

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 # 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 _____ SLOW _____
_____ Gas ENHR _____ SIGW _____
_____ CM (Coal Bed Methane) _____ Temp. Abd. _____
_____ Dry _____ Other _____
(Core, WSW, Expl., Cathodic, etc.)

RECEIVED

AUG 03 2009

KCC WICHITA

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.: _____
8-4-08 _____ 8-5-08 _____
Spud Date or _____ Date Reached TD _____ Completion Date or _____
Recompletion Date _____ Recompletion Date _____

API No. 15 - 107239370000
Spot Description: _____
SE NE NE SE Sec. 9 Twp. 21 S. R. 22 East West
1985 Feet from North / South Line of Section
240 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: LINN
Lease Name: BREUEL Well #: 707
Field Name: CENTERVILLE
Producing Formation: SQUIRREL
Elevation: Ground: _____ Kelly Bushing: _____
Total Depth: 588 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 20 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 583
feet depth to: 0 w/ 80 ^{sq cmt.}
AKZ-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,
20 09.
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 12-13-10
Kristen Krull

Operator Name: Rolling Meadows Oil & Gas, LLC Lease Name: BREUEL Well #: 707
 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: <u>Gamma Ray/Neutron/ECL</u>	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum SQUIRREL 530'-546'
---	---

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"		20'	Portland	6	
Production	5 7/8"	2 7/8"		583'	Portland	80	

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				
RECEIVED AUG 03 2009				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	
3	530'-546'		MIT attached	Depth

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: _____ _____
---	--	--

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

BRUEL #707
 API # 15-107-23937-00-00
 SPUD DATE 8-4-08

Footage	Formation	Thickness	
2	Topsoil	2	
6	clay	4	
8	lime	2	
40	shale	32	
45	lime	5	
52	shale	7	
94	lime	42	
105	shale	11	
118	lime	13	
125	shale	7	
146	lime	21	
308	shale	162	
310	lime	2	
324	shale	14	
332	lime	8	
344	sandy shale	12	
382	shale	38	
402	lime	20	
408	shale	6	
410	lime	2	
442	shale	32	
460	lime	18	
465	shale	5	
470	lime	5	
478	shale	8	
486	lime	8	
490	shale	4	
530	sandy shale	40	
534	sand	4	little odor
549	sand	15	good show and odor
552	black sand	3	little odor
560	sandy shale	8	
588	shale	28	TD 588'

RECEIVED
 AUG 03 2009
 KCC WICHITA

Set 20' of 8 5/8 cemented with 6 bags of cement
 Run 583.15' of 2 7/8



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 # 224418

Invoice Date: 08/11/2008 Terms:

Page 1

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

BREUEL 707
9-21-22
16221
08/05/08

Part Number	Description	Qty	Unit Price	Total
1107	FLO-SEAL (25#)	20.00	2.1000	42.00
1118B	PREMIUM GEL / BENTONITE	100.00	.1700	17.00
1126	OIL WELL CEMENT	80.00	17.0000	1360.00
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	583.00	.00	.00
369	80 BBL VACUUM TRUCK (CEMENT)	2.50	100.00	250.00
503	MIN. BULK DELIVERY	1.00	315.00	315.00

RECEIVED
AUG 03 2009
KCC WICHITA

Parts:	1442.00	Freight:	.00	Tax:	76.43	AR	3154.43
Labor:	.00	Misc:	.00	Total:	3154.43		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____

CASING MECHANICAL INTEGRITY TEST

DOCKET # E-28,323

Disposal Enhanced Recovery:

NE NW NE SE, Sec 9, T 21 S, R 22 W

NW-OP Repressuring
Flood
Tertiary

2315 Feet from South Section Line
665 Feet from East Section Line

Date injection started _____
API #15 - 107 - 23937

Lease BREUEL Well # 707
County LINN

Operator: ROLLING MEADOWS OIL & GAS DEV. Operator License # 33086

Name & Address 15093 Co. Rd. #1077 Contact Person KELLY PETERSON

CENTERVILLE, KS 66014 Phone 913-259-0900

Max. Auth. Injection Press. _____ psi; Max. Inj. Rate _____ bbl/d;
If Dual Completion - Injection above production _____ Injection below production _____

Conductor	Surface	Production	Liner	Tubing
Size _____	<u>8 5/8"</u>	<u>2 7/8"</u>	Size _____	_____
Set at _____	<u>20'</u>	<u>583'</u>	Set at _____	_____
Cement Top _____	<u>CIFL</u>	<u>CIFL</u>	Type _____	_____
" Bottom _____	<u>20'</u>	<u>583'</u>	_____	_____

DV/Perf. _____ TD (and plug back) _____ 588 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.

