



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1211797 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:

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> New Well | <input type="checkbox"/> Re-Entry | <input type="checkbox"/> Workover |
| <input type="checkbox"/> Oil | <input type="checkbox"/> WSW | <input type="checkbox"/> SWD |
| <input type="checkbox"/> Gas | <input type="checkbox"/> D&A | <input type="checkbox"/> ENHR |
| <input type="checkbox"/> OG | <input type="checkbox"/> GSW | <input type="checkbox"/> Temp. Abd. |
| <input type="checkbox"/> CM (Coal Bed Methane) | | |
| <input type="checkbox"/> Cathodic | <input type="checkbox"/> Other (Core, Expl., etc.): _____ | |

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- | | | | |
|--|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Deepening | <input type="checkbox"/> Re-perf. | <input type="checkbox"/> Conv. to ENHR | <input type="checkbox"/> Conv. to SWD |
| <input type="checkbox"/> Plug Back | <input type="checkbox"/> Conv. to GSW | <input type="checkbox"/> Conv. to Producer | |
| | | | |
| <input type="checkbox"/> Commingled | Permit #: | _____ | |
| <input type="checkbox"/> Dual Completion | Permit #: | _____ | |
| <input type="checkbox"/> SWD | Permit #: | _____ | |
| <input type="checkbox"/> ENHR | Permit #: | _____ | |
| <input type="checkbox"/> 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: _____

1211797

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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*Total Water Volume sources may include fresh water, produced water, and/or recycled water. **Information is based on the maximum potential for concentration and thus the total may be over 100%.
Ingredient information for chemicals subject to 29 CFR 1910.1200(i) and Appendix D are obtained from suppliers' Material Safety Data Sheets (MSDS).



TICKET NUMBER 30662
 LOCATION Eureka, KS
 FOREMAN Shannon Feck

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

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-205-27952

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-27-11	0302	Lloyd Kebert # 10	10	30S	15E	Wilson
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Mailing Address			520	John S		
CITY			515	Calin		
STATE						
ZIP CODE						
Eureka						
KS						
67045						

JOB TYPE LS HOLE SIZE 0 HOLE DEPTH 1110 CASING SIZE & WEIGHT _____
 CASING DEPTH 1090" DRILL PIPE _____ TUBING 1090" OTHER _____
 SLURRY WEIGHT 13.6# SLURRY VOL 40 BBL WATER gal/sk 8.0 CEMENT LEFT in CASING None
 DISPLACEMENT 6.3 BBL DISPLACEMENT PSI 600-1100 MIX PSI 200 RATE Displace in 6" @ 1BPM

REMARKS: Run wireline tag float shoe @ 1099". Rig up to 2 3/4" tubing mix 4 sks gel flush, & bring gel all the way to surface. Mix 125 sks o.w.c. cement with 1/2# phenoseal/sk. Shut down wash out pump & lines. Release plugs, & displace with 6.3 BBL fresh water. Good circulation @ all times, 8 BBL slurry to pit. Rig down, put on swedge & pressure well to 600 psi & shut in. Job complete

Thanks Shannon & Crew !!

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	50	MILEAGE	4.00	200.00
1126	125 SKS	O.W.C. Cement	17.90	2237.50
1107A	63#	Phenoseal 1/2#/sk	1.22	76.86
1118B	200#	gel flush	.20	40.00
5407A	6.5 tons	Ton mileage bulk truck	1.26	409.50
4402	2	2 1/2 Rubber Plugs	28.00	56.00
			Sub total	3994.86
			6.3% SALES TAX	151.85
			ESTIMATED TOTAL	4146.71

