

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

**ORIGINAL**

Operator: License # 7116  
Name: Kantor Oil Co. LLC  
Address: 15 W. 6th. St. Suite 2601  
City/State/Zip: Tulsa, Oklahoma 74119  
Purchaser: NCRA  
Operator Contact Person: Larry Ressler  
Phone: (620) 664-0597  
Contractor: Name: C & G Drilling Co.  
License: 32701  
Wellsite Geologist: MaxLovely

Designate Type of Completion:  
 New Well  Re-Entry  Workover  
 Oil  SWD  SIOW  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. \_\_\_\_\_

9-14-2007	9-17-2007	10-10-2007
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 079-20673-0000  
County: Harvey  
SE    NW    SE    Sec. 19 Twp. 22 S. R. 3  East  West  
1638 feet from  N (circle one) Line of Section  
1650 feet from  W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE  SE NW SW  
Lease Name: Martens Well #: 11  
Field Name: Hollow Nikkel

Producing Formation: Lansing - Kansas City  
Elevation: Ground: 1441 Kelly Bushing: 1448  
Total Depth: 2593 Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at 248 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 *ALT I with*  
(Data must be collected from the Reserve Pit) 3-10-08  
Chloride content 4100 ppm Fluid volume 700 bbls  
Dewatering method used Displace W/ Chemical Mud

Location of fluid disposal if hauled offsite:  
Operator Name: Kantor Oil Co.  
Lease Name: Ediger License No.: 7116  
Quarter SW Sec. 19 Twp. 22S S. R. 3  East  West  
County: Harvey Docket No.: E-19005

**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: [Signature]  
Title: Production Superintendent Date: 11-23-07  
Subscribed and sworn to before me this 23 day of November,  
2007.

Notary Public: Mary A. Bumm  
Date Commission Expires: 3-10-08  
MARY A. BUMM  
NOTARY PUBLIC  
STATE OF KANSAS  
My Appt. Exp. 3-10-08

**KCC Office Use ONLY**

Letter of Confidentiality Received  
 If Denied, Yes  Date: \_\_\_\_\_ **RECEIVED**  
 Wireline Log Received **KANSAS CORPORATION COMMISSION**  
 Geologist Report Received **NOV 26 2007**  
 UIC Distribution **CONSERVATION DIVISION**  
**WICHITA, KS**

Operator Name: Kantor Oil Co. LLC Lease Name: Martens Well #: 11  
 Sec. 19 Twp. 22 S. R. #       East  West County: Harvey

**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:  <b>Dual Compensated Porosity, Dual Induction                  Gamma Ray/Nuetron, &amp; Sonic Bond</b>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>Brown Lime</td> <td>2432</td> <td>-992</td> </tr> <tr> <td>Lansing - Kansas City</td> <td>2464</td> <td>-1029</td> </tr> </table>	Name	Top	Datum	Brown Lime	2432	-992	Lansing - Kansas City	2464	-1029
Name	Top	Datum								
Brown Lime	2432	-992								
Lansing - Kansas City	2464	-1029								

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
Surface	17	13 3/8	40	240	60/40 Poz	350	2 % gel
Production	7 7/8	5 1/2	14	2564	60/40 Poz	125	2 % gel

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				

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
4 SPF	2516 - 2521	500 gal. Mud Acid - 500 gal. 20% NE- FE	

<b>TUBING RECORD</b>		Size <u>2 3/8</u> Set At <u>2530</u> Packer At <u>    </u>	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. <u>10-12 2007</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 Bbls. <u>6</u>	Gas Mcf <u>0</u>	Water Bbls. <u>100</u> Gas-Oil Ratio <u>    </u> Gravity <u>    </u>

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     

**RECEIVED**  
**KANSAS CORPORATION COMMISSION**  
**NOV 26 2007**  
 CONSERVATION DIVISION  
 WICHITA, KS



FIELD ORDER N° C 32194

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

DATE 9-14 2007

IS AUTHORIZED BY: KANTOR OIL Co  
(NAME OF CUSTOMER)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

To Treat Well As Follows: Lease MARTENS Well No. 11 Customer Order No. \_\_\_\_\_

