

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 # 5152
Name: Lee Banks DBA Banks Oil
Address 1: 7701 East Kellogg Suite 885
Address 2: _____
City: Wichita State: KS Zip: 67207+
Contact Person: Lee Banks
Phone: (316) 612-1186
CONTRACTOR: License # KLM 33217
Name: Three Rivers Exploration LLC
Wellsite Geologist: Scott Banks
Purchaser: _____
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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API No. 15-13920096-0000
Spot Description: _____
W2 RESE
~~N~~-~~W~~-~~S~~-~~E~~ Sec 20 Twp. 18 S. R. 15 East West
1980 Feet from North / South Line of Section
1980 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Osage
Lease Name: Humphreys Well #: 1
Field Name: none
Producing Formation: none
Elevation: Ground: 1125 Kelly Bushing: 1129
Total Depth: 1711 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 64' 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/ _____

PA-Dg-8/28/09

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

Chloride content: fresh 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: Lee Banks
Title: owner Date: 8/24/09
Subscribed and sworn to before me this 24th day of August
09
Notary Public: Elisabeth Nisa
Date Commission Expires: May 17, 2011

ELISABETH HISER
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 5-17-11

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

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Operator Name: Lee Banks DBA Banks Oil Lease Name: Humphrey's Well #: 1
 Sec. 20 Twp. 18 S. R. 15 East West County: Osage

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 checked="" type="checkbox"/> Yes <input 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: <u>Dual Induction</u> <u>Sonic</u> <u>Compensated Density/Neutron</u>	<input checked="" type="checkbox"/> Log <input type="checkbox"/> Sample Formation (Top), Depth and Datum 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	12 1/4	8 5/8	20#	64'	Class A	51	100# Ge1 100# CC

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		N/A		

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)	
				Depth
	N/A			

TUBING RECORD: Size: <u>N/A</u> Set At: <u>N/A</u> Packer At: <u>N/A</u> Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or Enhr. <u>N/A</u>	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. <u>N/A</u> Gas Mcf <u>N/A</u> Water Bbls. <u>N/A</u> Gas-Oil Ratio <u>N/A</u> Gravity <u>N/A</u>

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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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 19731
LOCATION Ottawa KS
FOREMAN Fred Mader

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
9/23/08	3172	Humphreys #1	20	18	15	OS
CUSTOMER Banks Oil Co						
MAILING ADDRESS 7701 E Kellogg Ste 885						
CITY Wichita		STATE KS	ZIP CODE 67207			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			506	Fred		
			368	Bill		
			503	Gerid		

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 166' CASING SIZE & WEIGHT 8 5/8"
CASING DEPTH 64' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 10' +
DISPLACEMENT 3.5 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Establish circulation. Pump 10 BBL Fresh water flush
Mix + Pump 53 SKS Class A Portland Cement 2% Gel
2% Calcium Chloride. Cement to Surface. Displace
Casing clean w/ 3.5 BBL Fresh water. Shut in Casing

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ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE Surface Cement 368		725.00
5406	35m.	MILEAGE Pump Truck 368		127.75
5407	Minimum	Ton Mileage 503		315.00
11045	51 SKS	Class A Portland Cement		688.50
1118B	100 #	Premium Gel		17.00
1102	100 #	Calcium Chloride		75.00
Sub Total				1948.25
Tax @ 6.3				44.88
SALES TAX				
ESTIMATED TOTAL				1993.13

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AUTHORIZATION *[Signature]*

TITLE 225888

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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 19733
LOCATION Ottawa KS
FOREMAN Fred Mader

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
9/26/08	3172	Humphreys #1	20	18	15	OS
CUSTOMER Banks Oil Co.						
MAILING ADDRESS 7701 E Kellogg Ste 885						
CITY Wichita		STATE KS	ZIP CODE 67207			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			506	Fred		
			290	Greg Axtell - (Elbando)		
			503	Chuck		

JOB TYPE Plug HOLE SIZE 7"18 HOLE DEPTH 1700' CASING SIZE & WEIGHT N/A
CASING DEPTH N/A DRILL PIPE 4 1/2" 16 TUBING FT OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Establish circulation thru drill pipe. Mix Pump 20 SKS Cement & displace to 1675'. Pull to 1510' Mix & Pump 20 SKS Cement & displace to 1510'. Pull drill pipe to 810'. Mix & Pump 20 SKS Cement & displace to 800'. Pull drill pipe to 400'. Kill to surface w/ 110 SKS Cement. Pull remaining drill pipe & Top of Well, 10 SKS
181 SKS Total Cement

Fred Mader

Three Rivers Expl.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405A .80	1 Plug	PUMP CHARGE Cement Pump	RECEIVED	925.00
5406 .80	35 mi	MILEAGE Pump Truck	AUG 27 2009	127.35
5407A		Truck Mileage		319.28
			KCC WICHITA	
1124	170 SKS	50/50 Por Mix Cement		1657.50
1118B	958#	Premium Gel		162.86
		Sub Total		3192.39
		Tax @ 6.3%		104.02
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		AUG 27		
		KCC WICHITA		

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AUTHORIZATION *David [Signature]*

TITLE 226104

SALES TAX ESTIMATED TOTAL 3297.00
DATE _____