

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 # 33608
Name: W. D. Short Oil Co., LLC
Address 1: 102 S. River Rd.
Address 2: P.O. Box 729
City: Oxford State: Ks Zip: 67119 +
Contact Person: William D. (Don) Short, Jr.
Phone: (620) 455-3576
CONTRACTOR: License # 32854
Name: Gulick Drilling Co., Inc.
Wellsite Geologist: Joe Baker
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.)

If Workover/Re-entry: Old Well Info as follows:
Operator: Range Oil Co., Inc
Well Name: Boyer Trust #1
Original Comp. Date: 12-20-1984 Original Total Depth: 3674
 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.: _____
7-15-08 7-16-08 11-5-08
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 191-21775-0001F
Spot Description: _____
^{150N} NE SE NW Sec. 16 Twp. 32 S. R. 2 East West
1500 Feet from North / South Line of Section
2310 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Sumner
Lease Name: Boyer Trust Well #: 1
Field Name: Oxford West
Producing Formation: Mississippian
Elevation: Ground: 1211 Kelly Bushing: _____
Total Depth: 3674 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 276 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 OWNO- AH I NR
(Data must be collected from the Reserve Pit) 8-6-09
Chloride content: 10000 ppm Fluid volume: 500 bbls
Dewatering method used: Removed Free Fluids
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: Will Short
Title: Resident Agent Date: 2-18-09
Subscribed and sworn to before me this 18th day of February
20 09
Notary Public: Denese A. Wilson
Date Commission Expires: 3-30-09

KCC Office Use ONLY

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

RECEIVED
KANSAS CORPORATION COMMISSION

FEB 20 2009

DENESE A. WILSON
Notary Public - State of Kansas
My Appt. Expires 3-30-09

CONSERVATION DIVISION
WICHITA, KS

Operator Name: W. D. Short Oil Co., LLC Lease Name: Boyer Trust Well #: 1
 Sec. 16 Twp. 32 S. R. 2 East West County: Sumner

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: Dual Induction, Compensated Density/Neutron, Sonic Cement Bond	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Mississippi 3343
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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"	23#	276	Common	Surface	
Production	7-7/8"	5-1/2"	15.5#	3659	60/40 Poz	130	50 # Kol Seal

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	3348-56		

TUBING RECORD: Size: <u>NA</u> Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or Enhr. TA'd _____		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>0</u>	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 checked="" 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 KANSAS CORRELATION COMMISSION

FEB 20 2009

CONSERVATION DIVISION
WICHITA KS



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 # 223736

Invoice Date: 07/22/2008 Terms:

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W.D. SHORT OIL CO LLC
P.O. BOX 729
OXFORD KS 67115
(620)455-3576

BOUYER TRUST #1
18831
07-17-08

Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	130.00	17.0000	2210.00
1110A	KOL SEAL (50# BAG)	680.00	.4200	285.60
1135	FL - 110 (FLUID LOSS)	60.00	7.5000	450.00
1146	CAF - 38	30.00	7.7000	231.00
1143	SILT SUSPENDER SS-630,ES	1.00	38.5000	38.50
4406	5 1/2" RUBBER PLUG	1.00	61.0000	61.00
4159	FLOAT SHOE AFU 5 1/2"	1.00	328.0000	328.00
4104	CEMENT BASKET 5 1/2"	1.00	219.0000	219.00
4130	CENTRALIZER 5 1/2"	10.00	46.0000	460.00

Description	Hours	Unit Price	Total
445 CEMENT PUMP	1.00	925.00	925.00
445 EQUIPMENT MILEAGE (ONE WAY)	70.00	3.65	255.50
479 TON MILEAGE DELIVERY	500.50	1.20	600.60

RECORDED
KANSAS CORPORATION COMMISSION

FEB 20 2009

CONSERVATION DIVISION
WICHITA, KS

Parts:	4283.10	Freight:	.00	Tax:	267.40	AR	6331.60
Labor:	.00	Misc:	.00	Total:	6331.60		
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

MCALISTER, OK
918/426-7667

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577