

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 Workover
- Oil SWD SLOW
- 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.: _____

7-24-08 7-25-08 7-25-08
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 107239280000

Spot Description: _____

NW_NW_SW_SE Sec. 9 Twp. 21 S. R. 22 East West

995 Feet from North / South Line of Section

2507 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: LINN

Lease Name: BREUEL Well #: 600

Field Name: CENTERVILLE

Producing Formation: SQUIRREL

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: 625 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 21 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 Att II Nor 9-11-09
(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: 7-29-09

Subscribed and sworn to before me this 29th day of July

20 09

Notary Public: Kristen Krull

Date Commission Expires: 12-13-2010

KCC Office Use ONLY

Letter of Confidentiality Received

Wireline Log Received

Geologist Report Received

UIC Distribution

NOTARY PUBLIC - State of Kansas
KRISTEN KRULL
My Appl. Expires 12-13-2010
Kristen Krull

Operator Name: Rolling Meadows Oil & Gas, LLC Lease Name: BREUEL Well #: 600
 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:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum SQUIRREL 552'-572'
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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"		2'	Portland	6	
Production	5 5/8"	2 7/8"		621'	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				<div style="text-align: center; font-weight: bold; font-size: 1.2em;"> RECEIVED AUG 03 2009 KCC WICHITA </div>

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
3	552'-572'	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 #600
API #15-107-23928-00-00
SPUD DATE 7-24-08

Footage	Formation	Thickness	
2	Topsoil	2	
10	sandy lime	8	
42	shale	32	
44	lime	2	
47	shale	3	
53	lime	6	
78	shale	25	
85	lime	7	
92	shale	7	
137	lime	45	
145	shale	8	
167	lime	22	
172	shale	5	
186	lime	14	
348	shale	162	
375	lime	27	
426	shale	51	
446	lime	20	
453	shale	7	
459	lime	6	
487	shale	28	
518	lime	31	
526	shale	8	
532	lime	6	
539	shale	7	
544	white shale	5	
546	sandy shale	2	
548	sand	2	little odor and bleed
563	sandy shale	15	little odor and bleed
573	sand	10	good odor and bleed
576	sandy shale	3	little odor and bleed
625	shale	49	TD 625'

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Set 21' of 8 5/8 and cement with 6 bags
Run 621.45' 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 # 224099

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Invoice Date: 07/30/2008 Terms: Page 1

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

BREUEL 600
9-21-22
16273
07/25/08

Part Number	Description	Qty	Unit Price	Total
1126	OIL WELL CEMENT	80.00	17.0000	1360.00
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)	20.00	3.65	73.00
369 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: 1400.00 Freight: .00 Tax: 74.20 AR 3037.20
Labor: .00 Misc: .00 Total: 3037.20
Sublt: .00 Supplies: .00 Change: .00
=====

Signed _____ Date _____

CONSOLIDATED OIL WELL SERVICES, **LLC**
 P.O. BOX 884, CHANUTE, KS 66720
 320-431-9210 OR 800-467-8676

TICKET NUMBER **16273**
 LOCATION **Ottawa, KS**
 FOREMAN **Casey Kennedy**

TREATMENT REPORT & FIELD TICKET
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/25/08	6946	Brewel #600	9	21	22	LN
CUSTOMER Rolling Meadows Oil & Gas			TRUCK #			
MAILING ADDRESS PO Box 64			DRIVER			
CITY Mound City			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 666056			TRUCK #			
JOB TYPE lengthening			DRIVER			
HOLE SIZE 5 7/8"			TRUCK #			
HOLE DEPTH 625'			DRIVER			
CASING DEPTH 622'			TRUCK #			
SLURRY WEIGHT			DRIVER			
SLURRY VOL			TRUCK #			
WATER gal/sk			DRIVER			
CEMENT LEFT in CASING 2 1/2" rubber plug			TRUCK #			
DISPLACEMENT 3.616 bbls			DRIVER			
DISPLACEMENT PSI			TRUCK #			
MIX PSI			DRIVER			
RATE 4 bpm			TRUCK #			
REMARKS: established circulation, mixed & pumped 100# Premium Gel, followed by 10 bbls fresh water, mixed & pumped 80 sks OWC cement, cement to surface, flushed pump clean, displaced 2 1/2" rubber plug to casing TD w/ 3.616 bbls fresh water, pressured to 900 PSI, shot in casing.						

