

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 # 5970
Name: John A Elmore
Address 1: 776 HWY 99
Address 2: _____
City: Sedan State: KS Zip: 67361 + _____
Contact Person: John A Elmore
Phone: (620) 249-2519
CONTRACTOR: License # 32884
Name: Elmore's Inc.
Wellsite Geologist: none
Purchaser: Coffeyville Resources
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.: _____
10-2-2009 10-15-2009 10-22-2009
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 019-26975-0000
Spot Description: _____
SW_NW_NW_ Sec. 8 Twp. 34 S. R. 12 East West
840 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: Chautauqua
Lease Name: Shade Well #: 7
Field Name: Peru Sedan
Producing Formation: Peru
Elevation: Ground: 849 Kelly Bushing: _____
Total Depth: 1056 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 40 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 1056
feet depth to: surface w/ 125 ^{sq cmt.} Alt 2-Dlg-2/1/10

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: John Elmore
Lease Name: casement License No.: 5970
Quarter _____ Sec. 6 Twp. 34 S. R. 11 East West
County: Chautauqua Docket No.: E 21275

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: John A Elmore
Title: Operator Date: 1-25-10
Subscribed and sworn to before me this 25 day of Jan,
20 10.
Notary Public: Su-An Murphy
Date Commission Expires: 3/5/2012

KCC Office Use ONLY

Letter of Confidentiality Received
If Denied, Yes Date: _____

Wireline Log Received

_____ Geologist Report Received

_____ UIC Distribution

RECEIVED

JAN 27 2010

SU-AN MURPHY
Notary Public - State of Kansas
My Appt. Expires 3/5/2010

KCC WICHITA

Operator Name: John A Elmore Lease Name: Shade Well #: 7
 Sec. 8 Twp. 34 S. R. 12 East West County: Chautauqua

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: <p style="text-align: center;">Gamma Ray/Neutron Log</p>	<input 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>Peru</td> <td>1012</td> <td>1030</td> </tr> </table>	Name	Top	Datum	Peru	1012	1030
Name	Top	Datum					
Peru	1012	1030					

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	9 1/4	7"	20	40'	portland	8	none
casing	5 5/8	2 7/8	4	1056	portland	125	2 % gel

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
1 shot/foot	19 shots 1012 to 1030	150 gal 15% HCL	
		8700lb 12/20	1012
		frack sand	1030
		dropped 7 balls sealers	

TUBING RECORD: Size: <u>1"</u> Set At: <u>1012</u> Packer At: <u> </u> Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or Enhr. <u> </u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> <u> </u>
Estimated Production Per 24 Hours	Oil Bbls. <u>2</u> Gas Mcf <u>0</u> Water Bbls. <u>40</u> Gas-Oil Ratio <u>none</u> Gravity <u> </u>

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> <u> </u>	PRODUCTION INTERVAL: <u> </u> <u> </u>
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STATEMENT

Shade # 7

8405

ELMORE'S INC.
 Box 87 - 776 HWY99
 Sedan, KS 67361
 Cell: (620) 249-2519
 Eve: (620) 725-5538

Date
 10-16-09

Customer John Elmore
 Address _____
 City _____ State _____ Zip _____

Qty.	Description	Price	Amount
4	hr Pulling Unit	95.00	380.00
2	hr Cement Pump	100.00	200.00
2	hr Water Truck	80.00	160.00
125	SKS Cement	7.95	993.75
2	Sks Gel	15.00	30.00
1	hr Pump Truck	90.00	90.00
	Shade # 7		1853.75
	Ran 1056' 2 3/8 Casing		116.79
	TW Well Cemented To		1970.54
	Surface With 125 Sks		
	Cement		
		RECEIVED	
		JAN 27 2010	
		KCC WICHITA	

Thank You -- We appreciate your business!

Rec'd. by _____

TERMS: Account due upon receipt of services. A 1 1/2% Service Charge, which is an annual percentage rate of 18% will be charged to accounts after 30 days.

STATEMENT

New Well Shade #17

8390

ELMORE'S INC.

Box 87 - 776 HWY99

Sedan, KS 67361

Cell: (620) 249-2519

Eve: (620) 725-5538

Date

10-2-09

Customer

John Elmore

Address

City

State

Zip

Qty.	Description	Price	Amount
8	SKS Cement	7.95	63.60
1	hr Cement Pump	100.00	100.00
1	hr Water Truck	80.00	80.00
	40' 17" casing	5.00	200.00
			443.60
	Shade #17		
	Cemented Surface		
	Casing		

RECEIVED
JAN 27 2010
KCC WICHITA

Thank You -- We appreciate your business!

Rec'd. by

TERMS: Account due upon receipt of services. A 1 1/2% Service Charge, which is an annual percentage rate of 18% will be charged to accounts after 30 days.