

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
October 2008
Form Must Be Typed

ORIGINAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33086
Name: Rolling Meadows Oil & Gas, LLC
Address 1: 15093 County Rd 1077
Address 2: _____
City: Centerville State: KS Zip: 66014 + _____
Contact Person: Don Breuel
Phone: (913) 259-0900
CONTRACTOR: License # 33734
Name: Hat Drilling
Wellsite Geologist: _____
Purchaser: CMT Transportation
Designate Type of Completion:
 New Well _____ Re-Entry _____
_____ 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.: _____
8-1-08 _____ 8-5-08
Spud Date or _____ Date Reached TD _____ Completion Date or
Recompletion Date _____ Recompletion Date _____

API No. 15 - 107239380000
Spot Description: _____
SE NW NE SE Sec. 9 Twp. 21 S. R. 22 East West
1985 Feet from North / South Line of Section
665 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: LINN
Lease Name: BREUEL Well #: 902
Field Name: CENTERVILLE
Producing Formation: SQUIRREL
Elevation: Ground: _____ Kelly Bushing: _____
Total Depth: 578 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 24 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 574
feet depth to: _____ w/ 77
AITZ-Dlg - 8/7/09

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: _____
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: Don Breuel
Title: GENERAL PARTNER Date: 7-30-09
Subscribed and sworn to before me this 30th day of July,
2009.
Notary Public: Kristen Krull
Date Commission Expires: 12-13-2010

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

NOTARY PUBLIC - State of Kansas
KRISTEN KRULL
My Appt. Expires 12-13-2010

Operator Name: Rolling Meadows Oil & Gas, LLC Lease Name: BREUEL Well #: 902
 Sec. 9 Twp. 21 S. R. 22 East West County: LINN

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 type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: <p style="font-size: 1.2em; margin-left: 20px;">Gamma Ray / Neutron / CCL</p>	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum SQUIRREL 516'-534'
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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	8 5/8		24	Portland	6	
Production	5 7/8"	2 7/8"		574'	Portland	77	

ADDITIONAL CEMENTING 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				

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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
3	516'-534'	MIT attached	

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. 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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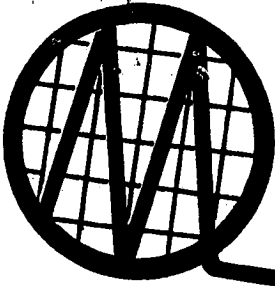
HAT DRILLING
12371 KS HWY 7
MOUND CITY, KS 66056
LICENSE #33734

BRUEL #902
API# 15-107-23938-00-00
SPUD DATE 8-1-08

Footage	Formation	Thickness	
2	Topsoil	2	
21	clay	19	
30	lime	9	
36	shale	6	
79	lime	43	
88	shale	9	
102	lime	14	
109	shale	7	
113	lime	4	
119	shale	6	
128	lime	9	
307	shale	179	
316	lime	9	
368	shale	52	
377	lime	9	
391	shale	14	
396	lime	5	
422	shale	26	
436	lime	14	
447	shale	11	
453	lime	6	
488	shale	35	
518	sandy shale	30	
525	sand	7	good show and bleed
529	sandy shale	4	little oil
534	sand	5	good show and bleed
578	shale	44	cored 521-538 TD 578'

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Set 24' of 8 5/8 cemented with 6 bags
Run 573.35' of 2 7/8



INVOICE
MIDWEST SURVEYS
 LOGGING • PERFORATING • CONSULTING SERVICES
 P. O. Box 68
 Osawatomie, KS 66064
 913/755-2128

OUR NO.
20298

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Rolling Meadows Oil & Gas
 15093 County Rd #1077
 Centerville, Kansas 66014

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Breuel Lease #902
 Linn County, Ks

CUSTOMER ORDER NO.		SALESMAN	DATE SHIPPED	SHIPPED VIA	INVOICE DATE	TERMS
Don Breuel			10/10/08			
QUANTITY	DESCRIPTION	PRICE	AMOUNT			
47 ea	2" DML RTG 180° Phase Three (3) Perforations Per Foot Minimum Charge --- Ten (10) Perforations One (1) Additional Perforations @ \$20.00 ea One (1) Addiitonal Run Perforated at: 516.0 to 526.0 31 Perfs 529.0 to 534.0 16 Perfs					
						\$ 625.00
						\$ 740.00
						\$ 350.00
		TOTAL				\$ 1715.00

PLEASE USE THIS INVOICE FOR PAYMENT
 NO MONTHLY STATEMENTS RENDERED

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NET DUE UPON RECEIPT
 Late Charge of 1-1/2% per Month on Accounts over 30 Days.

