

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 33718
Name: JOHN C. MEARS
Address: 4100 240th. Rd.
City/State/Zip: Chanute, KS. 66720
Purchaser: _____
Operator Contact Person: JOHN C. MEARS
Phone: (-620) 431 2129
Contractor: Name: HAT DRILLING
License: 33734
Wellsite Geologist: none

Designate Type of Completion:
 New-Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, 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./SWD
 Plug Back _____ Plug Back Total Depth _____
 Commingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or Enhr.?) _____ Docket No. _____

11-27-2007 11-29-2007
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 205-27325-0000
County: WILSON
NE-SWNWSE Sec. 7 Twp. 27 S. R. 14 East West
3330 feet from S (circle one) Line of Section
2285 feet from / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW H.P. 1

Lease Name: H. MARR Well #: H&P 1
Field Name: unknown

Producing Formation: cattlemans- bartlesville

Elevation: Ground: 888 Kelly Bushing: _____
Total Depth: 1229 Plug Back Total Depth: 4

Amount of Surface Pipe Set and Cemented at 1'27" Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ 1229 Feet

If Alternate II completion, cement circulated from 1229-133
feet depth to surface w/ 4 BARREL 60 sx cmt.
Alt 2-Dlg - 7/2/08

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: **RECEIVED**
KANSAS CORPORATION COMMISSION

Operator Name: _____
Lease Name: _____ License No.: **MAY 02 2008**

Quarter _____ Sec. _____ Twp. _____ S. R. **CONSERVATION DIVISION**
County: _____ Docket No.: **WICHITA, KS**

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: John C. Mears
Title: Owner Date: 4/30/08

Subscribed and sworn to before me this 30th day of April,
20 08.

Notary Public: Jacqueline Rice
Date Commission Expires: August 4, 2009

JACQUELINE J. RICE
Notary Public - State of Kansas
My Appt. Expires 08/04/2009

KCC Office Use ONLY
N Letter of Confidentiality Received
If Denied, Yes Date: _____
Wireline Log Received _____
Geologist Report Received _____
UIC Distribution _____

Operator Name: JOHN C. MEARS Lease Name: H. MARR Well #: H.P. 1
 Sec. 7 Twp. 27 S. R. 14 East West County: WILSON

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 copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken Yes No
 (Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
 (Submit Copy)

Log Formation (Top), Depth and Datum Sample
 Name Top Datum

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
surf		7"		133		60	

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		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	Depth

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.		Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas Vented Sold Used on Lease (If vented, Submit ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

CONSOLIDATED OIL WELL SERVICES, *llc*
 P.O. BOX 884, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676



ENTERED

TICKET NUMBER 13279
 LOCATION EUREKA
 FOREMAN KEVIN MCCOY

**TREATMENT REPORT & FIELD TICKET
 CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-30-07	5410	H. MARK #1	7	27S	14E	WILSON
CUSTOMER John C. MEARS			HAT DRIG. Co.			
MAILING ADDRESS 4100 240th Rd						
CITY Chanute	STATE Ks	ZIP CODE 66720	TRUCK #	DRIVER	TRUCK #	DRIVER
			445	Justin		
			441	Jim		
JOB TYPE <u>SURFACE</u>			HOLE SIZE <u>9 7/8</u>		HOLE DEPTH <u>134'</u>	
CASING DEPTH <u>133'</u>			DRILL PIPE _____		TUBING _____	
SLURRY WEIGHT <u>15*</u>			SLURRY VOL <u>14 BBL</u>		WATER gal/sk <u>6.5</u>	
DISPLACEMENT <u>4.7 BBL</u>			DISPLACEMENT PSI _____		MIX PSI _____	
					RATE _____	
CASING SIZE & WEIGHT <u>7" 23"</u>			OTHER _____		CEMENT LEFT in CASING <u>15'</u>	

REMARKS: Safety Meeting: Rig up to 7" casing. Break circulation w/ 5 BBL fresh water. Mixed 60 sks Class "A" cement w/ 3% CaCl₂, 2% Gel, 1/2" Floccs / sk @ 15*/gal. Displace w/ 4.7 BBL fresh water. Shut casing in. Good cement returns to surface. Job complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	650.00	650.00
5406	30	MILEAGE	3.30	99.00
11045	60 sks	CLASS "A" Cement	12.20	732.00
1102	170 "	CaCl ₂ 3%	.67 "	113.90
1118 A	113 "	Gel 2%	.15 "	16.95
1107	30 "	Floccs 1/2" per sk	1.90 "	57.00
5407	2.82 Tons	Ten Mileage BULK TRUCK	MIC	285.00
RECEIVED KANSAS CORPORATION COMMISSION				
JUL 02 2008				
CONSERVATION DIVISION WICHITA, KS				
			Sub Total	1292.85
			SALES TAX 6.3%	81.55
			ESTIMATED TOTAL	2011.81

THANK YOU
218118

AUTHORIZATION witnessed By John Mears TITLE owner DATE _____