

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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JUN 17 2010

Form ACO-1

June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

KCC WICHITA

OPERATOR: License # 30993
Name: M.A.E. Resources, Inc
Address 1: P O Box 304
Address 2: _____
City: Parker State: KS Zip: 66072 + 0304
Contact Person: Terry Johnson
Phone: (913) 898-3221
CONTRACTOR: License # 33734
Name: HAT Drilling
Wellsite Geologist: Brad Cook
Purchaser: _____

Designate Type of Completion:

- ☐ New Well ☐ Re-Entry ☐ Workover
- ☐ Oil ☐ WSW ☒ SWD ☐ SIOW
☐ Gas ☐ D&A ☐ ENHR ☐ SIGW
☐ OG ☐ GSW ☐ Temp. Abd.
☐ CM (Coal Bed Methane)
☐ Cathodic ☐ Other (Core, Expl., 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
☐ Conv. to GSW

☐ Plug Back: _____ Plug Back Total Depth

☐ Commingled Permit #: _____

☐ Dual Completion Permit #: _____

☐ SWD Permit #: _____

☐ ENHR Permit #: _____

☐ GSW Permit #: _____

11-3-09 11-11-09 11-11-09

Spud Date or
Recompletion Date Date Reached TD Completion Date or
Recompletion Date

API No. 15 - 001-29938-00-00

Spot Description: _____

NE SE SW SE Sec. 19 Twp. 23 S. R. 20 ☒ East ☐ West

350 Feet from ☐ North / ☒ South Line of Section

1,350 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☐ SE ☐ SW

County: Allen

Lease Name: Matney Well #: SWD-1

Field Name: Iola

Producing Formation: Mississippi

Elevation: Ground: N/A Kelly Bushing: N/A

Total Depth: 1367 Plug Back Total Depth: 1365

Amount of Surface Pipe Set and Cemented at: 21 Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: surface

feet depth to: 1365 w/ 220 sx cmt.

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: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West

County: _____ Permit #: _____

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.

AFFIDAVIT

I am the affiant and I hereby certify that 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: Partner / Office Mgr Date: 6-15-10

KCC Office Use ONLY

☒ Letter of Confidentiality Received

Date: _____

☐ Confidential Release Date: _____

☐ Wireline Log Received

☐ Geologist Report Received

☒ UIC Distribution

ALT ☐ I ☒ II ☐ III Approved by: DG Date: 6/22/10

Operator Name: M.A.E. Resources, Inc Lease Name: Matney Well #: SWD-1
 Sec. 19 Twp. 23 S. R. 20 ☒ East ☐ West County: Allen

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 complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i> <div style="text-align: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> Samples Sent to Geological Survey <div style="text-align: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> Cores Taken <div style="text-align: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> Electric Log Run <div style="text-align: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> Electric Log Submitted Electronically <div style="text-align: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <i>(If no, Submit Copy)</i> List All E. Logs Run:	<div style="text-align: right;"> <input checked="" type="checkbox"/> Log <input type="checkbox"/> Sample </div> Formation (Top), Depth and Datum <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 60%;">Name</th> <th style="width: 20%;">Top</th> <th style="width: 20%;">Datum</th> </tr> <tr> <td>Topsoil</td> <td>surface</td> <td>4'</td> </tr> <tr> <td>Clay</td> <td>4'</td> <td>6'</td> </tr> <tr> <td>Shale/Lime</td> <td>7'</td> <td>1367</td> </tr> </table>	Name	Top	Datum	Topsoil	surface	4'	Clay	4'	6'	Shale/Lime	7'	1367
Name	Top	Datum											
Topsoil	surface	4'											
Clay	4'	6'											
Shale/Lime	7'	1367											

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	10 1/4	8 5/8	N/A	21	Portland	6	
Production	5 5/8	4 1/2	N/a	1365	owc	220	Flo-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
		<div style="font-size: 2em; margin: 0;">RECEIVED</div> <div style="font-size: 1.5em; margin: 0;">JUN 17 2010</div> <div style="font-size: 1.5em; margin: 0;">KCC WICHITA</div>	

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 checked="" type="checkbox"/> Other (Explain) <u>Salt water disposal well</u>		
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 <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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HAT DRILLING
12371 KS HWY 7
MOUND CITY, KS 66056
LICENSE #33734

Matney SWD #1
API # 15-001-29938-00-00
SPUD DATE 11-3-09

Footage	Formation	Thickness
2	Topsoil	2
4	clay	2
26	sandy shale	22
69	shale	43
72	sand	3
105	lime	33
116	shale	11
121	lime	6
126	shale	5
133	lime	7
191	shale	58
282	lime	91
285	shale	3
310	lime	25
488	shale	178
503	lime	15
508	shale	5
516	lime	8
592	shale	76
598	lime	6
639	shale	41
645	lime	6
660	shale	25
671	lime	11
677	shale	6
682	lime	5
880	shale	78
900	sandy shale	20
1020	shale	120
1020	shale	2
1335	lime	313
1352	shale	17
1367	lime	15

TD 1367'

Set 21' of 8 5/8 cemented with 6 bags of cement
Run 1365' of 4 1/2

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CONSOLIDATED
Oil Well Services, LLC

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

FIELD TICKET & TREATMENT REPORT CEMENT

TICKET NUMBER 20229
LOCATION Ottawa
FOREMAN Alan Mader

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-11-09	3209	Matney #1 SWD	SE 19	27	20	AL
CUSTOMER <u>M.A.E. Resources</u>						
MAILING ADDRESS <u>P.O. Box 304</u>						
CITY <u>Parker</u>	STATE <u>KS</u>	ZIP CODE <u>66072</u>				
			TRUCK #	DRIVER	TRUCK #	DRIVER
			516	Alan M		
			495	Casey K		
			505 / 5106	Ken H		
			503	Arten		

JOB TYPE long string HOLE SIZE 6 3/4 HOLE DEPTH 1367 CASING SIZE & WEIGHT 4 1/2
CASING DEPTH 1365 DRILL PIPE _____ TUBING _____ OTHER _____

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING YBS
DISPLACEMENT 2 1/2 bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 bpm

REMARKS: Established rate. Mixed + pumped 200# gal followed by 220 sk 50/150 poz 2% gel 1/4# Flo-seal. Displaced casing with 2 1/2 bbl water. Circulated 5 bbl cement. Closed valve.

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
3401	1	PUMP CHARGE		870.00
3406	40	MILEAGE		138.00
5402	1365'	casing footage		
5407A	369.6	ten miles		428.74
5501C	3 1/2	transport		367.50
1107	53#	flo-seal		108.35
1118B	570#	gel		91.26
1124	215 sk	50/150 poz		1988.75
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NO. 231977				
6.3				
SALES TAX				137.87
ESTIMATED TOTAL				4130.41

Ravin 3737

AUTHORIZATION Budd Cook TITLE _____ DATE _____