

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 # 31508-31528
Name: Mike Kelso Oil Inc.
Address 1: Box 209
Address 2: _____
City: Chase State: KS Zip: 67524 + _____
Contact Person: Mike Kelso
Phone: (620) 938-2943
CONTRACTOR: License # 31529
Name: Mike,s Testing & Salvage Inc.
Wellsite Geologist: Mike Kelso

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: Kahn Trust
Well Name: Johnson AB 17
Original Comp. Date: 1954/10-15 Original Total Depth: 3378
____ 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.: E23,664
2-24-10 1954 2-24-10
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 009 - 07443 - 0002
Spot Description: SW NW NW
SE NW SW Sec. 28 Twp. 19 S. R. 12 East West
1650 Feet from North / South Line of Section
4290 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Barton
Lease Name: Johnson AB Well #: 17
Field Name: Ft. Zarah Pool
Producing Formation: Arb & KC
Elevation: Ground: 1816 Kelly Bushing: 1820
Total Depth: 3378 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 10 3/4" 164 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/ _____ sx cmt.

Drilling Fluid Management Plan OWWO - A II NR
(Data must be collected from the Reserve Pit) 4-20-10
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.: _____

RECEIVED
MAR 10 2010
KCC WICHITA

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: President Date: 2-24-10
Subscribed and sworn to before me this 27th day of February
20 10
Notary Public: [Signature]
Date Commission Expires: _____

NOTARY PUBLIC - State of Kansas
IRENE HERZBERG
My Appt. Exp. 8-24-13

KCC Office Use ONLY
N Letter of Confidentiality Received
If Denied, Yes Date: _____
____ Wireline Log Received **RECEIVED**
____ Geologist Report Received **KANSAS CORPORATION COMMISSION**
____ UIC Distribution **FEB 26 2010**

CONSERVATION DIVISION
WICHITA, KS

Operator Name: Mike Kelso Oil Inc. Lease Name: Johnson AB Well #: 17
 Sec. 28 Twp. 19 S. R. 12 East West County: Barton

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: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td></td> <td>Anh.</td> <td>629</td> </tr> <tr> <td></td> <td>KC</td> <td>3115</td> </tr> <tr> <td></td> <td>Cong.</td> <td>3362</td> </tr> <tr> <td></td> <td>Arb.</td> <td>3367</td> </tr> </table>	Name	Top	Datum		Anh.	629		KC	3115		Cong.	3362		Arb.	3367
Name	Top	Datum														
	Anh.	629														
	KC	3115														
	Cong.	3362														
	Arb.	3367														

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 3/4	28.5	163		175	
Longstring		7"	20#	3368		250	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ 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 3370-68	RECEIVED MAR 10 2010 KCC WICHITA RECEIVED KANSAS CORPORATION COMMISSION FEB 26 2010 CONSERVATION DIVISION WICHITA, KS	
	3339-41 3310-68 3286-91 3282-84		
	3270-74 3253-55 3162-64 3139-42		
	3117-21		

TUBING RECORD: Size: <u>2 7/8</u> Set At: <u>3360</u> Packer At: _____ Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SWD or Enhr. <u>5-2-03</u> <u>7-1-07</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls. <u>3</u>	Gas Mcf	Water Bbls. <u>400</u>	Gas-Oil Ratio	Gravity <u>40</u>
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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) _____	PRODUCTION INTERVAL: _____ _____
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