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE cement pump		925.00
5406	20 miles	MILEAGE pump truck		73.00
5407	minimum	ton mileage		315.00
5502C	2.5 hrs	50 bbl Vac Truck	RECEIVED	256.00
			AUG 03 2008	
1126	80 sks	OWC cement	KCC WICHITA	1360.00
1118B	100 #	Premium Gel		17.00
4482	1	2 1/2" rubber plug		23.00
		sub total		2763.00
		SALES TAX		74.20
		ESTIMATED TOTAL		3037.20

SCANNED

AUTHORIZATION Received Time Jul. 30. 2008 3:24PM No. 5011
 TITLE **224099**
 DATE



CONSOLIDATED
Oil Well Services, LLC

S T A T E M E N T
REMITTO

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

ROLLING MEADOWS OIL & GAS
P.O. BOX 64
MOUND CITY KS 66056

Account No.
6946

Statement
Date
07/31/2008

Terms
C.O.D.

Trans Date	Invoice	Type	Check #	Charges	Credits	Amount Due
07/30/08	224099	IN		3037.20		3037.20

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YTD Finance Charges added to your account: .00
Activity after 07/31/2008 will be reflected on your next statement.

UNPD F/C	CURRENT	31-60	61-90	OVER 90	NEW F/C	NEW BALANCE
.00	3037.20	.00	.00	.00	.00	3037.20

To avoid additional finance charges, pay by 08/31/2008

CASING MECHANICAL INTEGRITY TEST

DOCKET # E-28,323

Disposal: Enhanced Recovery:

NW NW SW SE, Sec 19, T 21 S, R 22 B/W

NW-OP

Repressuring
Flood
Tertiary

995 Feet from South Section Line
2507 Feet from East Section Line

Date injection started _____
API #15 - 107 - 23928

Lease BREUEL Well # 600
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	Size	Tubing
Size _____	<u>8 5/8"</u>	<u>2 7/8"</u>	_____	_____	_____
Set at _____	<u>20'</u>	<u>621'</u>	_____	Set at _____	_____
Cement Top _____	<u>circ.</u>	<u>circ.</u>	_____	Type _____	_____
" Bottom _____	<u>20'</u>	<u>621'</u>	_____	_____	_____

DV/Perf. _____ TD (and plug back) 624 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:	<u>820</u>	<u>820</u>	<u>820</u>	Set up 1	System Pres. during test _____
_____	_____	_____	_____	Set up 2	Annular Pres. during test _____
_____	_____	_____	_____	Set up 3	Fluid loss during test <u>RECEIVED</u> _____ bbls.

T Tested: Casing or Casing - Tubing Annulus

'AUG 13 2009

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

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

The operator hereby certifies that the zone between 0 feet and 621 feet

was the zone tested Jacob W. W... Signature Title

The results were Satisfactory , Marginal _____, Not Satisfactory _____

State Agent Lon Alton Title PIRT 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.
20296

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

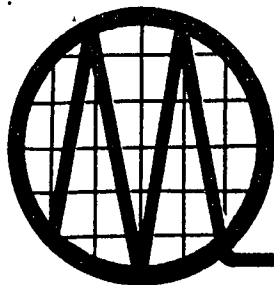
SHIPPED TO
 Breul Lease #600
 Linn County, Ks