White-Customer Canary-Accounting



MIDWEST SURVEYS

LOGGING • PERFORATING • M.I.T. SERVICES

P. O. Box 68
Osawatomie, KS 66064
913 / 755-2128

20298

Date 10/10/08

TERMS AND CONDITIONS: Midwest Surveys is hereby instructed to deliver the equipment or perform the services ordered hereon or as verbally directed, under the terms and conditions printed on the reverse side of this order, which I have read and understand and which I accept as Customer or as Customer's Authorized Agent.

Service and/or Equipment Ordered Perforate

SIGN BEFORE COMMENCEMENT OF WORK

Customer's Name Rolling Meadows Oil & Gas By _____
Customer's Authorized Representative

RECEIVED

Charge to Rolling Meadows Oil & Gas AUG 03 2009 Customer's Order No. D. Breuel

Mailing Address KCC WICHITA

Well or Job Name and Number Breuel # 902 County Linn State Kansas

QUANTITY	DESCRIPTION OF SERVICE OR MATERIAL	PRICE
47ea	2" DML RTG 180° Phase	
	Three (3) Perforations Per Foot	
	Minimum Charge - Ten (10) Perforations	\$ 625.00
	Thirty Seven (37) Additional Perforations @ 20.00 ea	\$ 740.00
	One (1) Additional Run	\$ 350.00
	Perforated At 516.0 To 526.0 31 Perfs	
	529.0 To 534.0 16 Perfs	

Total \$ 1715.00

The above described service and/or material has been received and are hereby accepted and approved for payment.

Customer's Name Rolling Meadows Oil & Gas Date 10/10/08
By _____
Customer's Authorized Representative

Served by: S. Windisch



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 224413

Invoice Date: 08/11/2008 Terms:

Page 1

ROLLING MEADOWS OIL & GAS
P.O. BOX 64
MOUND CITY KS 66056
(816)392-7171

BREUEL 902
9-21-22
16219
08/04/08

Part Number	Description	Qty	Unit Price	Total
1107	FLO-SEAL (25#)	19.00	2.1000	39.90
1126	OIL WELL CEMENT	77.00	17.0000	1309.00
1118B	PREMIUM GEL / BENTONITE	100.00	.1700	17.00
4402	2 1/2" RUBBER PLUG	1.00	23.0000	23.00
Description		Hours	Unit Price	Total
368	CEMENT PUMP	1.00	925.00	925.00
368	EQUIPMENT MILEAGE (ONE WAY)	40.00	3.65	146.00
368	CASING FOOTAGE	574.00	.00	.00
370	80 BBL VACUUM TRUCK (CEMENT)	2.50	100.00	250.00
503	MIN. BULK DELIVERY	1.00	315.00	315.00

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Parts:	1388.90	Freight:	.00	Tax:	73.61	AR	3098.51
Labor:	.00	Misc:	.00	Total:	3098.51		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____

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

TICKET NUMBER 16219
 LOCATION offawa
 FOREMAN Alan Mader

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-4-09	6946	Brevel 902	9	21	22	LN
CUSTOMER <u>Bellings Meadows</u>			TRUCK #			
MAILING ADDRESS <u>P.O. Box 64</u>			DRIVER			
CITY <u>Mound City</u>		STATE <u>KS</u>	ZIP CODE <u>66056</u>	TRUCK #		DRIVER
			<u>576</u>		<u>Alan M</u>	
			<u>368</u>		<u>Bill 2</u>	
			<u>370</u>		<u>Ken H</u>	
			<u>503</u>		<u>Gen S</u>	

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 679 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 374 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 gpm

REMARKS: Checked casing depth. Mixed & pumped 100# seal followed by 77 sq OWC with 1/4" flo-seal. Circulated cement. Flushed pump. Pumped plug to casing TD well head 800 PSI. Closed valve.

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	568	725.00
5406	40	MILEAGE	368	146.00
5402	-	Casings footage RECEIVED	368	-
5407	min	ten miles	523	315.00
5502L	2 1/2	80 val	100	250.00
		KCC WICHITA		
1107	19#	flow seal		39.90
1126	77	OWC		1309.00
1123	100#	gel		12.00
4402	1	2 1/2 ply		23.00
			546	3024.90
			530	73.61
		SALES TAX		73.61
		ESTIMATED TOTAL		3098.51

AUTHORIZATION Greg Brand

TITLE 224413

DATE 8

CASING MECHANICAL INTEGRITY TEST

DOCKET # E-28,323

Disposal Enhanced Recovery:

