

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 # 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.: _____
8/11/08 8/12/08
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 059-25375-0000
Spot Description: _____
SE SE SW Sec. 19 Twp. 16 S. R. 21 East West
375 Feet from North / South Line of Section
2765 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: FRANKLIN
Lease Name: SLAVEN Well #: WW 4
Field Name: PAOLA RANTOUL
Producing Formation: SQUIRREL
Elevation: Ground: _____ Kelly Bushing: _____
Total Depth: 763 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 25.2 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 753
feet depth to: SURFACE w/ 113 ^{sx cmt.} AITZ-Dlg - 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

Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
_____ Geologist Report Received
_____ UIC Distribution

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KCC WICHITA



Operator Name: REUSCH WELL SERVICE INC. Lease Name: SLAVEN Well #: WW 4
 Sec. 19 Twp. 16 S. R. 21 East West County: FRANKLIN

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>385</td> <td>391</td> </tr> <tr> <td>SQUIRREL</td> <td>706</td> <td>712</td> </tr> </table>	Name	Top	Datum	KANSAS CITY	385	391	SQUIRREL	706	712
Name	Top	Datum								
KANSAS CITY	385	391								
SQUIRREL	706	712								

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"		25.2	PORTLAND	7	
PRODUCTION	5 5/8	2 7/8"		753	50/50 POZ	113	

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

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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KCC WICHITA



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 # 224737

Invoice Date: 08/19/2008 Terms:

Page 1

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

SLAVENS WW-4
19-16-21
16331
08/12/08

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	113.00	9.7500	1101.75
1118B	PREMIUM GEL / BENTONITE	293.00	.1700	49.81
4402	2 1/2" RUBBER PLUG	1.00	23.0000	23.00

Description	Hours	Unit Price	Total
370 80 BBL VACUUM TRUCK	2.00	100.00	200.00
495 CEMENT PUMP	1.00	925.00	925.00
495 EQUIPMENT MILEAGE (ONE WAY)	15.00	3.65	54.75
510 MIN. BULK DELIVERY	1.00	315.00	315.00

3037
9/7/08

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Parts:	1174.56	Freight:	.00	Tax:	75.17	AR	2744.48
Labor:	.00	Misc:	.00	Total:	2744.48		
Sublt:	.00	Supplies:	.00	Change:	.00		

_____ Date _____

UNION OIL WELL SERVICES, INC.
 184, CHANUTE, KS 66720
 9210 OR 800-467-8676

TICKET NUMBER 16331
 LOCATION Ottawa KS
 FOREMAN Fred Maden

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8/12/08	7069	Slaven WW-4	19	16	21	FR

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Reusch Oil Well MAILING ADDRESS 229 S Main CITY Ottawa STATE KS ZIP CODE 66067	506	Fred		
	495	Brett		
	370	Casey		
	510	Brian		

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 763' CASING SIZE & WEIGHT 2 7/8 EVE
 CASING DEPTH 753' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2 Plug
 DISPLACEMENT 4.37 B DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Check casing depth/wireline. Mix + Pump 100# Gel Flush
Mix + Pump 115 SKS 50/50 Poz Mix Cement 2% Gel
Cement to surface. Flush pump + lines clean. Displace
2 1/2" Rubber plug to casing TD w/ 437 BBLs Fresh
Water. Pressure to 750# PSI. Shut in Casing
Hold Pressure for 30 min MIT.

Fred Maden

Evans Energy Dev. Inc.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE Cement Pump	495	925 ⁰⁰
5406	15 mi	MILEAGE Pump Truck	495	5475
5407	Minimum	Ton Mileage	570	315 ⁰⁰
5592	2 hrs	80 BBL Vac Truck	370	200 ⁰⁰
1124	113 SKS	50/50 Poz Mix Cement	RECEIVED	1101 ⁷⁵
1118B	293 [#]	Premium Gel	NOV 12 2009	49 ⁸¹
4402	1	2 1/2" Rubber Plug		23 ⁰⁰
			KCC WICHITA	
		Sub Total		2669 ³¹
		Tax @ 6.8%		75.17
			SALES TAX	
			ESTIMATED TOZ	

AUTHORIZATION *[Signature]*

TITLE

224737

DATE

2744.4