _____

1209235

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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Form	ACO1 - Well Completion
Operator	K & N Petroleum, Inc.
Well Name	SESSLER 1
Doc ID	1209235

Tops

Name	Top	Datum
Heebner	3012	-1194
Toronto	3028	-1210
Douglas	3044	-1226
Brown Lime	3142	-1324
Lansing	3154	-1336
Conglomerate	3385	-1567
Simpson Shale	3390	-1572
Simpson Sand	3392	-1574
Arbuckle	3418	-1600
RTD	3430	-1612



Copeland
Acid & Cement

**FIELD
ORDER** N° C 35120

BOX 438 • HAYSVILLE, KANSAS 67060
316-524-1225

DATE 9.16.10 20

IS AUTHORIZED BY: K. No. Robinson (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well _____ As Follows: Lease Sec 36 Well No. 1 Customer Order No. _____

Sec. Twp. _____ Range _____ County Sto. Co. Mo. State Mo.

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED
BEFORE WORK IS COMMENCED

By _____ Well Owner or Operator Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	70	milsare pump fuel	1.00	70.00
	70	milsare parts	1.00	70.00
	1	Pump charge (500 gal)		1,000.00
	300	6 3/4" lead 7% sol	9.00	2,700.00
	6	7% cabl sol	16.00	96.00
	100	(Common)	11.00	1,100.00
	4	Columb Chloride	14.00	56.00
	1	8 3/4" Galvan Plater		100.00
	1	8 3/4" lead wire plus		65.00
	BULKY	Bulk Charge		400.00
		Bulk Truck Miles 1707 x 700 = 1,194,900	1.00	213.00
Process License Fee on _____ Gallons				
TOTAL BILLING				6,244.00

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative Robinson K

Station 10 Well Owner, Operator or Agent Ed

Remarks _____

NET 30 DAYS

ALLIED CEMENTING CO., LLC. 036840

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Great Bend

DATE <u>9-30-10</u>	SEC. <u>1</u>	TWP. <u>21S</u>	RANGE <u>12W</u>	CALLED OUT	ON LOCATION	JOB START COUNTY <u>Stafford</u>	JOB FINISH STATE <u>KS</u>
LEASE <u>Sessler</u>	WELL # <u>1</u>	LOCATION <u>Ellenwood South</u>			<u>Tocoline</u>		
<u>OLD OR NEW</u> (Circle one) <u>NEW</u> <u>(Circle one)</u> <u>(East 1/2 South section 10)</u>							

CONTRACTOR South wind Rix m OWNER W-N Petrolcum

TYPE OF JOB Rotary Plus
 HOLE SIZE 7 7/8 T.D. 3130
 CASING SIZE DEPTH
 TUBING SIZE DEPTH
 DRILL PIPE 4 1/2 DEPTH 3203
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG.
 PERFS.
 DISPLACEMENT

CEMENT
 AMOUNT ORDERED 190sk 60/40 4% GEL

COMMON 114 @ 13.50 1539.00
 POZMIX 76 @ 7.55 573.80
 GEL 7 @ 20.25 141.75
 CHLORIDE
 ASC

EQUIPMENT

PUMP TRUCK CEMENTER wayne-D
 # 181 HELPER Bob-R
 BULK TRUCK
 # 314 DRIVER Bill
 BULK TRUCK DRIVER

HANDLING 190 @ 2.25 427.50
 MILEAGE 190x20x.10 380.00

TOTAL 3062.05

REMARKS:

1st plug 3203 mix 50sk Displace 4500L
2nd plug 630 mix 50sk Dis 4500L
3rd plug 300 mix 40sk Dis .25
4th plug 60 mix 20sk Dis .25
Rat hole mix 300x
washup Rix Dowel

DEPTH OF JOB 3203 SERVICE
 PUMP TRUCK CHARGE 1159.00
 EXTRA FOOTAGE
 MILEAGE 20 @ 7.00 140.00
 MANIFOLD
 TOTAL 1299.00

CHARGE TO: W-N Petrolcum
 STREET
 CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

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To Allied Cementing Co., LLC.

You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

TOTAL

SALES TAX (If Any)

TOTAL CHARGES ~~3062.05~~

DISCOUNT IF PAID IN 30 DAYS

PRINTED NAME Robert L. Sanders
 SIGNATURE Robert L. Sanders

SOUTHWIND DRILLING, INC.

RIG #4

PO Box 276, Ellinwood, KS 67526
Office Phone 620-564-3800, Fax 620-564-3845

DRILLING REPORT

Sessler #1

Location: 1650' FNL & 660' FEL
API#: 15-185-23638-00-00

Section 1-21S-12W
Stafford County, Kansas

OWNER: K & N Petroleum, Inc.

COMMENCED: 09-25-10

CONTRACTOR: Southwind Drilling, Inc. Rig #1

COMPLETED: 09-30-10

TOTAL DEPTH: Driller: 3430'

Ground Elevation: 1811'

Logger: None

KB Elevation: 1818'

LOG:

0' - 3028' Shale
3028' - 3430' Lime/Shale
3430' RTD

CASING RECORDS

Surface casing - 8 5/8"

Ran 15 joints of 23# new 8 5/8" surface casing. Tally @ 616.95'. Set @ 626'. Cement with 300 sacks of 60/40 Poz. 3% calcium chloride, 4% gel. Cement did circulate. Plug down @ 6:45 a.m. on 09-25-10 by Copeland (tk #35120).

Production casing - 5 1/2"

None - plugged the well

DEVIATION SURVEYS

1 degree (s)	@	626'
1/4 degree (s)	@	2052'
3/4 degree (s)	@	3430'