

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 # 5983

Name: Victor J. Leis

Address 1: Box 223

Address 2: _____

City: Yates Center State: KS Zip: 66783 + _____

Contact Person: Ryan M. Leis

Phone: (785) 313-2567

CONTRACTOR: License # 32079

Name: John E. Leis

Wellsite Geologist: n/a

Purchaser: Pacer Energy Marketing

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: n/a

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.: _____

12/30/08 1/2/09 1/17/2009
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 207-27468-0000

Spot Description: _____

NE NW SW NE Sec. 20 Twp. 24 S. R. 16 ☒ East ☐ West

1640 Feet from ☒ North / ☐ South Line of Section

2080 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☒ NE ☐ NW ☐ SE ☐ SW

County: Woodson

Lease Name: Stockebrand Well #: 14

Field Name: Vernon

Producing Formation: Squirrel

Elevation: Ground: 1087 Kelly Bushing: n/a

Total Depth: 1062' Plug Back Total Depth: n/a

Amount of Surface Pipe Set and Cemented at: 40' Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set: n/a Feet

If Alternate II completion, cement circulated from: 1062'

feet depth to: surface w/ 151 sx cmt.

Drilling Fluid Management Plan Alt II NW 10-8-09
(Data must be collected from the Reserve Pit)

Chloride content: n/a ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: n/a

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: [Signature]

Title: Agent Date: _____

Subscribed and sworn to before me this 10th day of September

2009

Notary Public: [Signature]

Date Commission Expires: 10-18-2012

JUDITH A. SMITH
Notary Public - State of Kansas
My Appt. Expires 10-18-2012

KCC Office Use ONLY

☒ Letter of Confidentiality Received

☒ If Denied, Yes ☐ Date: _____

☒ Wireline Log Received

☐ Geologist Report Received

☐ UIC Distribution

RECEIVED

SEP 30 2009

KCC WICHITA

Operator Name: Victor J. Leis Lease Name: Stockebrand Well #: 14
 Sec. 20 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 ☐ Yes ☒ No
 (Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☒ No

Cores Taken ☐ Yes ☒ No

Electric Log Run ☒ Yes ☐ No
 (Submit Copy)

List All E. Logs Run:

Gamma ray/neutron ✓

☒ Log Formation (Top), Depth and Datum ☐ Sample

Name Top Datum
 See attached

CASING RECORD ☐ New ☒ 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"	7"	23	40'	Portland	11	n/a
Casing	5 1/4"	2 7/8"	6	1060'	owc/ port.	151	n/a

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	20 shots 1004-1014'	Frac. w/ 8,000 lbs. sand and gelled water	1004'

RECEIVED

SEP 30 2009

TUBING RECORD:	Size: n/a	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	KCC WICHITA
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Date of First, Resumed Production, SWD or Enhr. 1/17/2009		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. 10	Gas Mcf 0	Water Bbls. 0	Gas-Oil Ratio n/a	Gravity 26.5

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	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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CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 19877
LOCATION Ottawa
FOREMAN Alan Maden

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-5-09	5353	Stockerbrand #14	20	24	16	W
CUSTOMER Midway Oil						
MAILING ADDRESS P.O. Box 1000						
CITY Miami	STATE OK	ZIP CODE 74354				
			TRUCK #	DRIVER	TRUCK #	DRIVER
			516	Alan M	237	Arland
			164	Ken H		
			370	Brian T		
			503	Chuck L		

JOB TYPE Long string HOLE SIZE 5 5/8 HOLE DEPTH 1062 CASING SIZE & WEIGHT 8 7/8
CASING DEPTH 1060 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/ek _____ CEMENT LEFT IN CASING yes
DISPLACEMENT 6.2 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Established rate. Mixed & pumped 100# gel to flush hole followed by 76bl dye. Mixed & pumped 123 5x 50/150 poz 670 gel. Circulated dye. Mixed & pumped 33.9x DWC. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float. Closed valve.

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		926.00
5406	63	MILEAGE		237.20
5407A		ton mileage	523	402.96
5407	min	ton mileage	237	315.00
5502C	4	80 vac	370	400.00
1118B	770 #	gel		130.90
1124	116 5x	50/150 poz		1131.00
1126	355x	DWC		595.00
4402	1	2 1/2 plug		23.00
		RECEIVED	Sub	
		SEP 30 2009		4160.10
		KCC WICHITA		
		6.3%		
		SALES TAX		118.44
		ESTIMATED TOTAL		4278.54

Ravin 3737

AUTHORIZATION

[Signature]

TITLE

228246

DATE 1/5/09