Form 3737

042355

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



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER **45157**

LOCATION Thayer

PO BOX 884 STREET, CHANUTE, KS 66720
620-431-9210 OR 800-467-8676

#10 FIELD TICKET

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
7-18-11	5202	Lloyd Kelsort		10	S05	15E	Wk	Bartlesville
CHARGE TO <u>Marshall Oil</u>				OWNER				
MAILING ADDRESS				OPERATOR				
CITY & STATE				CONTRACTOR				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	AMOUNT
5102B	1	PUMP CHARGE 1300 HP Combo	Spec.	2300
5302	1	Acid spatter		37.50
1275	75 gal.	15% HCL acid		127.50
1202	1/4 gal.	ESA24 inhibitor		11.50
1219B	1/2 gal.	Stim oil		27.50
1268	5,500 gal.	Thayer city		85.80
1231	1250 #	Frac gel		687.50
1215	6 gal.	KELSUB		219.00
1205A	3 #	Biocide		90.00
1208	1/4 gal.	Breaker		46.25
5604	1	Frac valve		100.00
5115	1	Ball injector		N/C
4326	3	1.356 7/8" ballsealers		9.00
BLENDING & HANDLING				
5109	20	TON-MILES		300.00
STAND BY TIME				
5108	20	MILEAGE Mobilization x 3 P, S, J		240.00
5501F	3 hrs	WATER TRANSPORTS - 1		336.00
VACUUM TRUCKS				
2101A	500 #	FRAC SAND 20-40		130.00
2102	4,500 #	17-20		1215.00
				2429.12
SALES TAX				5.98
5% discount if paid within 10 days of invoice.				6424.97
ESTIMATED TOTAL				6321.58

CUSTOMER or AGENTS SIGNATURE

COWS FOREMAN

Brett Busby

CUSTOMER or AGENT (PLEASE PRINT)

DATE

7-18-11

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 services 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 52606
FIELD TICKET REF # 45157
LOCATION Thayer
FOREMAN Bret Bucky

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																								
7-18-11		Lloyd Kebert #10	10	303	15E	WK																								
CUSTOMER Marshall Oil & Brian Marshall			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>476</td> <td>Josh</td> <td></td> <td></td> </tr> <tr> <td>490</td> <td>Donnie</td> <td></td> <td></td> </tr> <tr> <td>478</td> <td>Mark</td> <td></td> <td></td> </tr> <tr> <td>582</td> <td>Wes</td> <td></td> <td></td> </tr> <tr> <td>4887102</td> <td>Brian B</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	476	Josh			490	Donnie			478	Mark			582	Wes			4887102	Brian B		
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476	Josh																													
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478	Mark																													
582	Wes																													
4887102	Brian B																													
MAILING ADDRESS																														
CITY		STATE	ZIP CODE																											
WELL DATA																														
CASING SIZE			TOTAL DEPTH																											
CASING WEIGHT			PLUG DEPTH																											
TUBING SIZE <u>2 7/8 8546</u>			PACKER DEPTH																											
TUBING WEIGHT			OPEN HOLE																											
PERFS & FORMATION <u>1029 - 1034 (N) Bartlesville</u>			TYPE OF TREATMENT <u>Acidspit + Frac</u>																											
			CHEMICALS <u>Kelcyl-Biocide-Breaker</u> <u>Acid-inhibitor-51m0.1</u>																											

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
PAD	20	21			1900	BREAKDOWN
20-40		21	.5-1.0	500#	2000	START PRESSURE
12-20		21	1.0			END PRESSURE
12-20			2.0			BALL OFF PRESS
12-20		21	2.0	2000#	1600	ROCK SALT PRESS
12-20 + (2) balls		21-20	.5		1900	ISIP 450
12-20		19	1.0-2.0	1,000#	1700	5 MIN
12-20 + (1) ball		20-19	.5		1900	10 MIN
12-20		19	1.0		1900	15 MIN
12-20		19	2.0	1,500#		MIN RATE
FLUSH CASING	10	20			1600	MAX RATE
Release balls to T.D.						DISPLACEMENT 6.0
OVERFLUSH	10	21	TOTAL	5,000#	1700	
TOTAL BBL'S	153		SAND			

