

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 33900
 Name: Steve 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.: _____

<u>9/23/2009</u>	<u>9/25/2009</u>	<u>10/9/2009</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 207-27499-0000
 Spot Description: _____
NW SE NE NW Sec. 20 Twp. 24 S. R. 16 East West
715 Feet from North / South Line of Section
2035 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Woodson
 Lease Name: Holloway Well #: 3
 Field Name: Vernon
 Producing Formation: Squirrel
 Elevation: Ground: n/a 1081 Kelly Bushing: _____
 Total Depth: 1110 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at: 40' Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set: _____ Feet
 If Alternate II completion, cement circulated from: 1110'
 feet depth to: surface w/ 151 sx cmt.

Drilling Fluid Management Plan AH II ncr 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: [Signature]
 Title: Agpt Date: 11/16/09
 Subscribed and sworn to before me this 16 day of November

20 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
 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: Holloway Well #: 3
 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	40'	Portland	11	n/a
Casing	5 1/2"	2 7/8"	6	1109'	owc/ port.	149 151	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 1049'-1059'	Frac. 7000# sand and gelled water	1049'

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Enthr. <u>10/9/2009</u>		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. <u>10</u>	Gas Mcf <u>0</u>
	Water Bbls. <u>0</u>	Gas-Oil Ratio <u>n/a</u>
		Gravity <u>26.5</u>

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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Footage taken	Sample type
1_9	soil, clay
9_16	lime
16_33	sandy
33_43	shale
43_48	lime
48_196	shale
196_215	lime
215_230	shale
230-243	broken lime
243_273	shale
273_461	broken lime
461_471	shale
471-479	lime
479_492	broken lime
492_494	hard lime
494_530	broken shale
530_613	kc lime
613_619	black shale
619_640	lime
640_648	shale
648_660	lime
660_819	shale
819_823	lime
823_846	shale
846_856	hard lime
856_857	shale
857_858	lime
858_870	broken lime
870_877	oil sand
877_912	shale
912_915	lime
915_918	shale
918_921	lime
921_931	broken lime
931_933	hard lime
933_944	shale
944_948	hard lime
948_962	broken lime
962_977	hard lime
977_982	broken
982_989	hard lime
989_1002	shale
1002_1004	cap rock
1004_1030	shale
1030_1049	black sand oder
1049_1051	cap rock
1051_1053	sand, gas oil
1053_1058	good oil sand
1058_1060	sand, some oil
1060-1110	shale
1110, T.D.	

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CONSOLIDATED
Drilling & Construction, LLC

TICKET NUMBER 20193
LOCATION Ottawa KS
FOREMAN Fred Mader

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9/25/09	5353	Holloway # 3	NW 20	24	16	WO
CUSTOMER			TRUCK #			
Midway Oil			DRIVER			
MAILING ADDRESS			TRUCK #			
P.O. Box 1000			DRIVER			
CITY			TRUCK #			
Miami			DRIVER			
STATE			TRUCK #			
OK			DRIVER			
ZIP CODE			TRUCK #			
			DRIVER			

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 1108' CASING SIZE & WEIGHT 2 1/8 EUE
 CASING DEPTH 1109' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 6.44 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish circulation Mix Pump 200# Premium Gel Flush
Mix & Pump 12 BBL Teal dye. Mix & Pump 101 SKS
50/50 Por Mix Cement 6% Gel. Follow w/ 50 SKS OWC
Cement. Flush pump & lines clear. Displace 2 1/2" Rubber
Plug to casing TD w/ 6.44 BBL Fresh water. Pressure to
760 PSI Release pressure to set Float Valve. Shut in
Casing

Steve Leis Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1 of 2	PUMP CHARGE Cement Pump		870 ⁰⁰
5406	1/2 of 65 mi	MILEAGE Pump Truck		112 ¹³
5402	1109'	Casing footage		N/C
5407A	152.75	Ton Miles # 503		177.19
5407A	275.73	Ton Miles # 510		319 ⁸⁵
5501C	2 hrs	Transport		210 ⁰⁰
1124	95	50/50 Por Mix Cement		878 ⁷⁵
1126	50	OWC Cement		800 ⁰⁰
1118B	709 ¹⁵	Premium Gel		113 ⁴⁴
4402	1	2 1/2" Rubber Plug		22 ⁰⁰
				878 ⁷⁵
				800 ⁰⁰
				113 ⁴⁴
				22 ⁰⁰
				114 ³⁰
				3617 ⁶⁶

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WOT# 231355

SALES TAX ESTIMATED TOTAL 114³⁰
3617⁶⁶

Payin 3737

AUTHORIZATION

[Signature]

TITLE

DATE