Sec. Twp. Range \_\_\_\_\_ County HARVEY State KS

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
MILE <sup>4</sup>	10	MILEAGE Pickup	1 <sup>00</sup>	10 <sup>00</sup>
2101	10	MILEAGE Pump Truck	3 <sup>00</sup>	30 <sup>00</sup>
2100	1	Pump Charge		600 <sup>00</sup>
4000	350	60/40 P <sub>02</sub> 2% gel	8 <sup>05</sup>	2817 <sup>50</sup>
4051	40	Calcium Chloride	8 <sup>00</sup>	320 <sup>00</sup>
4000	350	Bulk Charge	1 <sup>25</sup>	437 <sup>50</sup>
4001		Bulk Truck Miles 15.4 TX 10 m = 154 TM	1 <sup>10</sup>	169 <sup>40</sup>
		Process License Fee on _____ Gallons		
		TOTAL BILLING		4384 <sup>40</sup>

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 A.G. CURTIS

Station GB

LARRY  
Well Owner, Operator or Agent

RECEIVED

Remarks \_\_\_\_\_

NET 30 DAYS

JAN 31 2008

KCC WICHITA





FIELD ORDER N° C 32196

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

DATE 9-17 2007

IS AUTHORIZED BY: KANTOR OIL Co  
(NAME OF CUSTOMER)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

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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

Well Owner or Operator

By

Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
MILEY	10	MILEAGE Pickup	1.00	10.00
4101	10	MILEAGE Pump Truck	3.00	30.00
2100	1	PUMP CHARGE		1000.00
ELE	1	5 1/2 Wiper Plug		65.00
H009	5	CENTRALIZERS	65.00	325.00
MA	1	INSERT FLOAT VALVE		115.00
TOPCAP	1	AUTO FILLUP		65.00
2100	1	GUIDE SHOE		110.00
2100	125	60/40 P02 2% Gel	8.05	1006.25
1102	1000	SALT	.17	170.00
1046	5	FLUID LOSS CFL 117L	110.00	550.00
1044	5	C-37L FRICTION Reducer	25.00	125.00
4100	140	Bulk Charge	1.25	175.00
201		Bulk Truck Miles 6.16T x 10m = 61.6	Min	150.00
		Process License Fee on _____ Gallons		
		<b>TOTAL BILLING</b>		<b>3896.25</b>

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 A.G. CURTIS

Station GB

LARRY  
Well Owner, Operator or Agent

Remarks \_\_\_\_\_

NET 30 DAYS

RECEIVED

JAN 31 2008

KCC WICHITA



TREATMENT REPORT

Acid Stage No. ....

Date 9-17-07 District GB F. O. No. C 32196  
 Company KANTOR OIL Co.  
 Well Name & No. MARTENS 11  
 Location Harvey Field KS  
 County Harvey State KS  
 Casing: Size 5 1/2 Type & Wt. .... Set at ..... ft.  
 Formation: ..... Perf. .... to .....  
 Formation: ..... Perf. .... to .....  
 Formation: ..... Perf. .... to .....  
 Liner: Size ..... Type & Wt. .... Top at ..... ft. Bottom at ..... ft.  
 Cemented: Yes/No. Perforated from ..... ft. to ..... ft.  
 Tubing: Size & Wt. .... Swung at ..... ft.  
 Perforated from ..... ft. to ..... ft.  
 Open Hole Size ..... ft. P.B. to ..... ft.

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand  
 Bkdown..... Bbl. /Gal. ....  
 ..... Bbl. /Gal. ....  
 ..... Bbl. /Gal. ....  
 ..... Bbl. /Gal. ....  
 Flush ..... Bbl. /Gal. ....  
 Treated from ..... ft. to ..... ft. No. ft. ....  
 from ..... ft. to ..... ft. No. ft. ....  
 from ..... ft. to ..... ft. No. ft. ....  
 Actual Volume of Oil /Water to Load Hole: ..... Bbl. /Gal.  
 Pump Trucks. No. Used: Std. 320 Sp. .... Twin .....  
 Auxiliary Equipment .....  
 Packer: ..... Set at ..... ft.  
 Auxiliary Tools .....  
 Plugging or Sealing Materials: Type .....

Company Representative LARRY

Treater A.I.G. CURTIS

TIME a.m /p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
:				TOTAL Pipe 2594
:				Shoe J+ 19
:				BREAK CIRCULATION
:				Pump Flush 15 BBl's Mud Flush
:				MIX Cement 125 Sks 60/40 P02 18% SALT, 3/4% CER-2, 3/4% H-9
:				Release Plug WASH OUT TRUCK + LINES Displace PLUG PLUG DOWN 1000 # FLOAT HELD OK
15:20	1000	62		JOB Complete THANK YOU A.I.G. CURTIS
				RECEIVED JAN 31 2008 KCC WICHITA