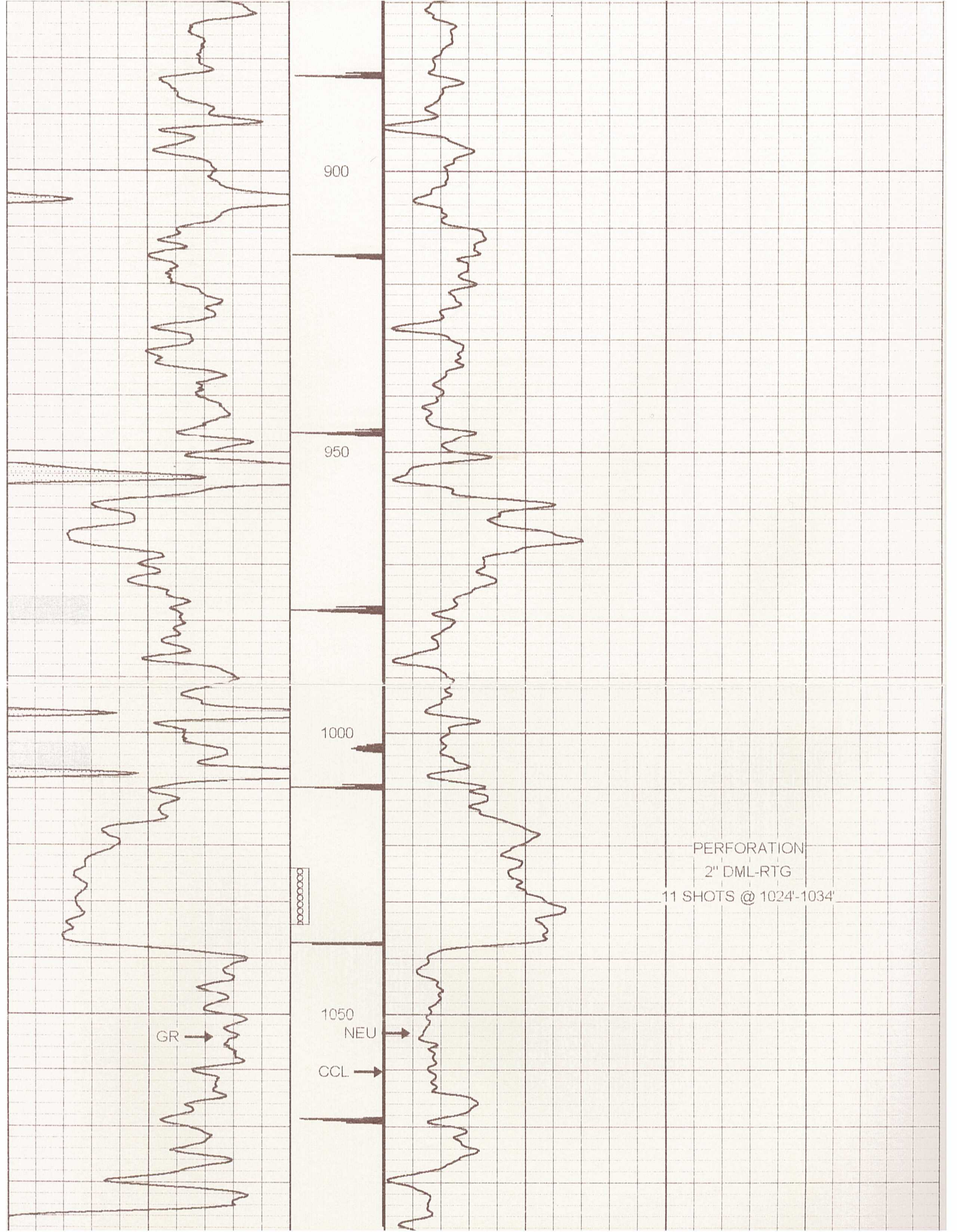
REMARKS: * hold safety-procedure meeting
spotted 75 gal - 15% HCL acid on perfs

Location 3:30 PM - 4:15 PM 20 miles
AUTHORIZATION Brian Marshall TITLE _____ DATE 7-18-11

Terms and Conditions are printed on reverse side.



