

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 _____ 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.: _____

9/8/08 9/9/08

Spud Date or _____ Date Reached TD _____ Completion Date or
Recompletion Date _____ Recompletion Date

API No. 15 - 059-25382-0000

Spot Description: _____

_____ SE _____ SW Sec. 19 Twp. 16 S. R. 21 East West

200 Feet from North / South Line of Section

2840 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: FRANKLIN

Lease Name: SLAVEN Well #: 19

Field Name: PAOLA RANTOUL

Producing Formation: SQUIRREL

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: 753 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 22.5 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 743

feet depth to: SURFACE w/ 104

AIH2-Dlg. 11/19/09

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: Gizela Kusan

Title: SECRETARY/TREASURER Date: 11/6/09

Subscribed and sworn to before me this 6th day of November

20 09

Notary Public: Terry Chartier

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

RECEIVED
NOV 12 2009

KCC WICHITA



Operator Name: REUSCH WELL SERVICE INC. Lease Name: SLAVEN Well #: 19
 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>383</td> <td>395</td> </tr> <tr> <td>SQUIRREL</td> <td>707</td> <td>712</td> </tr> </table>	Name	Top	Datum	KANSAS CITY	383	395	SQUIRREL	707	712
Name	Top	Datum								
KANSAS CITY	383	395								
SQUIRREL	707	712								

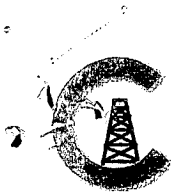
CASING RECORD <input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
SURFACE	12 1/4	8 5/8"		22.5	PORTLAND	8	
PRODUCTION	6 3/4	4 1/2"		743	50/50 POZ	104	

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>

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 Bbbls.	Gas Mcf	Water Bbbls.	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 # 225574

Invoice Date: 09/12/2008 Terms:

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

SLAVENS 19
16380
19-16-21
09-09-08

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	104.00	9.7500	1014.00
1118B	PREMIUM GEL / BENTONITE	300.00	.1700	51.00
4404	4 1/2" RUBBER PLUG	1.00	45.0000	45.00
Description		Hours	Unit Price	Total
237	MIN. BULK DELIVERY	1.00	315.00	315.00
370	80 BBL VACUUM TRUCK (CEMENT)	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

9/19/08
3902
2680.23

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KCC WICHITA

Parts:	1110.00	Freight:	.00	Tax:	75.48	AR	2680.23
Labor:	.00	Misc:	.00	Total:	2680.23		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

GILLETTE, WY
307/686-4914

MCALISTER, OK
918/426-7667

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577

UNLIMITED OIL WELL SERVICES, INC.
 BOX 884, CHANUTE, KS 66720
 0-431-9210 OR 800-467-8676

TICKET NUMBER 16380
 LOCATION Ottawa KS
 FOREMAN Fred Maden

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9/9/08	7069	Slavens # 19	19	16	21	FR
CUSTOMER Rensch Well Service			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box			506	Fred		
CITY Ottawa	STATE KS	ZIP CODE 66067	495	Casey		
JOB TYPE <u>Long string</u>			370	Brad		
HOLE SIZE <u>6 3/4</u>			237	Arlen		
HOLE DEPTH <u>753'</u>			CASING SIZE & WEIGHT <u>4 1/2</u>			
CASING DEPTH <u>742'</u>			OTHER _____			
SLURRY WEIGHT _____			WATER gal/sk _____			
SLURRY VOL _____			CEMENT LEFT in CASING <u>4 1/2 Plug</u>			
DISPLACEMENT <u>11.7 BBL</u>			DISPLACEMENT PSI _____			
MIX PSI _____			RATE <u>5 BPM</u>			

REMARKS: Check casing depth w/wireline. Mix & Pump 100# Premium Gel Flush. Mix & Pump 6 BBL Tell tale dye. Mix & Pump 106 SKS 50/50 Por Mix Cement w/ 2% Premium Gel Flush pump & lines clean. Displace 4 1/2" Rubber plug to casing TD w/ 11.7 BBLs fresh water. Pressure to 650# PSI. Release pressure to set Float Valve. Check Plug depth w/wireline.

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	547.50
5407	Minimum	Ton Mileage	257	315.00
5502C	2 hrs	80 BBL Vac Truck	370	200.00
RECEIVED				
1124	107 SKS	50/50 Por Mix Cement	NOV 12 2009	1014.00
118B	300#	Premium Gel		51.50
4404	1	4 1/2" Rubber Plug	KCO WICHITA	45.00
Sub Total				2604.50
Tax @ 6.8%				75.48
SALES TAX				
ESTIMATED TOTAL				2680.23

AUTHORIZATION Bob Rensch TITLE PRES. 225574 DATE _____
 Received Time Sep. 10. 2008 9:48AM No. 5708