

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 6407
Name: Flowers Production Company, Inc.
Address 1: PO Box 249
Address 2: _____
City: El Dorado State: KS Zip: 67042 + _____
Contact Person: Dallas Flowers
Phone: (316) 321 0550
CONTRACTOR: License # 32701
Name: C & G Drilling
Wellsite Geologist: Bill Stout
Purchaser: _____
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: _____
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.: _____
8-16-08 8-18-08 8-25-08
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-015-23781-0000
Spot Description: _____
E2 NE NE Sec. 17 Twp. 25 S. R. 5 East West
660 Feet from North / South Line of Section
330 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Butler
Lease Name: Texas Robison Well #: 1B
Field Name: El Dorado
Producing Formation: Mississippi Chert
Elevation: Ground: 1355' Kelly Bushing: 1364'
Total Depth: 2665 Plug Back Total Depth: 2654
Amount of Surface Pipe Set and Cemented at: 211' 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/ AH1-Dlg-11/3/09 ^{\$x amt.}

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: _____ 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: _____
Title: Agent Date: 10-30-09
Subscribed and sworn to before me this 30th day of October,
2009.
Notary Public: Lindsyn N. Light
Date Commission Expires: 11/28/2009

LINDSY N. LIGHT
Notary Public - State of Kansas
My Appt. Expires 11/28/2009

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

UIC Distribution
RECEIVED
NOV 03 2009
KCC WICHITA

Operator Name: Flowers Production Company, Inc. Lease Name: Texas Robison Well #: 1B
 Sec. 17 Twp. 25 S. R. 5 East West County: Butler

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 type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input checked="" 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	12 1/4	8 5/8	23#	211'	Class A	135	Class A 2% Gel 3% CC
Production		5 1/2	23#	2655'	Class A	135	Class A 3% Gel 3% Kolo Seal 1 1/2%

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
4	56 shots total	500 gallons at 15%	2534 to 2548

TUBING RECORD: Size: <u>2 7/8</u> Set At: <u>2304</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. <u>8-6-2008</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>0</u>	Gas Mcf _____ Water Bbls. <u>500</u> Gas-Oil Ratio _____ Gravity _____

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 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 Well Services, LLC

ENTERED

TICKET NUMBER 19101
LOCATION El Dorado #8
FOREMAN Jim Thomas

PO Box 884, Chanute, KS 66720
820-431-8210 or 800-467-8876

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-19-08	2991	Texas Robinson #1B	17	25	5E	Butler
CUSTOMER Flowers Production			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 249 604 State			446	Jacob		
CITY STATE ZIP CODE El Dorado KS 67042			491	Darren		

JOB TYPE Long String HOLE SIZE 7 7/8" HOLE DEPTH 2665 ft CASING SIZE & WEIGHT 5 1/2" 14.0#
 CASING DEPTH 2664 ft DRILL PIPE _____ TUBING _____ OTHER New
 SLURRY WEIGHT 15.0-15.6 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 884#
 DISPLACEMENT 15.02 BBL DISPLACEMENT PSI 500* MUD PSI Bump Plug 1200* RATE _____
 REMARKS Sperry Meeting Rig up + drop Bull + circulate 30 min with Rig mud Pump Rig up to 5 1/2" break circulation Pump 125 sks Class A 3% gel 3% Kol-Seal 1% CC Shutdown. Wash out pump + lines. Release 5 1/2" loc set plug + disp to 2665 ft. Bump Plug set + 200#. Shutdown Released PSI, AFU + Loc Set Plug held.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401		PUMP CHARGE	925.00	925.00
5406	10	MILEAGE	36.50	365.00
11045	125 sks	Class A	13.50	1687.50
1118A	375 lbs	gel	.17	63.75
1110A	375 lbs	Kol-Seal	.42	157.50
1102	125 lbs	Calcium Chloride	.75	93.75
4159	1	5 1/2" Float Shoe AFU	328.00	328.00
4130	3	5 1/2" centerizer	46.00	138.00
4454	1	5 1/2" latch-down Plug + Assm.	242.00	242.00
5407	1	Min. Bulk Del.	315.00	315.00
RECEIVED				
NOV 05 2009				
			Subtotal	3987.00
			SALES TAX ESTIMATED	143.66
			TOTAL	4130.66

Rev'n 3737

KCC WICHITA 825062

AUTHORIZATION _____ TITLE _____ DATE _____

 **ENTERED**

TICKET NUMBER 19100
LOCATION Eldorado #30
FOREMAN Jim Thomas



PO Box 884, Chanute, KS 66720
620-431-0210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
<u>8-16-08</u>	<u>2991</u>	<u>Texas Robinson #1B</u>	<u>17</u>	<u>25</u>	<u>SE</u>	<u>Dutler</u>

TRUCK #	DRIVER	TRUCK #	DRIVER
<u>446</u>	<u>Jacob</u>		
<u>491</u>	<u>Greg</u>		

JOB TYPE <u>Surface</u>		HOLE SIZE _____	HOLE DEPTH <u>201ft</u>	CASING SIZE & WEIGHT <u>8 7/8" 23.0"</u>
CASING DEPTH <u>220ft</u>	DRILL PIPE _____	TUBING _____	OTHER <u>New</u>	
SLURRY WEIGHT <u>15.0 ppg</u>	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING <u>20.0%</u>	
DISPLACEMENT _____	DISPLACEMENT PSI _____	MIX PSI _____	RATE _____	

REMARKS: Early morning pump up to 5 7/8" Bore circulation pump 130555 class A 3% cc + disp cement to 201ft + shut in. Cement circulated in the cellar, wash up + Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
<u>5405</u>	<u>1</u>	<u>PUMP CHARGE</u>	<u>725.00</u>	<u>725.00</u>
<u>5406</u>	<u>10</u>	<u>MILEAGE</u>	<u>365</u>	<u>365.00</u>
<u>11045</u>	<u>1355ks</u>	<u>class A</u>	<u>15.50</u>	<u>21002.50</u>
<u>1102</u>	<u>400lbs</u>	<u>calcium chloride</u>	<u>.75</u>	<u>300.00</u>
<u>5407</u>	<u>1</u>	<u>min. Bulk Del.</u>	<u>315.00</u>	<u>315.00</u>
Subtotal				22047.50
			SALES TAX	<u>116.49</u>
			ESTIMATED	
			TOTAL	23214.00

Havin 9737

20-4846

DATE

AUTHORIZATION _____

TITLE _____