

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 # 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.: _____
10-27-09 10-28-09 11/02/2009
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 001-29958-0000
Spot Description: NE-SW-NW-SW
ne sw nw sw Sec. 11 Twp. 24 S. R. 18 East West
1715 Feet from North / South Line of Section
570 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-3
Field Name: Iola
Producing Formation: Bartlevilles
Elevation: Ground: 976 est Kelly Bushing: _____
Total Depth: 891' 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: 870.6
feet depth to: surface w/ 120 sx _____ sx cmt.

Drilling Fluid Management Plan AH 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: Rick Michael
Title: Owner Date: 1-6-10

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public: Linda L. Sigg
Date Commission Expires: 3/25/2011
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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Operator Name: Michael Drilling LLC Lease Name: Johnson Well #: R-3
 Sec. 11 Twp. 24 S. R. 18 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 checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Lime & Shale 651 Shale & Sand 870 Oil sand 891
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CASING RECORD <input 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	21	22'	portland	8 sx	
Production	7 7/8	5 1/2	15.50	870.6	portland	120 sx	

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	870.6 - 891	Natural	

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. 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. 2	Gas Mcf Trace	Water Bbls. - Gas-Oil Ratio Trace

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: 870.6' - 891' <div style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED</div>
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

JAN 15 2010
KCC WICHITA

Michael Drilling, LLC
P.O. Box 402
Iola, KS 66749
620-365-2755

102809

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

Date: 10/28/09
 Lease: Johnson
 County: Allen
 Well#: R-3
 API#: 15-001-29958-00-00

Drilling Log

FEET	DESCRIPTION	FEET	DESCRIPTION
0-22	Overburden	651-6658	Sandy Shale
22-33	Shale	658-665	Gas Sand
33-80	Lime	665-690	Sand
80-151	Shale	670	Oil Odor
151-158	Lime	690	TD
158-163	Shale		
163-283	Lime		Surface 22'
283-425	Shale-Sand		
425-435	Lime		
435-476	Shale		
476-485	Lime		
485-542	Shale		
542-544	Lime		
544-545	Coal		
545-560	Lime		
560-566	Sand		
566-568	Shale		
568-574	Sand		
574-578	Black Shale		
578-595	Shale		
595-630	Lime		
630-635	Black Shale		
635-637	Shale		
637-651	Lime		

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JAN 15 2010

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PAYLESS CONCRETE PRODUCTS, INC.

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

INVOICE

Invoice Number: 25589
 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
60.00	CEMENT/WATER	CEMENT & WATER PER BAG MIX	7.60	456.00
1.00	TRUCKING	TRUCKING CHARGE	50.00	50.00

Subtotal	506.00
Sales Tax	31.88
Total Invoice Amount	537.88
Payment/Credit Applied	537.88
TOTAL	0.00

Check/Credit Memo No: 808(#25589-90)

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Sales Rep ID	Shipping Method	Ship Date	Due Date
	TRUCK		11/2/09

Quantity	Item	Description	Unit Price	Amount
60.00	CEMENT/WATER	CEMENT & WATER PER BAG MIX	7.60	456.00

Subtotal	456.00
Sales Tax	28.73
Total Invoice Amount	484.73
Payment/Credit Applied	484.73
TOTAL	0.00

Check/Credit Memo No: 808(#25589-90)

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 KCC WICHITA