

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 # 34290
Name: Statesman Resources, Inc.
Address 1: 200 E. 1st Street Suite 307
Address 2: _____
City: Wichita State: KS Zip: 67202 + _____
Contact Person: Rod Andersen
Phone: (316) 204-3359
CONTRACTOR: License # 3422
Name: Maverick Drilling, LLC
Wellsite Geologist: Rod Andersen
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.: _____
12/17/09 12/22/09 1/27/10
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 1621866-00-00
Spot Description: _____
_____ NW NW NW Sec. 22 Twp. 17 S. R. 17 East West
330 Feet from North / South Line of Section
330 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Rush
Lease Name: Dechant Farms Well #: 1-22
Field Name: Reichel
Producing Formation: Chase
Elevation: Ground: 2076 Kelly Bushing: 2082
Total Depth: 2296 Plug Back Total Depth: 2254
Amount of Surface Pipe Set and Cemented at: 1167 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 AH I NR 4-20-10
(Data must be collected from the Reserve Pit)
Chloride content: _____ ppm Fluid volume: _____ bbls
Dewatering method used: Evaporate
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: Rod Andersen
Title: Geologist Date: 4/16/10
Subscribed and sworn to before me this 10th day of April,
2010
Notary Public: Janice K. Bright
Date Commission Expires: 03-26-13

JANICE K. BRIGHT
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. _____

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

APR 19 2010
CONSERVATION DIVISION
WICHITA, KS

Operator Name: Statesman Resources, Inc. Lease Name: Dechant Farms Well #: 1-22
 Sec. 22 Twp. 17 S. R. 17 East West County: Rush

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: Dual Porosity, Dual Induction, Microlog	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input 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>Herington</td> <td>2002</td> <td>80</td> </tr> <tr> <td>Krider</td> <td>2020</td> <td>62</td> </tr> <tr> <td>Winfield</td> <td>2053</td> <td>29</td> </tr> <tr> <td>Towanda</td> <td>2128</td> <td>-46</td> </tr> <tr> <td>Ft. Riley</td> <td>2169</td> <td>-87</td> </tr> </table>	Name	Top	Datum	Herington	2002	80	Krider	2020	62	Winfield	2053	29	Towanda	2128	-46	Ft. Riley	2169	-87
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CASING RECORD <input checked="" 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	12.25	8 5/8	24	1167	common	475	3% CaCl
Production	7 7/8	5.5	14	2296	POZ	225	18% salt

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	2228-34	500 gals HCL	
2	2170-79	1000 gals HCL	
4	2124-28	500 gals HCL	
4	2078-82	500 gals HCL	
2	2002-18	1000 gals HCL	

TUBING RECORD: Size: <u>None in hole</u> Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or Enhr. Well TA'd _____		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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: 2002-18 RECEIVED KANSAS CORPORATION COMMISSION
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

APR 19 2010

CONSERVATION DIVISION
WICHITA, KS



FIELD ORDER N^o C 36280

BOX 438 • HAYSVILLE, KANSAS 67060
316-524-1225

DATE 12-21 20 09

IS AUTHORIZED BY: Statesman Resources
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Dechant Farms Well No. 1-22 Customer Order No. _____

Sec. Twp. Range S 22-T 17S-R 17W County RUSH State KS.

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED

Well Owner or Operator

By

Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
4000	40	MILEAGE PICKUP 40 miles	1.00	40.00
4000	40	MILEAGE PUMP TRUCK 40 MILES	3.00	120.00
4000	1	PUMP CHARGE	1500.	1500.00
	8	CENTRALIZERS	90.00	720.00
	1	BASKET	115.00	115.00
	1	LATCH DOWN PLUG		175.00
	1	BAFFLE		—
	1	INSERT FLOAT SHOE		285.00
	1	FILLUP ASSY		—
1002	600	MUDFLUSH	.75	450.00
4000	250	60-40 Pozmix 2% GEL	9.25	2312.50
1102	1940	SALT	.20	388.00
	15	CER-2	25.00	375.00
4200	254	Bulk Charge	1.25	317.50
4201		Bulk Truck Miles 457.2 TM	1.10	502.92
		Process License Fee on _____ Gallons		
		TOTAL BILLING		7300.92

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative A.G. CURTIS

Station Gt. Bend, KS.

Remarks _____

RECEIVED
Well Owner, Operator or AGENT AS CORPORATION COMMISSION

NET 30 DAYS

APR 19 2010

CONSERVATION DIVISION
WICHITA, KS



FIELD ORDER N° C 36279

BOX 438 • HAYSVILLE, KANSAS 67060
316-524-1225

DATE 12-19 2009

IS AUTHORIZED BY: STATESMAN RESOURCES
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Dechant Farms Well No. 1-22 Customer Order No. _____

Sec. Twp. Range _____ County Rush State KS

CONDITIONS: As a part of the consideration hereof It is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 8% interest will be charged after 60 days. Total charges are subject to correction by our Invoicing department in accordance with latest published price schedules.
The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED _____
Well Owner or Operator By _____ Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
4101	40	MILEAGE P.U.	1.00	40.00
4101	40	MILEAGE PUMP TRUCK	3.00	120.00
4100	1	PUMP CHARGE		1000.00
3101	1	8 5/8 WOODEN PLUG		65.00
310	1	BAFFLE PLATE		105.00
4001	475	COMMON	1.125	534.75
4051	17	CALCIUM CHLORIDE	40.00	680.00
4200	492	Bulk Charge	1.25	615.00
4201		Bulk Truck Miles $23.127 \times 40m = 924.8$	1.10	1017.28
		Process License Fee on _____ Gallons		
		TOTAL BILLING		8986.03

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative A. G. CURTIS

Station 6B

John [Signature]
Well Owner, Operator or Agent RECEIVED KANSAS CORPORATION COMMISSION

Remarks _____ NET 30 DAYS APR 19 2010

CONSERVATION DIVISION WICHITA, KS