

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 # 3591  
Name: C&E Oil  
Address 1: 422 Elm  
Address 2: \_\_\_\_\_  
City: Moline State: Ks Zip: 67353 + \_\_\_\_\_  
Contact Person: Ed Triboulet  
Phone: (620) 647-3601  
CONTRACTOR: License # 32701  
Name: C&G Drilling  
Wellsite Geologist: Joe Baker  
Purchaser: Plain 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.)

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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.: \_\_\_\_\_  
**10-09-08**      **10-12-08**      **12-15-08**  
Spud Date or      Date Reached TD      Completion Date or  
Recompletion Date                Recompletion Date

API No. 15 - 15-019-26902-00-00  
Spot Description: \_\_\_\_\_  
NW NE SE SE Sec. 2 Twp. 32 S. R. 10  East  West  
2310 Feet from  North /  South Line of Section  
990 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: CQ  
Lease Name: Rogers Well #: 8A A 8  
Field Name: Oliver  
Producing Formation: Mississippi  
Elevation: Ground: 1112 Kelly Bushing: 1118  
Total Depth: 2094 Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at: 40 ft 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 II nr 3-5-09  
(Data must be collected from the Reserve Pit)  
Chloride content: NA ppm Fluid volume: 380 bbls  
Dewatering method used: Hauled  
Location of fluid disposal if hauled offsite:  
Operator Name: C&E Oil  
Lease Name: Jacot License No.: 3591  
Quarter SE4 Sec. 11 Twp. 32 S. R. 10  East  West  
County: CQ Docket No.: E28115

**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: Ed Triboulet  
Title: President Date: 1-28-09  
Subscribed and sworn to before me this 28 day of JAN  
2009  
Notary Public: Debbie S Wolfe  
Date Commission Expires: 7-20-10

DEBBIE S. WOLFE  
Notary Public - State of Kansas  
My Appt. Expires 7-20-10

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

Operator Name: C&E Oil Lease Name: Rogers Well #: 8A  
 Sec. 2 Twp. 32 S. R. 10  East  West County: CQ

**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 Completion Log Geo Log	<input 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>Ft Scott</td> <td>1686</td> <td>(-568)</td> </tr> <tr> <td>Cherokee</td> <td>1727</td> <td>(-609)</td> </tr> <tr> <td>Mississippi</td> <td>2016</td> <td>(-898)</td> </tr> </table>	Name	Top	Datum	Ft Scott	1686	(-568)	Cherokee	1727	(-609)	Mississippi	2016	(-898)
Name	Top	Datum											
Ft Scott	1686	(-568)											
Cherokee	1727	(-609)											
Mississippi	2016	(-898)											

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	12 1/4	8 5/8	23#	40 ft	Class A	35 sk	CaClz 2% Gel 2%
Long string	7 7/8	4 1/2	9.5#	2087	60/40 PO 8, thickset	300sk, 110sk	5# Kol Seal, 8% Gel, 1/2# phenoxal

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 (Amount and Kind of Material Used)	Depth
2 shots/ft	2028-2038	Broke down 500 gal mud acid, swab back water, no oil	
2 Shots/ft	2054-2062	<u>Dry Hole</u>	

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TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed 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. 100% 60
			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 <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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**CONSOLIDATED**  
Oil Well Services, LLC

**ENTERED**

TICKET NUMBER 19223  
LOCATION Greets  
FOREMAN Rick Landford

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
10-9-08	2092	Rogers A8				CG
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
C+E Oil			520	Cliff		
MAILING ADDRESS			479	John		
Box 182						
CITY	STATE	ZIP CODE				
Moline	Ks					

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 42' CASING SIZE & WEIGHT 9 5/8"  
 CASING DEPTH 40' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 2 Bbl DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety Meeting Rig up to 8 5/8" casing. Break circulation w/ Fresh Water. Mix 35 Sks Class A Cement w/ 2% Caclz, 2% Gel. Displace w/ 2 Bbl Fresh Water. Shut well in. Good cement returns to surface. Job Complete Rig Down

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401 S	1	PUMP CHARGE	725.00	725.00
5406	40	MILEAGE	3.65	146.00
1104 S	35 Sks	Class "A" Cement	13.50	472.50
1102	65#	Caclz 2%	.75	48.75
1118 A	65#	Gel 2%	.17	11.05
5407		Ton-mileage Bulk Truck	m/e	35.00
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			6.376	
			SUBTOTAL	1751.84
			SALES TAX	33.59
			ESTIMATED	
			TOTAL	1785.43

006501

