

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 # 4441
Name: REUSCH WELL SERVICE INC.
Address 1: PO BOX 520
Address 2: _____
City: OTTAWA State: KS Zip: 66067 + _____
Contact Person: BOB REUSCH
Phone: (785) 242-2043
CONTRACTOR: License # 8509
Name: EVANS ENERGY DEVELOPMENT INC
Wellsite Geologist: _____
Purchaser: PACER ENERGY
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: _____
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.: _____
8/20/08 8/21/08
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 121-28658-0000
Spot Description: _____
SE SE NW SE Sec. 5 Twp. 17 S. R. 22 East West
1485 Feet from North / South Line of Section
1475 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: MIAMI
Lease Name: REYNOLDS Well #: 8
Field Name: PAOLA RANTOUL
Producing Formation: SQUIRREL
Elevation: Ground: _____ Kelly Bushing: _____
Total Depth: 735 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 24.9 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 725
feet depth to: SURFACE w/ 106 ^{sx cm} ATZ-Dig - 11/17/09

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: [Signature]
Title: SECRETARY/TREASURER Date: 11/6/09
Subscribed and sworn to before me this 6th day of November,
20 09.
Notary Public: [Signature]
Date Commission Expires: 5-12-11

KCC Office Use ONLY
N Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
_____ Geologist Report Received
_____ UIC Distribution
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NOV 12 2009



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Operator Name: REUSCH WELL SERVICE INC. Lease Name: REYNOLDS Well #: 8
 Sec. 5 Twp. 17 S. R. 22 East West County: MIAMI

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/CCL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>KANSAS CITY</td> <td>367</td> <td>380</td> </tr> <tr> <td>SQUIRREL</td> <td>675</td> <td>691</td> </tr> </table>	Name	Top	Datum	KANSAS CITY	367	380	SQUIRREL	675	691
Name	Top	Datum								
KANSAS CITY	367	380								
SQUIRREL	675	691								

CASING RECORD <input checked="" 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	9 7/8	7"		24.9	PORTLAND	6	
PRODUCTION	5 5/8	2 7/8"		725	50/50 POZ	106	

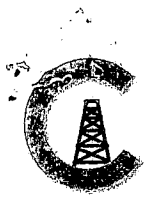
ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

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

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

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE Invoice # 225004

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Invoice Date: 08/26/2008 Terms: Page 1

REUSCH OIL WELL
P.O. BOX 520
OTTAWA KS 66067
(785)242-6200

REYNOLDS 8
5-17-22
16319
08/21/08

Part Number	Description	Qty	Unit Price	Total
1118B	PREMIUM GEL / BENTONITE	381.00	.1700	64.77
1124	50/50 POZ CEMENT MIX	106.00	9.7500	1033.50
4402	2 1/2" RUBBER PLUG	1.00	23.0000	23.00
Description		Hours	Unit Price	Total
237	MIN. BULK DELIVERY	1.00	315.00	315.00
368	CEMENT PUMP	1.00	925.00	925.00
368	EQUIPMENT MILEAGE (ONE WAY)	25.00	3.65	91.25
368	CASING FOOTAGE	729.00	.00	.00
370	80 BBL VACUUM TRUCK (CEMENT)	2.00	100.00	200.00

*1100
9/7/09*

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Parts:	1121.27	Freight:	.00	Tax:	73.44	AR	2725.96
Labor:	.00	Misc:	.00	Total:	2725.96		
Sublt:	.00	Supplies:	.00	Change:	.00		

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Signed _____ Date _____

CONSOLIDATED OIL WELL SERVICES, *UC*
 P.O. BOX 884, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

TICKET NUMBER 16319
 LOCATION Ottawa
 FOREMAN Alan Mader

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-21-08	7069	Reynolds # 8	5	17	22	Mi

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Bensch Well Service	516	Alam		
	368	Ken H		
	370	Brett B		
	237	Chuck h		

CITY	STATE	ZIP CODE
Ottawa	Ks	66067

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 735 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 729 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: Checked casing depth. Mixed & pumped 200# gel followed by 108 sk, 50/50 po2, 2% gel. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Closed valve.

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	925.00
5406	25	MILEAGE	368	91.25
5402	729	casing footage	368	-
5407	min	ton mileage	237	315.00
5502C	2 hr	80vac	370	200.00
1118 B	381 #	gel		64.77
1124	106 sk	50/50 po2		1033.50
4402	1	2 1/2 plug		23.00
				<u>2652.5</u>

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Sub
 4.8 SALES TAX 73.44
 ESTIMATED TOTAL 2725.9

AUTHORIZATION *Bob Jensen*

TITLE 225004

DATE _____