

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 # 32709
Name: TIM SPLECHTER
Address 1: 1586 HWY 54
Address 2: _____
City: YATES CENTER State: KS Zip: 66783 + _____
Contact Person: TIM SPLECHTER
Phone: (620) 496 6100
CONTRACTOR: License # 32079
Name: LEIS OIL SERVICES
Wellsite Geologist: NONE
Purchaser: MACLASKEY
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.: _____
12/1/09 12/3/09
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 207-27522-00-00
Spot Description: _____
_____ NW SW SW Sec. 8 Twp. 25 S. R. 16 East West
780 Feet from North / South Line of Section
555 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: WOODSON
Lease Name: GRISIER Well #: 5-09
Field Name: OWL CREEK
Producing Formation: SQUIRREL
Elevation: Ground: NA Kelly Bushing: _____
Total Depth: 1021 Plug Back Total Depth: 1015
Amount of Surface Pipe Set and Cemented at: 42 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: TOP
feet depth to: 42 w/ 10 sx cmt.

Drilling Fluid Management Plan AH II NGR 4-21-10
(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: 4/15/10
Subscribed and sworn to before me this 16 day of April,
2010.
Notary Public: Deanna S. Sorenson
Date Commission Expires: 3-04-2013

DEANNA S. SORENSON
Notary Public - State of Kansas
My Appt. Expires 3-4-2013

KCC Office Use ONLY

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

RECEIVED
KANSAS CORPORATION COMMISSION
APR 20 2010

CONSERVATION DIVISION
WICHITA, KS

Operator Name: TIM SPLECHTER Lease Name: GRISIER Well #: 5-09
 Sec. 8 Twp. 25 S. R. 16 East West County: WOODSON

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	<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 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
LONGSTRING	5-5/8	2-7/8		1015	60/40 POZMIX	110	2%GEL, 1%CACL, 440# KOL-SEAL

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
4	PERF 951.5 - 959.5	ACID SPOT/FRAC WITH SAND 6000 #	

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or Enhr. _____		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. <u>5</u>	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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	RECEIVED PRODUCTION INFORMATION COMMISSION APR 20 2010
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CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 23827

LOCATION EUREKA

FOREMAN Rick Ledford

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
12-3-09	7888	Griser 5-09				Wardson
CUSTOMER <u>Splechter Oil</u>						
MAILING ADDRESS <u>1586 Hwy 54</u>						
CITY <u>Yates Center</u>		STATE <u>KS</u>	ZIP CODE <u>66783</u>			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			<u>520</u>	<u>Shannon</u>		
			<u>523</u>	<u>John</u>		

JOB TYPE Logging HOLE SIZE 5 1/4" HOLE DEPTH 1021' CASING SIZE & WEIGHT _____
 CASING DEPTH 1021' DRILL PIPE _____ TUBING 2 7/8" OTHER _____
 SLURRY WEIGHT 13.6" SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 0'
 DISPLACEMENT 6.5 DISPLACEMENT PSI 500 MUDLOG 850 shut in RATE _____

REMARKS: Safety meeting. Rig up to 2 7/8" tubing. Break circulation w/ 5 bbl fresh water. Pump 6 sacks gel-flush, 5 bbl water spacer. Mixed 110 sacks 60/40 premix cement w/ 270 gal, 190 ccs + 4" Kat-seal @ 13.6" / min. shut down, washout pump & lines, shut down, drop 2 plugs. Displace w/ 6.5 bbls fresh water. Final pump pressure 500 PSI. Pump plugs to 850 PSI. shut casing in @ 850 PSI. Good cement returns to surface = 6 bbl slurry to pit. Job complete. Rig down.

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		
5406	30	MILEAGE	870.00	870.00
			3.45	103.50
1131	110 SCS	60/40 Premix cement	10.70	1177.00
1118A	190"	270 gal	.16	30.40
1102	95"	190 ccs	.71	67.45
1110A	440"	4" Kat-seal @ 13.6"	.39	171.60
5407	4.73	tax mileage bulk tax	m/c	296.00
4402	2	2 7/8" top rubber plugs	22.00	44.00
1118A	300"	gel-flush	.16	48.00
			Subtotal	2807.95
			SALES TAX	96.90
			ESTIMATED TOTAL	2904.85

RECEIVED
KANSAS CORPORATION COMMISSION
APR 20 2010
CONSERVATION DIVISION
WICHITA, KS

Rev'n 3737

AUTHORIZATION authorized by Tom Splechte

232266
TITLE Owner

DATE _____