

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 # 32087
Name: Rita Mae VonLintel dba Rita Mae VonLintel Operating
Address 1: 117 E 16th Street
Address 2: _____
City: Hays State: KS Zip: 67601 + 3634
Contact Person: Otto VonLintel
Phone: (785) 625-6448
CONTRACTOR: License # 33385 **RECEIVED**
Name: J & M Well Servicing, Inc. **SEP 11 2009**
Wellsite Geologist: _____
Purchaser: KCC WICHITA
Designate Type of Completion:
____ New Well Re-Entry ____ Workover
____ Oil ____ SWD ____ SLOW
____ Gas ____ ENHR ____ SIGW
____ CM (Coal Bed Methane) ____ Temp. Abd.
____ Dry Other WSW
(Core, WSW, Expl., Cathodic, etc.)

API No. 15 - 167-03737-00-01
Spot Description: _____
____ SW ____ NE ____ NE Sec. 15 Twp. 15 S. R. 15 East West
4290 Feet from North / South Line of Section
990 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Russell
Lease Name: Steinert Well #: 4
Field Name: Donovan
Producing Formation: LKC
Elevation: Ground: 1757 Kelly Bushing: 1762
Total Depth: 3277 Plug Back Total Depth: 420
Amount of Surface Pipe Set and Cemented at: 818 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.

If Workover/Re-entry: Old Well Info as follows:
Operator: James W. Hershberger
Well Name: Steinert # 4
Original Comp. Date: 2-06-64 Original Total Depth: 3277
____ Deepening ____ Re-perf. ____ Conv. to Enhr. ____ Conv. to SWD
 Plug Back: 420' Plug Back Total Depth
____ Commingled Docket No.: _____
____ Dual Completion Docket No.: _____
____ Other (SWD or Enhr.?) Docket No.: _____
06-16-09 06-20-09 06-20-09
Spud Date or Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan OWWO - AIT I NoR
(Data must be collected from the Reserve Pit) 10-19-09
Chloride content: 5000 ppm Fluid volume: 30 bbls
Dewatering method used: vacuum truck
Location of fluid disposal if hauled offsite:
Operator Name: Rita Mae VonLintel Operating
Lease Name: Polcyn # 2 License No.: 32087
Quarter SE Sec. 10 Twp. 15 S. R. 15 East West
County: Russell Docket No.: E-30391

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: X Otto Von Lintel
Title: Manager Date: 9-10-2009
Subscribed and sworn to before me this 10 day of SEPTEMBER,
2008
Notary Public: Allen P. Drilling
Date Commission Expires: _____

Allen P. Drilling
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 5-16-2012

KCC Office Use ONLY
N Letter of Confidentiality Received
If Denied, Yes Date: _____
____ Wireline Log Received
____ Geologist Report Received
____ UIC Distribution

Operator Name: Rita Mae VonLintel dba Rita Mae VonLintel Operating Lease Name: Steinert Well #: 4
 Sec. 15 Twp. 15 S. R. 15 East West County: Russell

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 type="checkbox"/> Yes <input checked="" 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 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 Casing	12.25"	8 5/8"		818		475	

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 checked="" type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	420-450	Common	20	

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
4SPF	390'-399'		
		RECEIVED SEP 11 2009 KCC WICHITA	

TUBING RECORD: Size: 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 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
			150

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: <u>Cheyenne/Cedar Hill SS</u>
---	---	---