

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 31119
Name: Lone Wolf Oil dba
Address 1: Box 241
Address 2: _____
City: Moline State: Ks Zip: 67353 + _____
Contact Person: Rob Wolfe
Phone: (620) 647-3626
CONTRACTOR: License # 32701
Name: C & G Drilling Inc
Wellsite Geologist: Joe Baker
Purchaser: Plains Marketing
Designate Type of Completion:
 New Well _____ Re-Entry _____ Workover _____
 Oil _____ SWD _____ SIOW _____
_____ Gas _____ ENHR _____ SIGW _____
_____ CM (Coal Bed Methane) _____ Temp. Abd. _____
_____ 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. _____ Conv. to SWD _____
_____ Plug Back: _____ Plug Back Total Depth _____
_____ Commingled _____ Docket No.: _____
_____ Dual Completion _____ Docket No.: _____
_____ Other (SWD or Enhr.?) _____ Docket No.: _____
10-31-08 11-4-08 11-17-08
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 019-26935-0000
Spot Description: _____
N2 N2 NE NE Sec. 1 Twp. 32 S. R. 9 East West
165 Feet from North / South Line of Section
660 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Chautauqua
Lease Name: Walker Trust Well #: 5
Field Name: Hylton North
Producing Formation: Mississippi
Elevation: Ground: 1139 Kelly Bushing: 1145
Total Depth: 2235 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 43 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 520
feet depth to: 0 w/ 100 Alt 2 - Dig - 1/30/09 ^{sx cmt.}

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 1000 ppm Fluid volume: 220 bbls
Dewatering method used: Evaporation
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

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: Rob Wolfe
Title: Owner Date: 12-12-08
Subscribed and sworn to before me this 12th day of Dec 2008.
Notary Public: Lisa J. Townsley
Date Commission Expires: _____

LISA J. TOWNSLEY
Notary Public - State of Kansas
My Appt. Expires 6-13-12

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

Operator Name: Lone Wolf Oil dba Lease Name: Walker Trust Well #: 5
 Sec. 1 Twp. 32 S. R. 9 East West County: Chautauqua

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Gamma Ray Neutron Cement Bond	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Altamont</td> <td>1737</td> <td>-592</td> </tr> <tr> <td>Pawnee</td> <td>1828</td> <td>-683</td> </tr> <tr> <td>Ft. Scott</td> <td>1876</td> <td>-731</td> </tr> <tr> <td>Cherokee</td> <td>1912</td> <td>-767</td> </tr> <tr> <td>Mississippi</td> <td>2192</td> <td>-1047</td> </tr> </table>	Name	Top	Datum	Altamont	1737	-592	Pawnee	1828	-683	Ft. Scott	1876	-731	Cherokee	1912	-767	Mississippi	2192	-1047
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CASING RECORD <input checked="" 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
Surface	12 1/4	8 5/8		43	Class A	35	3% Cal. 2% Gel
Longstring	7 7/8	4 1/2	10.5	2235	Thick Set	125	5# Kol-Seal

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	520-Surface	60/40 Poz	100	4% Gel

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
2	2200-2208	500 gal Mud Acid	2200

TUBING RECORD:	Size: <u>2 3/8</u>	Set At: <u>2199</u>	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. <u>11-19-08</u>		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbbs. <u>16</u>	Gas Mcf	Water Bbbs. <u>100</u>	Gas-Oil Ratio <u>32</u>

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>2200-2208</u>
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CONSOLIDATED
OIL FIELD SERVICES, LLC



ENTERED

TICKET NUMBER 20405
LOCATION Garber
FOREMAN STAN AMERL

PO Box 884, Chanute, KS 66720
820-431-8210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-17-08	4763	Walker Trust #5				
CUSTOMER			TRUCK #			
Lane Wolf Oil Co			DRIVER			
MAILING ADDRESS			TRUCK #			
Box 241			DRIVER			
CITY			STATE			
Moline			KS			
ZIP CODE			67353			

JOB TYPE Top outside HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting. Run in 1" Tubing down to 520'. Down the back side. Mix 100 sks 69/40 Poz mix Cement w/ 4% Gel. Fill back side up 520' to surface. Pull out 1" Tubing Top well off. Job complete Rig down.