**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
62 ea	2" DML RTG 180° Phase Three (3) Perforations Per Foot Minimum Charge --- Ten (10) Perforations Fifty Two (52) Addiitonal Perforations @ \$20.00 ea One (1) Additional Run Perforated at: 552.0 to 572.0				\$ 625.00 \$ 1040.00 \$ 350.00
	NET DUE UPON RECEIPT <small>Late Charge of 1-1/2% per Month on Accounts over 30 Days.</small>			TOTAL	\$ 2015.00

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White-Customer Canary-Accounting



MIDWEST SURVEYS

LOGGING • PERFORATING • M.I.T. SERVICES

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

20296

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 [Signature]
Customer's Authorized Representative

Charge to Rolling Meadows Oil & Gas Customer's Order No. Per Breuel

Mailing Address RECEIVED

Well or Job Name and Number Breuel # 600 County Linn State Kansu
AUG 03 2009

QUANTITY	DESCRIPTION OF SERVICE OR MATERIAL	PRICE
62 ea	2" DML RTG 180° Phase	
	Three (3) Perforations Per Foot	
	Minimum Charge - Ten (10) Perforations	\$ 625.00
	Fifty Two (52) Additional Perforations @ 20.00	\$ 1040.00
	One (1) Additional Run	\$ 350.00
	Perforated At 5520 To 5720	

Total 2015.00

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

By [Signature] Date 10/10/08
Customer's Authorized Representative

Serviced 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 # 226725

Invoice Date: 10/21/2008 Terms:

Page 1

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

INJ 600
19425
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	72.00	3.0000	216.00

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	790.00	790.00
443 ACID EQUIPMENT MILEAGE	95.00	3.65	346.75
BALLI BALL INJECTOR	1.00	100.00	100.00

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Parts:	755.25	Freight:	.00	Tax:	12.01	AR	2204.01
Labor:	.00	Misc:	.00	Total:	2204.01		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC



TICKET NUMBER 19425
LOCATION Euro, 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	600-INJ				Lincoln
CUSTOMER Rolling meadows oil & gas						
MAILING ADDRESS P.O. Box 64						
CITY mound City		STATE KS	ZIP CODE 666056			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			443	J.P.		
			437	Jim		

JOB TYPE Acid- Ball OPLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 3/8 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 14 Bbls DISPLACEMENT PSI 450th MIX PSI _____ RATE 3.8 BPM

REMARKS: Safety meeting - Rig up to 2 3/8 Tubing, Spot 50 Gallons 15% Acid on
Perfs let set 5 min (wall broke down at 1000th) continue to pump 200 Gallons
15% Acid w/Inhibitor, dropping 72 Ball Sealers, well did not ball off.
Total Flush 14 Bbls KCL water, at 450th - 3:8 APM. Shut down at 3:30th
within 10 min well went to 0 - PSI. Close well in. Job complete.
Rig down. (wall INFO - Perfs - 552-72 - 62 holes - Drop 72 Ball Sealers - TD-625
FORMATION - Squirrel)

Thank you
Ed J.P. Jim

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ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5303	1	PUMP CHARGE	790.00	790.00
5306	95	MILEAGE	3.65	346.75
KCC WICHITA				
3107	250 Gallons	15% HCL Acid w/Inhibitor	1.60	400.00
3171	1 1/2 Gallons	IRON CONTROL	40.00	52.00
3175	1 1/2 Gallons	NON Emul	33.00	41.85
3152	1/2 Gallon	MBX 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
4326	72	Ball Sealers	3.00	216.00
5502A	2 ^{hr}	80 Bbl vacuum Truck	100.00	200.00
				2192.00
Subtotal				
SALES TAX				19.01
ESTIMATED TOTAL				2211.01

