

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 32079
 Name: John E. Leis
 Address: 111 E Mary
 City/State/Zip: Yates Center, KS 66783
 Purchaser: Plains Marketing, LP
 Operator Contact Person: John Leis
 Phone: (620) 625-3676
 Contractor: Name: John E. Leis
 License: 32079
 Wellsite Geologist: N/A
 Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 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./SWD
 Plug Back _____ Plug Back Total Depth _____
 Commingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or Enhr.?) _____ Docket No. _____

<u>10/02/2007</u>	<u>10/03/2007</u>	<u>11/14/2007</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 207-27253-00-00
 County: Woodson
 NW NW NW Sec. 22 Twp. 24 S. R. 16 East West
495 feet from S / (circle one) Line of Section
495 feet from E / (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Light Well #: 7
 Field Name: Vernon
 Producing Formation: Squirrel
 Elevation: Ground: 1007 Kelly Bushing: 1010
 Total Depth: 1041 Plug Back Total Depth: 1030
 Amount of Surface Pipe Set and Cemented at 42 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from 0
 feet depth to 42 w/ 8 ^{sx cmf}
ALT 2-Dlg - 1/23/09

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 Chloride content N/A ppm Fluid volume 350 bbls
 Dewatering method used dry out
 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: John E. Leis
 Title: Owner Date: 1-8-2008
 Subscribed and sworn to before me this 9th day of January,
 20 08.
 Notary Public: Judith A. Smith
 Date Commission Expires: October 18, 2008

KCC Office Use ONLY
 Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
RECEIVED
 KANSAS CORPORATION COMMISSION
JAN 14 2008

JUDITH A. SMITH
 Notary Public - State of Kansas
 My Appt. Expires 10-18-08

CONSERVATION DIVISION
WICHITA, KS

Operator Name: John E. Leis Lease Name: Light Well #: 7
 Sec. 22 Twp. 24 S. R. 16 East West County: Woodson

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 (Attach Additional Sheets) 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 (Submit Copy) List All E. Logs Run:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input checked="" 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	10 1/8"	7"	23	42	Portland	8	
Casing	5 5/8"	2 7/8"	7	1035	60/40 Pozmix	130	225# of Gel 2%

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	Perforations 977-981	75 gal of 15% acid	978.5-982.5
		190 lb 20-40 Sand	978.5-982.5
		600 lb 12-20 Sand	978.5-982.5

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
N/A							
Date of First, Resumerd Production, SWD or Enhr.			Producing Method				
			<input type="checkbox"/> Flowing <input checked="" 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		
	1 1/2	0	2	N/A	23		

Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	

RECEIVED
KANSAS CORPORATION COMMISSION

JAN 14 2008

CONSERVATION DIVISION
WICHITA, KS

FLD ID# _____
 MC ID # 165290
 Shop # 620 437-2661
 Cellular # 620 437-7582
 Office # 316 685-5908
 Office Fax # 316-685-5926
 Shop Address: 3613A Y Road
 Madison, KS 66860

Hurricane Services, Inc.
P.O. Box 782228
Wichita, KS 67278-2228

Cement, Acid or Tools
Service Ticket

02121

DATE 10-12-07

COUNTY Woods CITY _____

CHARGE TO John Leis

ADDRESS _____ CITY Wichita ST K ZIP _____

LEASE & WELL NO. Light #7 CONTRACTOR C.C. Tools

KIND OF JOB Logging SEC. _____ TWP. _____ RNG. _____

DIR. TO LOC. _____ OLD NEW

Quantity	MATERIAL USED	Serv. Charge	
			760.00
130 sks	6 1/2" Gel		1153.00
225 lbs	Gel 2"		40.00
100 lbs	Gel Flush		15.00
	BULK CHARGE		
5.0 miles	BULK TRK. MILES		186.20
3.5	PUMP TRK. MILES		76.20
3 hrs	water Transport		270.00
1	PLUGS 2 7/8" Top Rubber		15.00
		SALES TAX	29.99
		TOTAL	2429.19

Paid check # 4815
 Amount 2429.19

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 KANSAS CORPORATION COMMISSION
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T.D. 10/11 CSG. SET AT _____ VOLUME _____
 SIZE HOLE 5 1/2" TBG SET AT 1026 VOLUME 6 Pits
 MAX. PRESS. _____ SIZE PIPE 2 7/8" 90'
 PLUG DEPTH _____ PKER DEPTH _____
 PLUG USED 1 2 7/8" Top Rubber Plug TIME FINISHED _____

REMARKS: Log # 7, 2 7/8" tubing, Pump operation of 1000 psi water, Pump 5 Pits Gel Flush, 1000 psi, 15 Pits water. Mixed 130 sks 6 1/2" Gel down with 2 Pits water. Release Plug, Dissolve Plug with 6 Blks water. First Pumping 500 PSI Pumped Plug to 1200 PSI. Check Tubing in with 1300 PSI. Good cement returns to surface. - C. Bill Sherry
Thank you

EQUIPMENT USED

NAME	UNIT NO.	NAME	UNIT NO.
<u>Don Kumbler</u>	<u>185</u>	<u>Byron 91</u>	<u>71</u>
<u>Boyd Butler</u>		<u>with Matt</u>	
HSI REP.		OWNER'S REP.	

