

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.: _____
8/12/08 8/13/08
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 121-28650-0000
Spot Description: _____
SE SW SW Sec. 9 Twp. 17 S. R. 22 ☒ East ☐ West
520 Feet from ☐ North / ☒ South Line of Section
4400 Feet from ☒ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☒ SE ☐ SW
County: MIAMI
Lease Name: GRANDON Well #: 14
Field Name: PAOLA RANTOUL
Producing Formation: SQUIRREL
Elevation: Ground: _____ Kelly Bushing: _____
Total Depth: 960 Plug Back Total Depth: 740
Amount of Surface Pipe Set and Cemented at: 23.2 Feet
Multiple Stage Cementing Collar Used? ☐ Yes ☒ No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 740
feet depth to: SURFACE w/ 150 ^{sx cmh}

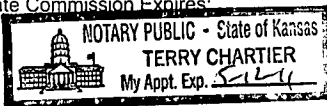
Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

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: Elizabeth Kenna
Title: SECRETARY/TREASURER Date: 11/6/09
Subscribed and sworn to before me this 6th day of November,
2009.
Notary Public: Terry Chartist
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: **GRANDON** Well #: **14**
 Sec. **9** 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 ☐ Yes ☒ No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey ☐ Yes ☒ No Cores Taken ☐ Yes ☒ No Electric Log Run ☒ Yes ☐ No <i>(Submit Copy)</i> List All E. Logs Run: GAMMA RAY/NEUTRON/CCL	☒ Log Formation (Top), Depth and Datum ☐ Sample <table style="width: 100%;"> <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>359</td> <td>365</td> </tr> <tr> <td>SQUIRREL</td> <td>662</td> <td>668</td> </tr> </table>	Name	Top	Datum	KANSAS CITY	359	365	SQUIRREL	662	668
Name	Top	Datum								
KANSAS CITY	359	365								
SQUIRREL	662	668								

CASING RECORD ☒ New ☒ 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"		23.2	PORTLAND	6	
PRODUCTION	5 5/8	2 7/8"		725	50/50 POZ	150	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ 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

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: ☐ Yes ☐ No
Date of First, Resumed Production, SWD or Enhr.		Producing Method: ☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

DISPOSITION OF GAS: ☐ Vented ☐ Sold ☐ Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: ☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled ☐ 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 # 224757

Invoice Date: 08/19/2008 Terms:

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

GRANDON DALE 14
9-17-22
16334
08/13/08

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	150.00	9.7500	1462.50
1118B	PREMIUM GEL / BENTONITE	357.00	.1700	60.69
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
495 CEMENT PUMP	1.00	925.00	925.00
495 EQUIPMENT MILEAGE (ONE WAY)	20.00	3.65	73.00
T-106 WATER TRANSPORT (CEMENT)	3.00	112.00	336.00
510 MIN. BULK DELIVERY	1.00	315.00	315.00

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9/9/08

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Parts:	1546.19	Freight:	.00	Tax:	101.28	AR	3611.47
Labor:	.00	Misc:	.00	Total:	3611.47		
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

McALESTER, OK
918/426-7667

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577

620-431-9210 OR 800-467-8676

FOREMAN FRED MADER

AUTHORIZATION Robert Smith TITLE 224757

ESTIMATED TOTAL	3611.47
DATE	