

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 # 30582
Name: MWK PETROLEUM CO
Address 1: 508 STONE LAKE CT.
Address 2: _____
City: AUGUSTA State: KS Zip: 67010 + 2399
Contact Person: MIKE KISER
Phone: (316) 775-5496
CONTRACTOR: License # 30567
Name: RIG SIX DRILLING CO, INC.
Wellsite Geologist: TOM BLAIR
Purchaser: _____

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.: _____
11-6-09 _____ 11-12-09
Spud Date or _____ Date Reached TD _____ Completion Date or
Recompletion Date _____ Recompletion Date _____

API No. 15 - 015-23842-0000
Spot Description: _____
E/2 NE SW SE Sec. 10 Twp. 29 S. R. 4 East West
990 Feet from North / South Line of Section
1620 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: BUTLER
Lease Name: WOODY Well #: H-9
Field Name: ASSMUSSON
Producing Formation: LANCING
Elevation: Ground: 1230 Kelly Bushing: _____
Total Depth: 1910 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 202 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: _____
feet depth to: _____ w/ _____

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 750 ppm Fluid volume: 150 bbls
Dewatering method used: EVEPORATION
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

PA - Dig 2/15/10

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: Michael W. Kiser
Title: owner Date: 02/08/10
Subscribed and sworn to before me this 8th day of Feb
20 10
Notary Public: Mary E Williams
Date Commission Expires: 4-1-10

KCC Office Use ONLY

Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

MARY E. WILLIAMS
Notary Public - State of Kansas
My Appt. Expires 4-1-10

RECEIVED
FEB 10 2010
KCC WICHITA

Operator Name: MWK PETROLEUM CO Lease Name: WOODY Well #: H-9
 Sec. 10 Twp. 29 S. R. 4 East West County: BUTLER

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:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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	10.75	8 5/8"	23	205		115	

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 (Explain) _____
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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
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RECEIVED
FEB 10 2010
KCC WICHITA



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 23783
LOCATION Eureka
FOREMAN Steve Mead

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-12-09	5467	Woody H-9	10	29S	4E	Butler
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
MWR Petroleum Co.			485	Alan		
MAILING ADDRESS			439	Chris		
508 Stone Lake Ct			437	Jim		
CITY	STATE	ZIP CODE				
Augusta	Ks	67010				

JOB TYPE P.T.A. HOLE SIZE 6 3/4 HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting: Rig up to 3 1/2 Drill Pipe. Plug well As Follow.

35 SKS 250'
25 SKS 60' to Surface
Total 60 SKS 60/40 Permox 4% Gel

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	870.00	870.00
5406	30	MILEAGE	3.45	103.50
1131	60 SKS	6 3/4 Permox Cement	10.70	642.00
118A	200 ^g	Gel 4%	16	3200
5407	2.58 Tons	Tan Mileage Bulk Trucks	m/c	296.00
5502C	4 hrs	20 bbl Vacuum Truck	94.00	376.00
1123	1500 gallons	CITY WATER	14.00 ^{per 1000}	21.00
			RECEIVED	
			FEB 10 2010	
			KCC WICHITA	
			Sub Total	2340.50
			SALES TAX	36.84
			ESTIMATED TOTAL	2377.34

Ravin 3737

231959

AUTHORIZATION Witness by B.J

TITLE Driller Rig 6

DATE _____



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 23766
LOCATION Eureka
FOREMAN Steve Neal

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-6-09	5467	Woody # H-9	10	29S	4E	Butler
CUSTOMER			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
Augusta			485 Alan			
KS			479 Dave			
67610			437 Jim			

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 207' CASING SIZE & WEIGHT 8 3/8
 CASING DEPTH 208' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15# SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 12 1/4 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting. Rig up to 8 3/8 casing. Break Circulation with 10 bbls
Fresh water. Mix 115 sks Class A Cement with 3% Cacle 2% Gel & 1/4" Flocels
per/sk At 15". Displace with 12 1/4 bbls Fresh Water. Shut well in. Good
Cement to surface. 3 bbls slurry to pit.
Job complete Rig down

Thank You

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	680.00	680.00
5406	30	MILEAGE	345	103.50
11045	115 sks	Class A Cement	12.70	1469.50
1152	320#	Cacle 3%	.71	227.20
1118	200	Gel 2%	.16	32.00
1107	30#	Flocels 1/4" per/sk	1.97	59.10
5407	54 tons	Ton mileage bulk Truck	M/C	296.00
5502c	3 hrs	80 bbl vacuum Truck	94.00	282.00
			RECEIVED	
			FEB 10 2010	
			KCC WICHITA	
			Sub Total	3140.30
			SALES TAX	94.28
			ESTIMATED TOTAL	3234.68

Ravin 3737

231869
TITLE Driller

AUTHORIZATION Witness by RJ Rig 6

DATE _____