Company	MARSHALL OIL
Well	LLOYD KEBERT #10
Field	FREDONIA
County	WILSON SEC. 10 TWP. 30S RGE. 15E
State	KANSAS
Date	7-8-11



900

950

1000

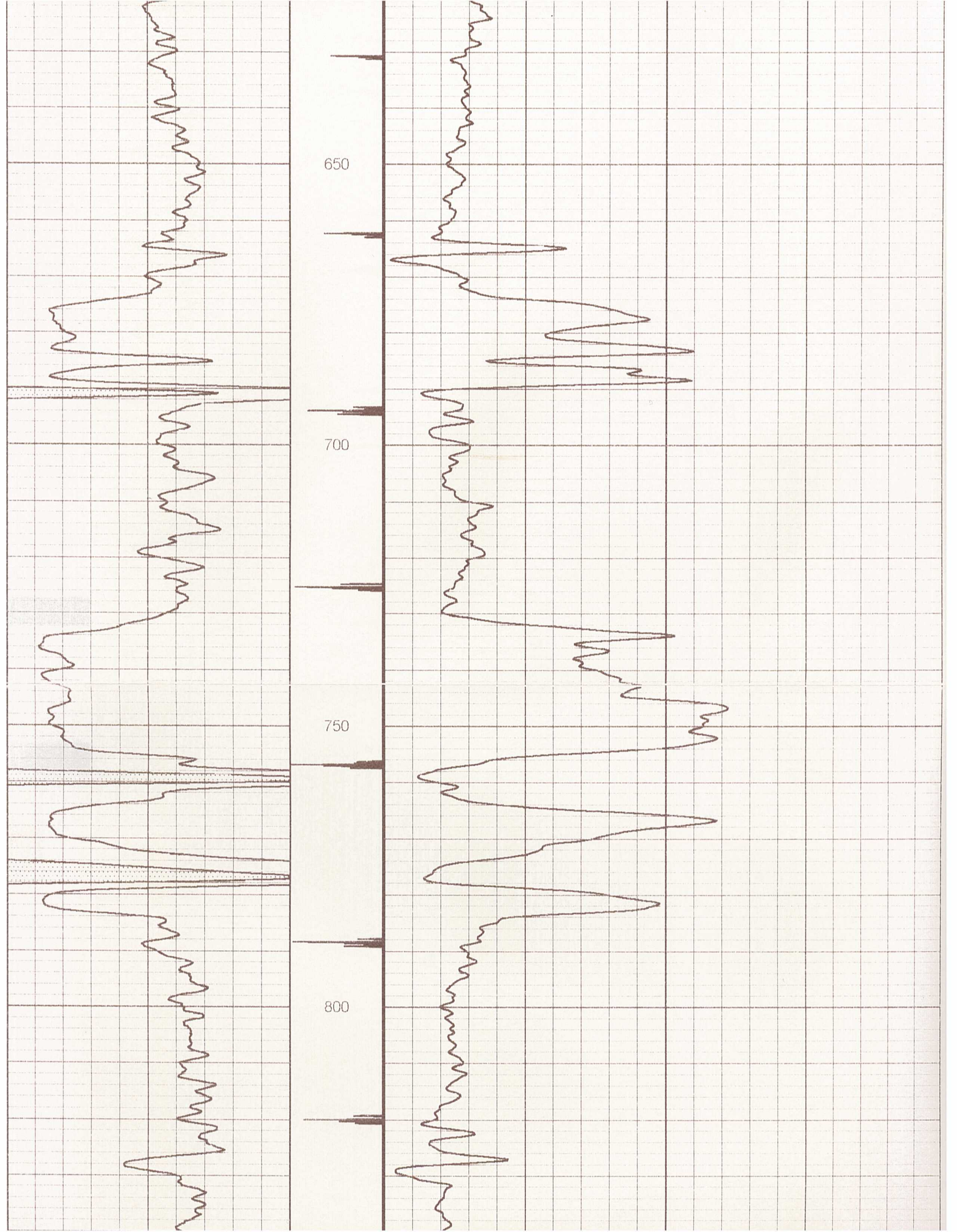
1050

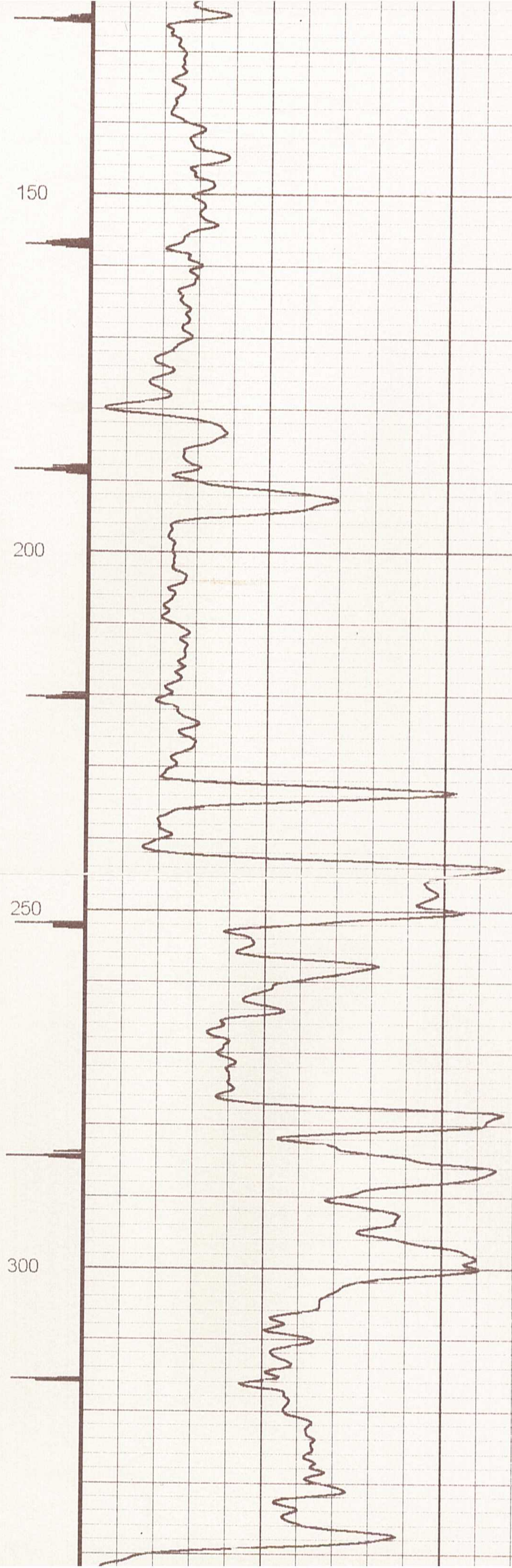
GR →

NEU →

CCL →

PERFORATION
2" DML-RTG
11 SHOTS @ 1024'-1034'





