

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 _____ SLOW
_____ 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 Enhnr. _____ Conv. to SWD
_____ Plug Back: _____ Plug Back Total Depth
_____ Commingled _____ Docket No.: _____
_____ Dual Completion _____ Docket No.: _____
_____ Other (SWD or Enhnr.?) _____ Docket No.: _____
9/11/2009 9/12/2009 10/2/2009
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 207-27509-0000
Spot Description: _____
NW SW SW NE Sec. 20 Twp. 24 S. R. 16 East West
2080 Feet from North / South Line of Section
2475 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Woodson
Lease Name: Stockebrand Well #: 18
Field Name: Vernon
Producing Formation: Squirrel
Elevation: Ground: n/a 1083 Kelly Bushing: _____
Total Depth: 1090 Plug Back Total Depth: _____
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: 1090'
feet depth to: surface w/ 115 sx cmt.

Drilling Fluid Management Plan Alt II nrc 11-24-09
(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: _____
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: Ryan M. Leis
Title: Aggr Date: 11/16/09
Subscribed and sworn to before me this 16 day of November
09
Notary Public: Judith D Streeter
Date Commission Expires: 4-4-12

JUDITH D. STREETER
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 4-4-12

KCC Office Use ONLY	
<input checked="" type="checkbox"/>	Letter of Confidentiality Received
<input type="checkbox"/>	If Denied, Yes <input type="checkbox"/> Date: _____
<input checked="" type="checkbox"/>	Wireline Log Received
<input type="checkbox"/>	Geologist Report Received
<input type="checkbox"/>	UIC Distribution

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Operator Name: Victor J. Leis Lease Name: Stockebrand Well #: 18
 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 <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: Gamma ray/ neutron	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum See attached
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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	10"	7"	23.5	42'	Portland	10	n/a
Casing	5 1/2"	2 7/8"	6	1059'	owc/ port.	115	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 1010'-1020'	Frac. 7000# sand and gelled water	1010'

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TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

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Date of First, Resumed Production, SWD or Enthr. 10/2/2009		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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Box 884, Chanute, KS 66720
J-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-11-09	5353	Stochebrand 18	NE 20	24	16	WO
CUSTOMER M:away 0:1			TRUCK #			
MAILING ADDRESS P.O. Box 1000			DRIVER			
CITY Miami			TRUCK #			
STATE OK			DRIVER			
ZIP CODE 74354			TRUCK #			
			DRIVER			

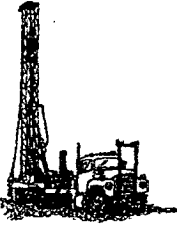
JOB TYPE <u>long string</u>	HOLE SIZE <u>5 1/8</u>	HOLE DEPTH <u>1075</u>	CASING SIZE & WEIGHT <u>2 7/8</u>
CASING DEPTH <u>1059</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>YES</u>
DISPLACEMENT	DISPLACEMENT PSI <u>800</u>	MIX PSI	RATE <u>5 bpm</u>

REMARKS: Re-established rate. Mixed + pumped 100# gel to flush hole. Mixed + pumped 10 bbl dye marker followed by 75 sx 50150 P02, 60 gel. Circulated dye. Mixed + pumped 40 sx OWC. Flushed pump. Pumped plug to casing TD. Circulated 6 bbl cement. Well held 800 PST. Set float. Closed valve.

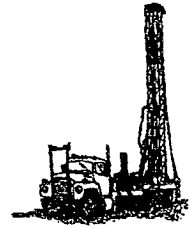
Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		870.00
5406	—	MILEAGE		—
5402	1059	casing footage		—
5407A	1/2 min	ton miles	548	148.00
5407A	204.75	ton miles	479	237.51
5502C	3	80 vac		282.00
1118B	478	gel	RECEIVED	76.48
1124	71	50150 P02		656.75
1126	40	OWC	NOV 16 2009	640.00
4402	1	2 1/2 plug	KCC WICHITA	22.00
		WO 231239		
		6.3	SALES TAX	87.90
			ESTIMATED TOTAL	3020.65

AVIN 3737
AUTHORIZATION *[Signature]* TITLE *Owner* DATE _____



LEIS OIL SERVICES



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

Operator License #: 5983	API #: 207-27509-0000
Operator: Victor J. Leis	Lease: Stockebrand
Address: PO Box 223 Yates Center, KS 66783	Well #: 18
Phone: 913.285.0127	Spud Date: 09.10.09 Completed: 09.11.09
Contractor License: 32079	Location: NW-SW-SW-NE of 20-24-16E
T.D. : 1090 T.D. of Pipe: 1087	2080 Feet From North
Surface Pipe Size: 7" Depth: 42'	2475 Feet From East
Kind of Well: Oil	County: Woodson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
12	Soil and Clay	0	12	5	Oil Sand	1003	1008
5	Lime	12	17	82	Sandy Shale	1008	1090
186	Shale	17	200				
29	Lime	200	229				
3	Shale	229	232				
24	Lime	232	256				
16	Shale	256	272				
190	Lime	272	462				
30	Shale	462	492				
3	Lime	492	495				
37	Shale	495	532				
82	Lime	532	614				
3	Black Shale	614	617				
20	Lime	617	637		T.D.		1090
3	Shale	637	640		T.D. of Pipe		1087
24	Lime	640	664				
161	Shale	664	825				
5	Lime	825	830				
15	Shale	830	845				
17	Lime	845	862				
56	Shale	862	918				
3	Lime	918	921				
2	Shale	921	923				
29	Lime	923	952				
14	Shale	952	966				
10	Lime	966	976				
8	Shale	976	984				
5	Lime	984	989				
14	Shale	989	1003				

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