Pressures:	Set up 1	System Pres. during test
<u>800</u>	<u>800</u>	_____
_____	_____	Annular Pres. during test _____
_____	_____	Fluid loss during test _____ bbls.

D 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 Ø feet and 583 feet

was the zone tested Jackie W. W... Signature _____ Title _____

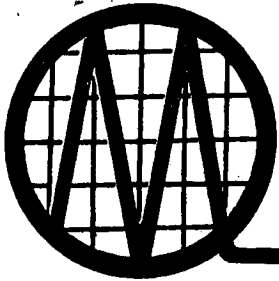
The results were Satisfactory , Marginal _____, Not Satisfactory _____

State Agent L. Short Title PART Witness: Yes _____ No

REMARKS: WELL NOT YET PERFORATED.

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

Computer Update



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

OUR NO.
20297

S
O
L
D
T
O
L

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

RECEIVED
AUG 03 2009

KCC WICHITA

S
H
I
P
P
E
D
T
O
L

Breuel Lease #707
 Linn County, Ks

**PLEASE USE THIS INVOICE FOR PAYMENT
 NO MONTHLY STATEMENTS RENDERED**

CUSTOMER ORDER NO.	SALESMAN	DATE SHIPPED	SHIPPED VIA	INVOICE DATE	TERMS
Don Breuel		10/10/08			
QUANTITY	DESCRIPTION			PRICE	AMOUNT
50 ea	2" DML RTG 180° Phase Three (3) Perforations Per Foot MInimum CHarge --- Ten (10) Perforations Forty (40) Additional Perforations @ \$20.00 ea One (1) Addiitonal Run Perforated at: 530.0 to 546.0				
					\$ 625.00
					\$ 800.00
					\$ 350.00
NET DUE UPON RECEIPT					
<small>Late Charge of 1-1/2% per Month on Accounts over 30 Days.</small>					
				TOTAL	\$ 1775.00



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 # 226726

Invoice Date: 10/21/2008 Terms:

Page 1

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

INJ 707
19426
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	60.00	3.0000	180.00

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

RECEIVED
AUG 03 2009
KCC WICHITA

Parts:	719.25	Freight:	.00	Tax:	10.10	AR	1569.35
Labor:	.00	Misc:	.00	Total:	1569.35		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

GILLETTE, WY
307/686-4914

McALESTER, OK
918/426-7667

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 19426

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	207 INJ				LANA
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Rolling meadows oil & gas			443	J.P.		
MAILING ADDRESS			437	Jim		
P.O. Box 64						
CITY		STATE	ZIP CODE			
Mound City		KS	66056			

JOB TYPE Acid Ball ROPE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 7/8 T.D. 588' OTHER lines - 530' 46'
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 30 tons
 DISPLACEMENT 13 Bbls DISPLACEMENT PSI 4000 MIX PSI _____ RATE 3.8 BPM

REMARKS: SAFETY meeting - Rig up to 2 7/8 Tubing - Spot 50 Gallons 15% acid on
perfs (530'-46') (well broke at 1550') wait 10 mins - continue pumping acid
while dropping 60 ball sealers - well did not Ball off - Flush well with
13 Bbls KCL water shut down. 285 PSI wait 10 min PSE went T.D. -
Job complete Rig down. (well info) pump flush at 3.8 BPM between 530' & 400'
T.D. 588' - Perfs 530'-46' - (Squirrel formation)

RECEIVED

Thank you
Ed J.P. Jim
AUG 03 2008

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5303	1	PUMP CHARGE MILEAGE <u>NC</u>	540.00	540.00
3107	250 Gallons	15% HCL acid w/ inhibitor	1.60	400.00
3171	1 1/2 Gallons	IRON CONTROL	40.00	60.00
3175	1 1/4 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	14.00	10.50
5311	1	Ball Injector Rental	100.00	100.00
4826	60	Ball sealers	3.00	180.00
5502 A	2"	80 Bbls vacuum Trucks	100.00	200.00
			SUBTOTAL	1559.25
			SALES TAX	10.10
			ESTIMATED TOTAL	1569.35

Revin 3737

AUTHORIZATION WIT by Greg

TITLE Owner

DATE 10-20-08

226726