NEU-TITAN (TIT801)
TITAN 1 11/16" Neutron

4.33

1.69

25.00

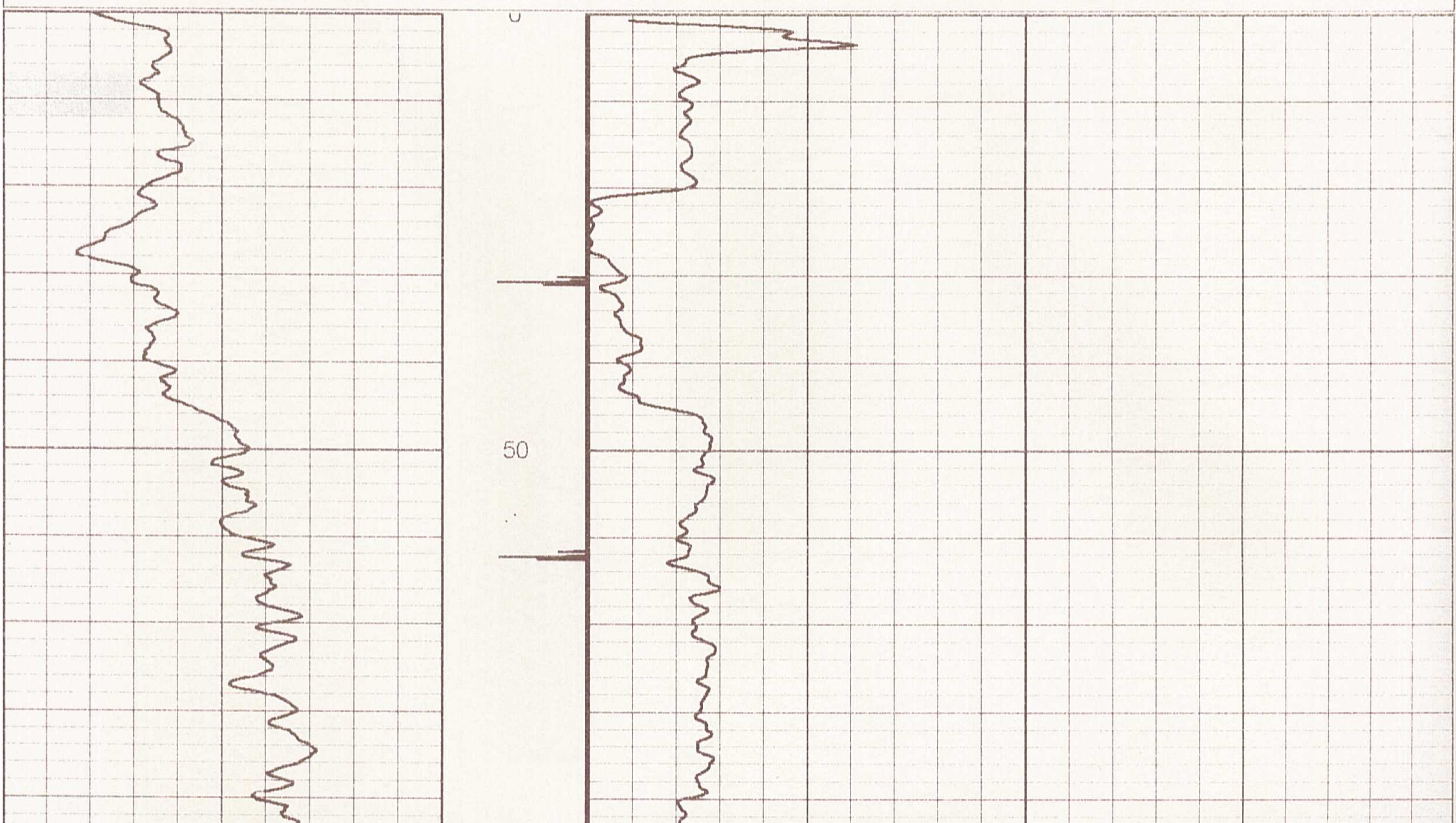
NEU

0.63

Dataset: lloyd kebert #10 .db: field/well/run1/pass1
 Total Length: 10.92 ft
 Total Weight: 52.50 lb
 O.D.: 1.69 in

Database File: g:\lloyd kebert #10 .db
 Dataset Pathname: pass1
 Presentation Format: gr-n-ccl
 Dataset Creation: Fri Jul 08 11:11:30 2011 by Log Std Casedhole 09061
 Charted by: Depth in Feet scaled 1:240