RECEIVED

DEC 15 2008

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	925.00	925.00
5406	40	MILEAGE	3.66	146.00
1171	100 sks	Poz mix Cement	11.35	1135.00
1118A	375 #	Gel 4%	.17	63.75
5407		Ten Mileage Bulk Truck	Mile	315.00
			SUBTOTAL	2584.75
			SALES TAX	75.53
			ESTIMATED TOTAL	2660.28

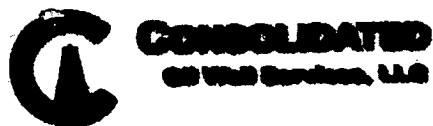
Rev'n 3737

201413

AUTHORIZATION Called by Rob Wolf

TITLE Owner

DATE _____



TICKET NUMBER 20327
 LOCATION EUAEXA
 FOREMAN KEVIN MCCOY

PO Box 884, Chanute, KS 66720
 620-431-9210 or 800-467-8876

FIELD TICKET & TREATMENT REPORT
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
10-31-08	47163	WALKER Trust #5	1	325	9E	CO	
CUSTOMER <u>Lane WOLF OIL</u>			C&G DR19.	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>Box 241</u>				<u>445</u>	<u>Justin</u>		
CITY <u>Moline</u>							
STATE <u>Ks</u>			ZIP CODE <u>67353</u>				

JOB TYPE SURFACE HOLE SIZE 12 1/4 HOLE DEPTH 46' CASING SIZE & WEIGHT 0.46
 CASING DEPTH 42' DRILL PIPE TUBING OTHER
 SLURRY WEIGHT 15* SLURRY VOL 8.5 BBL WATER gal/sk 6.5 CEMENT LEFT in CASING 10'
 DISPLACEMENT 2 BBL DISPLACEMENT PSI MIX PSI RATE

REMARKS: Safety Meeting: Rig up to 8 1/2 casing. Break circulation w/ 5 BBL fresh water.
Mixed 35 sks CLASS "A" Cement w/ 3% CaCl2, 2% Gel, @ 15*/gal. Displace w/ 2 BBL
fresh water. Shut casing in. Good Cement Returns to SURFACE. Job Complete.
Rig down.

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 DEC 15 2008
 KCC WICHITA

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401 S	1	PUMP CHARGE	225.00	225.00
5406	40	MILEAGE	3.63	145.20
1104 S	35 sks	CLASS "A" Cement	13.50	472.50
1102	100 *	CaCl2 3%	.75 *	75.00
1118 A	65 *	Gel 2%	.17 *	11.05
5407	1.65 Tons	Ton Mileage BULK TRUCK	190	315.00
			Sub Total	1747.55
			SALES TAX ESTIMATED TOTAL	35.80 1779.75

THANK You
6.3%
 881091
 TITLE C&G Toolpusher

AUTHORIZATION Witnessed By Cotton Galick DATE _____



CONSOLIDATED
OIL WELL SERVICES, LLC



TICKET NUMBER 20320
LOCATION Eureka
FOREMAN Troy Stricker

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
11-4-08	4763	Walker Trust #5				CG
CUSTOMER <u>Lone Wolf Oil Co.</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>Box 241</u>			<u>520</u>	<u>Cliff</u>		
CITY <u>Moline</u>			<u>439</u>	<u>Calin</u>		
STATE <u>Ks</u>			<u>437</u>	<u>John</u>		
ZIP CODE <u>67353</u>						

JOB TYPE Logging HOLE SIZE 7 7/8" HOLE DEPTH 2235' CASING SIZE & WEIGHT 4 1/2" 10.5"
CASING DEPTH 2238' DRILL PIPE _____ TUBING _____ OTHER PTD 2234'
SLURRY WEIGHT 13.4" SLURRY VOL 37.68bl WATER gal/sk 8" CEMENT LEFT in CASING 4'
DISPLACEMENT 35.56bl DISPLACEMENT PSI 400 MIX PSI 900 Bumply RATE _____

REMARKS: Safety meeting: Rig up to 4 1/2" casing. Break circulation w/ 5bl water.
Mixed 125sks Thick Set Cement w/ 5" Kol-Seal @ 13.4"/gal. Wash out Pump
+ lines. Reverse Plug. Displace w/ 35.56bl water. Final Pump Pressure 400 PSI.
Bump Plug to 900PSI. wait 2mins. Release Pressure. Float + Plug Hold.
Good Circulation @ all Times.

Job Complete

RECEIVED

DEC 15 2008

KCC WICHITA

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	925.00	925.00
5406	40	MILEAGE	3.65	146.00
1126A	125sks	Thick Set Cement	17.00	2125.00
1110A	625"	Kol-Seal 5"/sk	.42"	262.50
5407A	6.88 Ton	Ton Mileage	1.20	330.24
4161	1	4 1/2" AFU Float shoe	275.00	275.00
4129	3	4 1/2" x 7 7/8" Centralizers	40.00	120.00
4103	1	4 1/2" Cement Basket	208.00	208.00
4453	1	4 1/2" Latch Down Plug	221.00	221.00
5502C	4hrs.	800bl Vac Truck	100.00	400.00
1123	300gal	City Water	14.00/gal	42.00
			Sub Total	5052.74
			SALES TAX 6.5%	204.85
			ESTIMATED TOTAL	5257.59

Revin 3737

Thank You!

02/16/03

AUTHORIZATION witnessed by Rob

TITLE owner

DATE _____