

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.: _____
9/10/2009 9/11/2009 10/2/2009
Spud Date or Date Reached TD Completion Date or Recompletion Date

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: Asst Date: 11/16/09

Subscribed and sworn to before me this 16 day of November

2009

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

API No. 15 - 207-27497-0000

Spot Description: _____
NW NW SW NE Sec. 20 Twp. 24 S. R. 16 East West
1640 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 #: 17

Field Name: Vernon

Producing Formation: Squirrel

Elevation: Ground: n/a/087 Kelly Bushing: _____

Total Depth: 1075 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: 1075'

feet depth to: surface w/ 115 sx cmt.

Drilling Fluid Management Plan Alt II NUR 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.: _____

KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
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Operator Name: Victor J. Leis Lease Name: Stockebrand Well #: 17
 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 <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: 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	1072'	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	17 shots 1009'-1017'	Frac. 7000# sand and gelled water	1009'

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Enfr. 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 <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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CONSOLIDATED
Oil Field Services, LLC

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

TICKET NUMBER 20119
LOCATION Ottawa
FOREMAN Alan Made

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9.11.09	5353	Stoekelbrand # 17	NE 20	24	16	WO
CUSTOMER <u>Midway</u>			TRUCK #			
MAILING ADDRESS <u>P.O. Box 1000</u>			DRIVER			
CITY <u>Miami</u>			TRUCK #			
STATE <u>OK</u>			DRIVER			
ZIP CODE <u>74354</u>			TRUCK #			
			DRIVER			

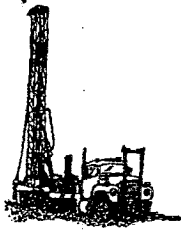
JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 1090 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 1087 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 6.3 DISPLACEMENT PSI 800 MIX PSI _____ RATE 5 bpm

REMARKS: Established rate. Mixed & pumped 100 # gel to flush hole followed by 10 gal dye. Mixed & pumped 75 sk 50/150 poz, 6% gel. Circulated dye. Mixed & pumped 40 sk OWC. Flushed pump. Pumped plug to casing TD. Circulated cement. Well held 800 PSI. Set float, closed valve.

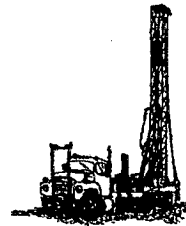
Alan Made

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		870.00
5406	65	MILEAGE		224.25
5402	1087	Casing footage		
5407A	1/2 min		548	148.00
5407A	204.75		479	237.51
5502C	3	80 vac		282.00
11183	478	gel		76.48
1184	71	50/150 poz		656.75
1126	40 @	OWC		640.00
4402	1	2 1/2 plug		23.00
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SALES TAX				87.91
ESTIMATED TOTAL				3244.90

AUTHORIZATION [Signature] TITLE Owner DATE _____
 3244.90



LEIS OIL SERVICES



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

Operator License #: 5983	API #: 207-27497-0000
Operator: Victor J. Leis	Lease: Stockebrand
Address: PO Box 223 Yates Center, KS 66783	Well #: 17
Phone: 913.285.0127	Spud Date: 09.10.09 Completed: 09.11.09
Contractor License: 32079	Location: NW-NW-SW-NE of 20-24-16E
T.D. : 1075 T.D. of Pipe: 1072	1640 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
15	Soil and Clay	0	15	2	Lime	1001	1003
4	Lime	15	19	1	Sandy Shale	1003	1004
177	Shale	19	196	10	Oil Sand	1004	1014
58	Lime	196	254	61	Shale	1014	1075
11	Shale	254	265				
198	Lime	265	463				
28	Shale	463	491				
4	Lime	491	495				
37	Shale	495	532				
72	Lime	532	604				
8	Shale	604	612				
23	Lime	612	635				
4	Shale	635	639				
24	Lime	639	663		T.D.		1075
159	Shale	663	822		T.D. of Pipe		1072
4	Lime	822	826				
19	Shale	826	845				
12	Lime	845	857				
1	Shale	857	858				
3	Lime	858	861				
55	Shale	861	916				
3	Lime	916	919				
5	Shale	919	924				
27	Lime	924	951				
14	Shale	951	965				
11	Lime	965	976				
6	Shale	976	982				
7	Lime	982	989				
12	Shale	989	1001				

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