150	gr	300	3	CCL0.05	200	NEU (cps)	2000
0	GR	150					

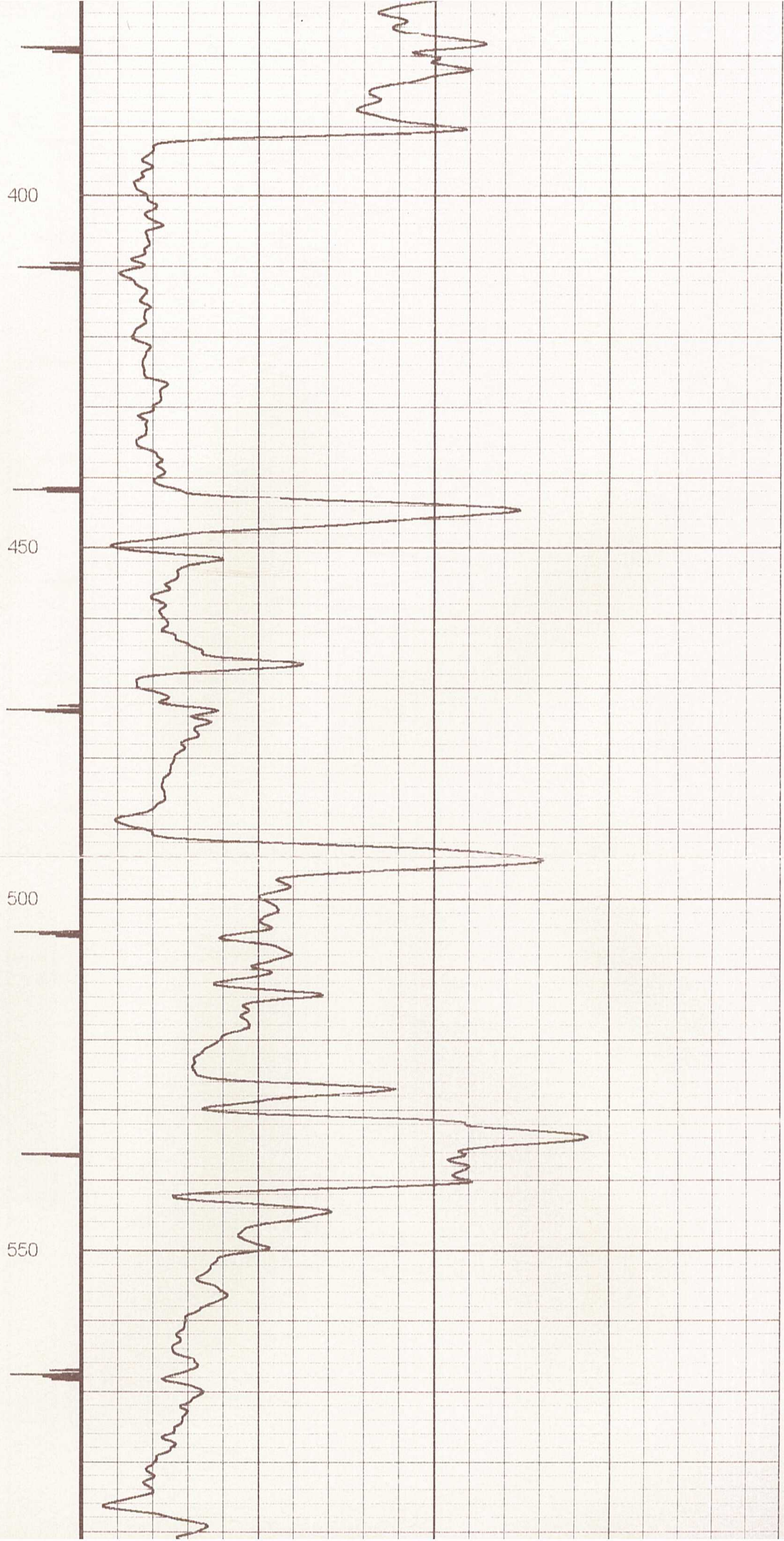
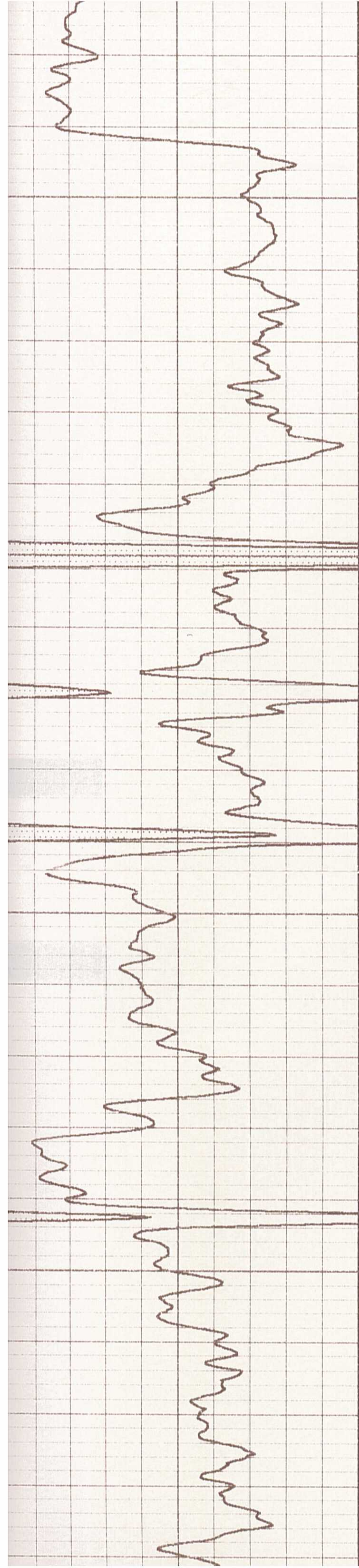


