

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 # 33783
Name: Michael Drilling LLC
Address 1: p.o. box 402
Address 2: _____
City: Iola State: Ks Zip: 66749 + 3002
Contact Person: Rick Michael
Phone: (620) 496 - 7795
CONTRACTOR: License # 33783
Name: Michael Drilling LLC
Wellsite Geologist: Richard Burris
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.: _____
10-26-09 10-27-09 11-02-09
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 001-29957-0000
Spot Description: SE-SW-NW-SW
se _sw _nw _sw Sec. 11 Twp. 24 S. R. 19 East West
1465 Feet from North / South Line of Section
590 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Allen
Lease Name: Johnson Well #: R-2
Field Name: Iola
Producing Formation: Bartlevilles
Elevation: Ground: 976 est Kelly Bushing: _____
Total Depth: 884 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 22' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 865.8'
feet depth to: Surface w/ 160 sx cmt.

Drilling Fluid Management Plan Art II NR 1-20-10
(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: Owner Date: 1-6-10
Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public: [Signature]
Date Commission Expires: 3/25/11
LINDA L. SIGG
Notary Public - State of Kansas
My Appt. Expires

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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JAN 15 2010

Operator Name: Michael Drilling LLC Lease Name: Johnson Well #: R-2
 Sec. 11 Twp. 24 S. R. 19 East West County: Allen

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Drillers log	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Lime & Shale 645 Shale & Sand 866 Oil sand 884
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CASING RECORD <input type="checkbox"/> New <input 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	12.25	8 5/8	21	22'	portland	8 sx	
Production	7 7/8	5 1/2	15.50	865.8'	portland	160	

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 (Amount and Kind of Material Used)	Depth
Open Hole	865.8' -- 884'	Natural	

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or Enhr. 11/ 16/2009		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbls. 3	Gas Mcf trace	Water Bbls. 6	Gas-Oil Ratio	Gravity 19.0

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: 865.8 - 884
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

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Michael Drilling, LLC

**P.O. Box 402
Iola, KS 66749
620-365-2755**

Company: Rick Michael
Address: P.O. Box 402
Iola Kansas 66749
Ordered By: Rick Michael

Date: 10/27/09
Lease: Johnson
County: Allen
Well#: R-2
API#: 15-001-29957-00-00

Drilling Log

FEET	DESCRIPTION	FEET	DESCRIPTION
0-22	Overburden	599-600	Coal
22-32	Shale	600-615	Lime
32-75	Lime	615-638	Black Shale
75-105	Shale	638-645	Lime
105-121	Lime	645-648	Black Shale and Coal
121-150	Shale	648-859	Sand and Sandy Shale
150-162	Lime Streaks	852	Oil Odor
162-220	Lime	859-866	Sand
220-224	Shale	864	Shale -Oil Odor
224-284	Lime	866-874	Black Shale-Oil Show
284-447	Shale	874-884	Oil Sand
447-449	Lime		
449-451	Shale		Surface 22'
451-480	Lime		
480-496	Shale		
496-547	Sand and Shale		
547-550	Lime		
550-553	Black Shale and Coal		
553-556	Shale		
556-572	Lime		
572-578	Shale		
578-583	Lime		
583-585	Black Shale		
686-599	Shale		

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KCC WICHITA

PAYLESS CONCRETE PRODUCTS, INC.

P.O. BOX 664
802 N. INDUSTRIAL RD.
IOLA, KS 66749

INVOICE

Invoice Number: 25588
Invoice Date: Nov 2, 2009
Page: 1

Voice: 620-365-5588
Fax:

Duplicate

Bill To:
CASH FOR C.O.D.'S 802 N. INDUSTRIAL RD. IOLA, KS 66749

Ship to:
RICK MICHAEL 1304 EAST ST P.O. BOX 402 IOLA, KS 66749

Customer ID	Customer PO	Payment Terms	
CASH/C.O.D.	MICHAEL/1400&DEER CR	C.O.D.	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	TRUCK		11/2/09

Quantity	Item	Description	Unit Price	Amount
82.50	CEMENT/WATER	CEMENT & WATER PER BAG MIX	7.60	627.00
1.00	TRUCKING	TRUCKING CHARGE	50.00	50.00

Johnson
R-2 1605X

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JAN 15 2010
KCC WICHITA

Subtotal	677.00
Sales Tax	42.65
Total Invoice Amount	719.65
Payment/Credit Applied	719.65
TOTAL	0.00

Check/Credit Memo No: 804(#25587-88)

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Johnson R-2
160 SX

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