

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

* Read in Prod. Dept.
w/ no other forms.
Form ACO-1
(SB N.) September 1999
Form Must Be Typed

Handwritten:
KCC
11/21/09

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 31826
Name: T&C MFG & Operating, Inc.
Address: PO Box 225
City/State/Zip: Great Bend, KS 67530
Purchaser: _____
Operator Contact Person: Mike Davis
Phone: (620) 793-0897
Contractor: Name: _____
License: _____
Wellsite Geologist: _____

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: same as above
Well Name: same as above
Original Comp. Date: May 1953 Original Total Depth: 4,206'
____ Deepening Converted to SWD 9/08/53 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. _____

Spud Date or 11-17-08 Date Reached TD 11-20-08
Recompletion Date Completion Date or
Recompletion Date

API No. 15 - 065-01751-0002
County: Graham
SE SE SE/4 Sec. 14 Twp. 10 S. R. 21 East West
330 332 feet from S N (circle one) Line of Section
330 461 feet from E W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner: for 9/25/08
(circle one) NE SE NW SW
Lease Name: Acheson Well #: 3

Field Name: _____
Producing Formation: _____
Elevation: Ground: 2,191' Kelly Bushing: _____
Total Depth: 4,206' Plug Back Total Depth: 4,083'
Amount of Surface Pipe Set and Cemented at 309 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 w/o logs 4/13/09
(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 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: M. O.
Title: Field Supervisor Date: 11-21-08
Subscribed and sworn to before me this 21st day of November,
20 08.
Notary Public: Deborah A. Komarek
Date Commission Expires: 08/16/2010

DEBORAH A. KOMAREK
Notary Public - State of Kansas
My Appt. Expires 08/16/2010

KCC Office Use ONLY

Letter of Confidentiality Received
If Denied, Yes Date: _____

Wireline Log Received **RECEIVED**
KANSAS CORPORATION COMMISSION

Geologist Report Received
 UIC Distribution

NOV 25 2008

Operator Name: T&C MFG & Operating, Inc. Lease Name: Acheson Well #: 3
 Sec. 14 Twp. 10 S. R. 21 East West County: Graham

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> 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
Surface		8 5/8"		309'			
Casing		5 1/2"	17#	3,784'		1,000	
Liner		4 1/2"	10.5#	3,765'	60/40	150	4% gel, 3/4 of 1% CD-31

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

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 KANSAS CORPORATION COMMISSION
 NOV 25 2008
 CONSERVATION DIVISION
 WICHITA, KS

TUBING RECORD		Size <u>2 7/8"</u>	Set At <u>3,788'</u>	Packer At <u>3,753'</u>	Liner Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd Production <u>SWD</u> 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 Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

METHOD OF COMPLETION Production Interval