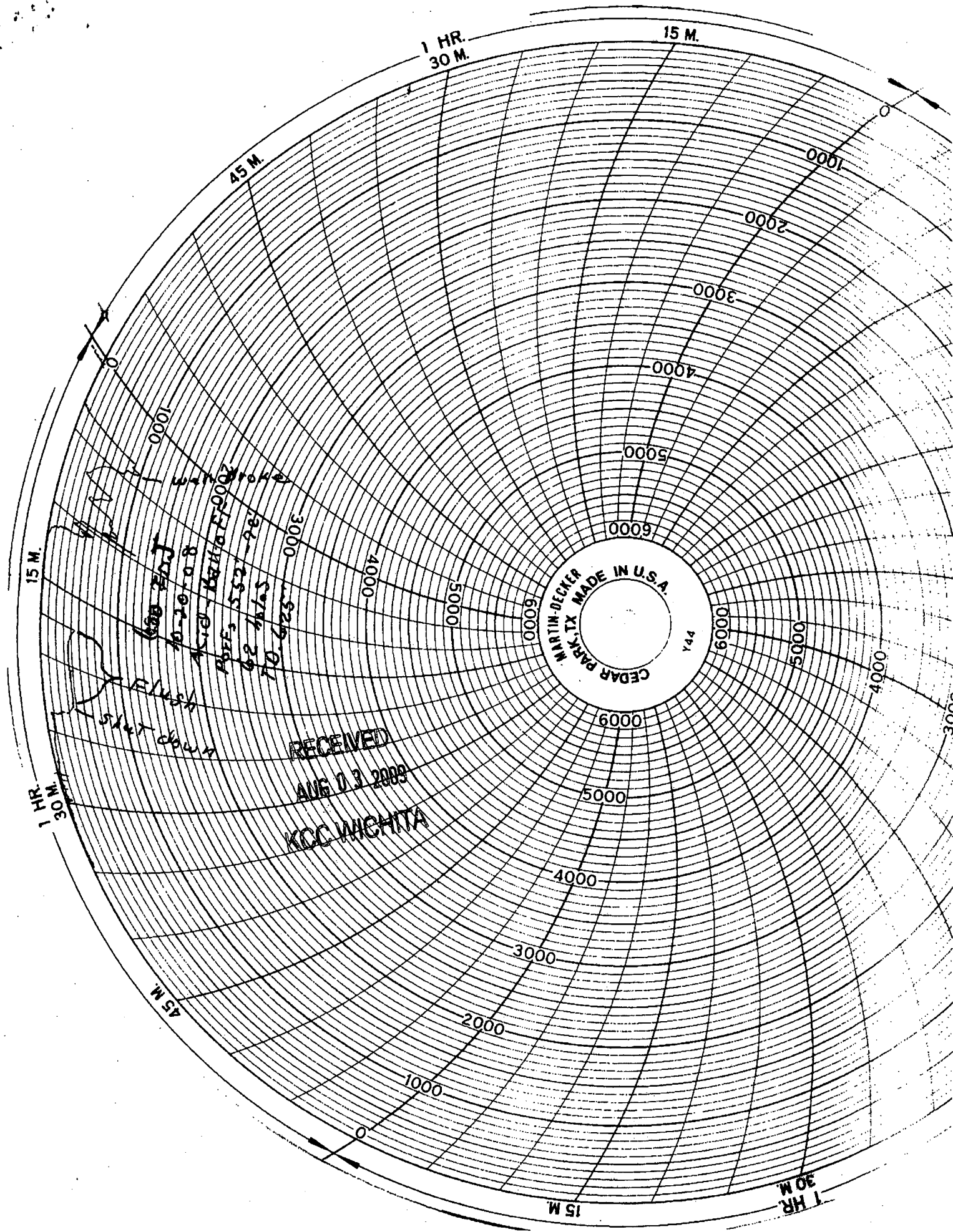
Revin 3737

226103

AUTHORIZATION WIT by Greg Bruell

TITLE owner

DATE 10-20-08



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

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AUG 03 2009
KCC WICHITA

Handwritten notes and signature:
80-01-04
KCC
PREF, 552
28-574 29
5229-04