

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
October 2008
Form Must Be Typed

ORIGINAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 32079
Name: John E. Leis
Address 1: 111 E. Mary
Address 2: _____
City: Yates Center State: KS Zip: 66783 + _____
Contact Person: John Leis
Phone: (620) 625-3676
CONTRACTOR: License # 32079
Name: John E. Leis
Wellsite Geologist: NA
Purchaser: Plains 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.)

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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.: _____
4-28-09 _____ 5-14-09
Spud Date or _____ Date Reached TD _____ Completion Date or _____
Recompletion Date _____ Recompletion Date _____

API No. 15 - 207-27389 - 0000
Spot Description: _____
NE NW SW SW Sec. 7 Twp. 24 S. R. 16 East West
1178 Feet from North / South Line of Section
495 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Woodson
Lease Name: Davidson Well #: 18
Field Name: Vernon
Producing Formation: Squirrel
Elevation: Ground: 1057 Kelly Bushing: 1061
Total Depth: 1110 Plug Back Total Depth: 1105
Amount of Surface Pipe Set and Cemented at: 41 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 41
feet depth to: 0 w/ 12 _____

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: _____ ppm Fluid volume: _____ bbls
Dewatering method used: allow to dry
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

AH 2-Dlg - 10/27/09 ^{sx cmt.}

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: operator Date: 07/22/2009
Subscribed and sworn to before me this 17 day of aug,
20 09.
Notary Public: [Signature]
Date Commission Expires: 5/6/2010

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

 STEVEN HOAG
Notary Public - State of Kansas
My Appt. Expires 5/6/2010

Operator Name: John E. Leis Lease Name: Davidson Well #: 18
 Sec. 7 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 <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 checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum attached <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> RECEIVED AUG 19 2009 KCC WICHITA </div>
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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"	7"	23	41'	Portland	12	
Longstring	5 5/8"	2 7/8"	8	1105'	60/40 Pozmix	135	2% gel

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				

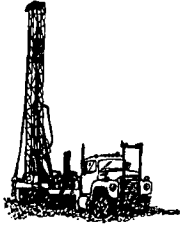
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
2	1047-1053 13 Shots	75 gal of 15% HCL Acid	1047
		61 sacks of 12/20 sand	
		30 sacks of 20/40 sand	

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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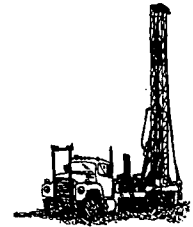
Date of First, Resumed Production, SWD or Enhr. 6/4/9	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls. 2	Gas Mcf	Water Bbls. 15	Gas-Oil Ratio	Gravity 24
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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: _____ _____
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LEIS OIL SERVICES



111 East Mary • Yates Center, Kansas 66783 • (620) 625-3676

Operator License #: 32079	API #: 15-207-27389
Operator: John E. Leis	Lease: Davidson
Address: 111 E. Mary Yates Center, KS 66783	Well #: 18
Phone: 620.625-3676	Spud Date: 04-28-09 Completed: 05-14-09
Contractor License: 32079	Location: NE-NW-SW-SW of 07-24-16E
T.D. : 1110 T.D. of Pipe: 1105	1485 Feet From South
Surface Pipe Size: 7" Depth: 42	165 Feet From West
Kind of Well: Oil	County: Woodson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
4	Soil/Clay	0	4	8	Shale	1031	1039
44	Sandy Shale	4	48	2	Lime	1039	1041
3	Lime	48	51	2	Black Shale	1041	1043
4	Shale	51	55	1	Shale	1043	1044
3	Lime	55	58	5	Oil Sand	1044	1049
184	Shale	58	242	3	Shale with oil	1049	1052
67	Lime	242	309	33	Shale	1052	1085
7	Shale	309	316	3	Lime	1085	1088
29	Lime	316	345	2	Shale	1088	1090
7	Shale	345	352	2	Lime	1090	1092
184	Lime	352	536	18	Sandy Shale	1092	1110
41	Shale	536	577				
75	Lime	577	652				
9	Shale	652	661				
20	Lime	661	681		T.D.		1110
5	Shale	681	686		T.D. of Pipe		1105
25	Lime	686	711				
154	Shale	711	865				
3	Lime	865	868				
22	Shale	868	890				
12	Lime	890	902				
54	Shale	902	956				
3	Lime	956	959				
5	Shale	959	964				
14	Lime	964	978				
31	Shale	978	1009				
6	Lime	1009	1015				
12	Shale	1015	1027				
4	Lime	1027	1031				

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ID# _____
 MC ID# _____
 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
3133

DATE 5-15-09

COUNTY Woodson CITY _____

CHARGE TO John Leis
 ADDRESS _____ CITY Yates Center ST Ks. ZIP _____
 LEASE & WELL NO. Davidson #18 CONTRACTOR CO. Tools
 KIND OF JOB Long String SEC. _____ TWP. _____ RNG. _____
 DIR. TO LOC. _____ OLD NEW

Quantity	MATERIAL USED	Serv. Charge	
			700.00
142 sks.	60/40 Pozmix cement		1469.70
245 lbs	Gel 2%		61.25
100 lbs	Gel > Flush Ahead		25.00
	BULK CHARGE		
6.28 Trks	BULK TRK. MILES		241.78
35	PUMP TRK. MILES		105.00
2	PLUGS 2 7/8" Top Rubber		34.00
		6.3% SALES TAX	100.17
		TOTAL	2736.90

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T.D. 1108'
 SIZE HOLE _____
 MAX. PRESS. _____
 PLUG DEPTH _____
 PLUG USED _____

CSG. SET AT _____ VOLUME _____
 TBG SET AT 1095' VOLUME 6.34 Bbls
 SIZE PIPE 2 7/8" - 8 1/2"
 PKER DEPTH _____
 TIME FINISHED _____

REMARKS: Rig up to 2 7/8" Tubing, Break circulation with fresh water, 5 Bbl. Gel Flush, followed with 15 Bbl. fresh water. Mixed 142 sks. 60/40 Pozmix cement w/ 2% Gel. Shut down wash out Pump & Lines - Release Plugs - Displace Plugs 6.3 Bbls water, Final Pumping @ 600 PSI - Bumped Plugs to 1200 PSI - Close Tubing in with 1200 PSI Good cement returns with 6 1/2 Bbl. slurry

EQUIPMENT USED

NAME Kelly Kimberlin UNIT NO. 185
Brad Butler
 HSI REP.

NAME Jerry #91 UNIT NO. _____
Witnessed by John
 OWNER'S REP.