

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 # 31119
Name: Lone Wolf Oil dba
Address 1: Box 241
Address 2: _____
City: Moline State: Ks. Zip: 67353 + _____
Contact Person: Rob Wolfe
Phone: (620) 647-3626
CONTRACTOR: License # 32701
Name: C. & G Drilling Inc
Wellsite Geologist: Joe Baker
Purchaser: none

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: _____
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.: _____
10-27-08 _____ 10-31-08 P+ A
Spud Date or _____ Date Reached TD _____ Completion Date or _____
Recompletion Date _____ Recompletion Date _____

API No. 15 - 049-22522-0000
Spot Description: _____
W/2 SE SE Sec. 36 Twp. 31 S. R. 9 East West
330 Feet from North / South Line of Section
585 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Elk
Lease Name: Walker North Well #: 10
Field Name: Hylton North
Producing Formation: none
Elevation: Ground: 1146 Kelly Bushing: 1152
Total Depth: 2232 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 40 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 P+ A A H I NCR
(Data must be collected from the Reserve Pit) 1-21-09
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: Robert Wolfe
Title: Owner Date: 12-1-08
Subscribed and sworn to before me this 2nd day of December
20 08.
Notary Public: Cindy L. Slinkard
Date Commission Expires: _____

CINDY L. SLINKARD
Notary Public - State of Kansas
My Appt. Expires 1-9-2011

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

DEC 03 2008
CONSERVATION DIVISION
WICHITA, KS

Operator Name: Lone Wolf Oil dba Lease Name: Walker North Well #: 10
 Sec. 36 Twp. 31 S. R. 9 East West County: Eik

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:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
--	---

CASING RECORD <input checked="" 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		40	Class A	35	3 % Cal.

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	40	Class A	35	

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
	none		

RECEIVED
 KANSAS CORPORATION COMMISSION
 DEC 03 2008
 CONSERVATION DIVISION
 WICHITA, KS

TUBING RECORD: Size: <u>none</u> Set At: _____ Packer At: _____	Liner Run: <input type="checkbox"/> Yes <input checked="" 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: _____ _____
---	--	--



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 20314

LOCATION Ennis

FOREMAN Troy Strickler

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-9876

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-27-08	4763	Walker North # 10				Ellis
CUSTOMER Lone Wolf Oil Co.			TRUCK #	DRIVER	TREATMENT	DRIVER
MAILING ADDRESS Box 241			463	Shamon		
CITY Moline			543	David		
STATE Ks		ZIP CODE 67353				

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 40' CASING SIZE & WEIGHT 5 1/2"
 CASING DEPTH 40' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8" SLURRY VOL _____ WATER gal/sk 65" CEMENT LEFT in CASING 40'
 DISPLACEMENT 2.81 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting Rig up to 854' casing. Break circulation w/ water.
Mixed 35sks Class A Cement w/ 3% Cact @ 14.8"/gal. Displacement w/ 2.81
Water. Shut casing in w/ Good Cement to surface.

Job Complete

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401 S	1	PUMP CHARGE	725.00	725.00
5406	40	MILEAGE	3.65	146.00
1104 S	3.5sks	Class A Cement	125.00	437.50
1102	100"	Cact 3%	75.00	75.00
5407		Ten-mileage	25.00	25.00
RECEIVED KANSAS CORPORATION COMMISSION DEC 03 2008 CONSERVATION DIVISION WICHITA, KS				
		<u>Thank You!</u>	Sub Total	1733.50
			6.3% SALES TAX	109.50
			TOTAL	1768.00

Rev'n 3737

AUTHORIZATION Called by Cotton

006910

TITLE C+G Dir

DATE _____



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 20317

LOCATION Enoch

FOREMAN Troy Stricker

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
10-31-08	4763	Walker North # 10				EK
CUSTOMER Lane Wolf Oil Co.			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS Box 241			520	Cliff		
CITY Moline			515	Jerrid		
STATE Ks		ZIP CODE 67353				

JOB TYPE P.T.A. New HOLE SIZE 7 7/8" HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting Plugging Orders

35sk @ Bottom
35sk @ 1000'
125sk from 500' to surface
195sk Total

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405 H	1	PUMP CHARGE	925.00	925.00
5406	40	MILEAGE	3.65	146.00
1131	195sk	60/70 Pz-mix	11.85	2313.25
118A	730"	4% Gel	.17	124.10
5407A	9.17 Ton	Ten-Mileage	1.20	490.16
RECEIVED KANSAS CORPORATION COMMISSION				
DEC 03 2008				
CONSERVATION DIVISION WICHITA KS				
<u>Thank K!</u>				
			Sub Total	3772.51
			6.3% SALES TAX ESTIMATED	237.25
			TOTAL	3995.76

Revin 5737

AUTHORIZATION witnessed by Rob Wolf

Barndoo
TITLE Owner

DATE _____