SE₁NW NE SE, Sec 9, T 21 S, R 22 W

NW-OP

Repressuring
Flood
Tertiary

1985 Feet from South Section Line
665 Feet from East Section Line

Date injection started _____
API #15 - 107 - 23938

Lease BREUEL Well # 902
County LINN

Operator: ROLLING MEADOWS OIL & GAS DEV.
Name & Address 15093 Co. Rd. # 1077
CENTERVILLE, KS 66014

Operator License # 33086
Contact Person KELLY PETERSON
Phone 913-259-0900

Max. Auth. Injection Press. _____ psi; Max. Inj. Rate _____ bbl/d;
If Dual Completion - Injection above production _____ Injection below production _____
Size Conductor Surface Production Liner Size Tubing
Set at _____ 8 5/8" _____ 2 7/8" _____ Set at _____
Cement Top _____ 20' _____ 574' _____ Set at _____
" Bottom _____ circ. _____ circ. _____ Type _____
DV/Perf. _____ TD (and plug back) _____ 578' _____ ft. depth
Packer type _____ Size _____ Set at _____
Zone of injection _____ ft. to ft. _____ Perf. or open hole _____

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey

F Time: Start 10 Min. 20 Min. 30 Min.
I
E Pressures: 800 800 800 Set up 1 System Pres. during test _____
L Set up 2 Annular Pres. during test _____
D Set up 3 Fluid loss during test _____ bbls.
D
A
T
A

Tested: Casing or Casing - Tubing Annulus

The bottom of the tested zone is shut in with RUBBER PLUG

Test Date 8/22/08 Using MIDWEST SURVEYS Company's Equipment

The operator hereby certifies that the zone between 0 feet and 574 feet

was the zone tested Jacob W. Winkler Signature Title

The results were Satisfactory , Marginal _____, Not Satisfactory _____

State Agent Levi Short Title PIRT Witness: Yes _____ No

REMARKS: WELL NOT YET PERFORATED.

Origin. Conservation Div.; KDHE/T; Dist. Office;
 Computer Update



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 226728

Invoice Date: 10/21/2008 Terms:

Page 1

ROLLING MEADOWS OIL & GAS
P.O. BOX 64
MOUND CITY KS 66056
(816)392-7171

INJ 902
19427
10-20-08

Part Number	Description	Qty	Unit Price	Total
3107	15% HCL	250.00	1.6000	400.00
3171	IRON CONTROL	1.25	40.0000	50.00
3175	NON-IONIC NON EMUL	1.25	33.0000	41.25
3152	MAX FLO	.50	42.0000	21.00
3172	KCL SUB MB6875 CC3107 (.50	33.0000	16.50
3129	CITY WATER	750.00	.0140	10.50
4326	7/8" RUBBER BALL SEALERS	26.00	3.0000	78.00

Description	Hours	Unit Price	Total
437 80 BBL VACUUM TRUCK (ACID)	2.00	100.00	200.00
443 ACID PUMP CHARGE(1500 GALLON)	1.00	540.00	540.00
BALLI BALL INJECTOR	1.00	100.00	100.00

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Parts:	617.25	Freight:	.00	Tax:	4.69	AR	1461.94
Labor:	.00	Misc:	.00	Total:	1461.94		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 19427
LOCATION Eureka KS
FOREMAN Ed Strickler

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
10-20-08	6946	902 - INJ				Lincoln
CUSTOMER Rolling meadows oil & gas			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 64			443	J.P.		
CITY Mound City			437	Jim		
STATE KS		ZIP CODE 66056				

JOB TYPE Acid Ball off HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT _____
CASING DEPTH _____ DRILL PIPE _____ TUBING 2 3/8 T.O. 578' OTHER 5 1/2 - 26'
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING _____
DISPLACEMENT 1300ls DISPLACEMENT PSI 450# MIX PSI _____ RATE 3.8 B.P.M.

REMARKS: Safety meeting - Rig up to 2 3/8 Tubing - Spot 50 Gallons 15% HCl acid with Inhibitor on perfs (well broke at 1300') Continue with 200 gallons 15% HCl acid w/ Inhibitor, while dropping 26 Ball sealers - well did not pull off. Continue with Flush (1300ls) at 3.8 B.P.M 450# Shut down 300' wait 5 min well went to -0- PSI. Close well in. Job complete R.T. done. (well info) T.O. 578' - Perfs - 5 1/2 - 26' - 16 holes -

