

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.: _____
8/19/08 8/20/08
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 121-28657-0000
 Spot Description: _____
SW SE NW NE Sec. 5 Twp. 17 S. R. 22 East West
1485 Feet from North / South Line of Section
1875 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: MIAMI
 Lease Name: REYNOLDS Well #: 7
 Field Name: PAOLA RANTOUL
 Producing Formation: SQUIRREL
 Elevation: Ground: _____ Kelly Bushing: _____
 Total Depth: 730 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: 720
 feet depth to: SURFACE w/ 105 ^{sq cmt.} 11/12/09

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

RECEIVED
 NOV 12 2009



KCC WICHITA

Operator Name: REUSCH WELL SERVICE INC. Lease Name: REYNOLDS Well #: 7
 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>364</td> <td>377</td> </tr> <tr> <td>SQUIRREL</td> <td>672</td> <td>689</td> </tr> </table>	Name	Top	Datum	KANSAS CITY	364	377	SQUIRREL	672	689
Name	Top	Datum								
KANSAS CITY	364	377								
SQUIRREL	672	689								

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	6	
PRODUCTION	5 5/8	2 7/8"		720	50/50 POZ	105	

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 <i>(Explain)</i>	
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 <i>(Specify)</i> _____	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 # 224942

Invoice Date: 08/22/2008 Terms:

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

REYNOLDS 7
5-17-22
16316
08/20/08

Part Number	Description	Qty	Unit Price	Total
1118B	PREMIUM GEL / BENTONITE	380.00	.1700	64.60
1124	50/50 POZ CEMENT MIX	105.00	9.7500	1023.75
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	724.00	.00	.00
369 80 BBL VACUUM TRUCK (CEMENT)	2.00	100.00	200.00

1100
9/7/08

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Parts:	1111.35	Freight:	.00	Tax:	72.80	AR	2715.40
Labor:	.00	Misc:	.00	Total:	2715.40		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____

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

TICKET NUMBER 16316
 LOCATION Ottawa
 FOREMAN Alan Mader

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8.20.08	7069	Reynolds #7	5	17	22	Mi
CUSTOMER <u>Rensch Well Service</u>			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
<u>Ottawa</u>			<u>516 Alan M</u>			
<u>KS</u>			<u>368 Ken H</u>			
<u>66067</u>			<u>369 Gary A</u>			
			<u>237 Chuck L</u>			

JOB TYPE long string HOLE SIZE 5 5/8 HOLE DEPTH 740 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 724 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 to flush hole followed by 107 ex 50150 pot, 2% gel circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI.

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	724'	casing footage	368	267.47
5407	min	ten mileage	237	315.00
5502L	2	80 vac	369	200.00
1118B	380#	gel		64.60
1124	1055x	50150 pot		1023.75
4402	1	2 1/2 plug		23.00
RECEIVED				
NOV 12 2009				
KCC WICHITA				
6.55				
SALES TAX				72.80
ESTIMATED				
TOTAL				2715.41

AUTHORIZATION Robert Rensch TITLE 224942 DATE _____