All interpretations are opinions based on inferences from electrical or other measurements and we cannot and do not guarantee the accuracy or correctness of any interpretation, and we shall not, except in the case of gross or willful negligence on our part, be liable or responsible for any loss, costs, damages, or expenses incurred or sustained by anyone resulting from any interpretation made by any of our officers, agents or employees. These interpretations are also subject to our general terms and conditions set out in our current Price Schedule.

Comments

THANK YOU

Sensor	Offset (ft)	Schematic	Description	Len (ft)	OD (in)	Wt (lb)
						
GR	7.59		GR-TITAN_169 (TIT169_001) Titan 1 11/16" Gamma Ray	4.75	1.69	20.00
CCL	5.05		CCL-TITAN_169 (TIT169) Titan 1 11/16" Logging CCL	1.83	1.69	7.50





GAMMA RAY NEUTRON COMPLETION LOG

Company MARSHALL OIL Well LLOYD KEBERT #10 Field FREDONIA County WILSON State KANSAS	Company	MARSHALL OIL		
	Well	LLOYD KEBERT #10		
	Field	FREDONIA		
	County	WILSON	State	KANSAS
	Location:	API #: 15-205-27952-00-00		Other Services
		1155' FNL & 1155' FWL SE SE NW NW		
		SEC 10 TWP 30S RGE 15E		
	Permanent Datum	GL	Elevation	811'EST.
	Log Measured From	GL		K.B.
	Drilling Measured From	GL		D.F. G.L. 811'EST.
Date	7-8-11			
Run Number	1 NW			
Depth Driller				
Depth Logger	1092.8'			
Top Log Interval	0			
Bottom Logged Interval	1092.8'			
Fluid Level	FULL			
Type Fluid	WATER			
Production Casing	2 7/8" @ TD @ @			
Max. Recorded Temp.				
Estimated Cement Top				
Calculated Cement Top				
Amount & Type Cement				
Amount & Type Admix				
Drilling Contractor				
Equipment Number	109			
Location				
Recorded By	SANBORN, G.			
Witnessed By	MARSHALL, B.			