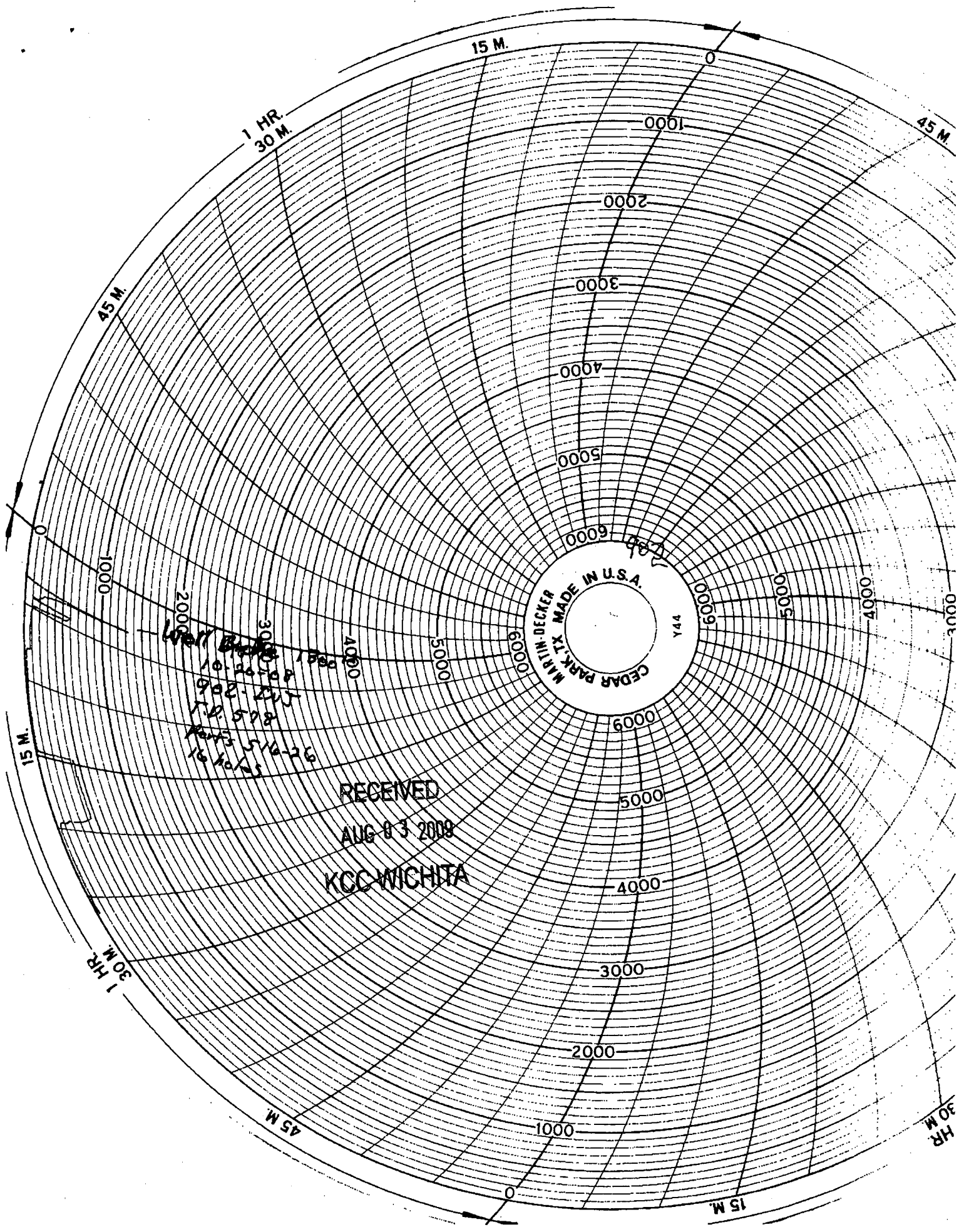
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ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5303	1	PUMP CHARGE	540.00	540.00
		MILEAGE <u>NC</u>		
3107	250 Gallons	15% HCl acid w/ Inhibitor	1.60	400.00
3121	1 1/2 Gallons	IRON CONTROL	40.00	50.00
3175	1 1/2 Gallons	NON EMUL	33.00	41.25
3152	1/2 Gallon	max flo	42.00	21.00
3172	1/2 Gallon	KCL	33.00	16.50
3129	750 Gallons	CITY WATER 14.00/1000	19.00	10.50
5311	1	Ball Injector Rental	100.00	100.00
4326	26	Ball sealers	3.00	78.00
5502A	2 nd	80 Bbl vacuum Truck	100.00	200.00
			Subtotal	1457.25
			SALES TAX	4.69
			ESTIMATED TOTAL	1461.94

Ravin 9737

206108

AUTHORIZATION wit by Greg TITLE owner DATE 10-20-08



CEDAR PARK, X MADE IN U.S.A. Y44

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AUG 03 2009
KCC WICHITA

Handwritten numbers:
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