

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

**ORIGINAL**

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**

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 # 34233  
Name: Maverick Drilling  
Wellsite Geologist: Rod Andersen  
Purchaser: AICX

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JUN 18 2010  
CONSERVATION DIVISION  
WICHITA, KS

API No. 15 - 165-21873-00-00  
Spot Description: \_\_\_\_\_  
NE SW NW Sec. 31 Twp. 17 S. R. 16 17  East  West  
660 Feet from  North /  South Line of Section  
1,980 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Rush  
Lease Name: Scheuerman Well #: 1-36  
Field Name: Reichel  
Producing Formation: Chase  
Elevation: Ground: 2036 Kelly Bushing: 2042  
Total Depth: 2260 Plug Back Total Depth: 2256  
Amount of Surface Pipe Set and Cemented at: 1133 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.

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 #: \_\_\_\_\_  
3/13/10 3/16/10 4/15/10  
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

**Drilling Fluid Management Plan**  
(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 #: \_\_\_\_\_  
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: Rod Andersen  
Title: Geologist Date: 6/18/10

**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: Dag Date: 6/22/10

Operator Name: Statesman Resources, Inc. Lease Name: Scheuerman Well #: 1-36  
 Sec. 31 Twp. 17 S. R. 1617  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 complete copy of all Electric Wire-line 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 checked="" type="checkbox"/> Yes <input 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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run: <b>Dual Porosity, Dual Induction, Micro</b>	<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:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Herington</td> <td>1949</td> <td>93</td> </tr> <tr> <td>Krider</td> <td>1963</td> <td>79</td> </tr> <tr> <td>Winfield</td> <td>2003</td> <td>39</td> </tr> <tr> <td>Towanda</td> <td>2066</td> <td>-24</td> </tr> <tr> <td>Ft Riley</td> <td>2100</td> <td>-58</td> </tr> </table>	Name	Top	Datum	Herington	1949	93	Krider	1963	79	Winfield	2003	39	Towanda	2066	-24	Ft Riley	2100	-58
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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	12.25	8 5/8		1133	common	475	3% CaCl
Production	7 7/8	5 1/2		2256	60/40 Poz		

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
4	1948-1951	750 gals HCL	
4	2071-2074	500 gals HCL	
4	2111-2114	750 gals HCL	
4	2172-2178	500 gals HCL	
CIBP	2100		

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TUBING RECORD:    Size: <u>2 3/8</u> Set At: <u>1890</u> Packer At: <u>1894</u> Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____										
Estimated Production Per 24 Hours	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Oil    Bbls.</td> <td style="width:15%;">Gas    Mcf</td> <td style="width:15%;">Water    Bbls.</td> <td style="width:15%;">Gas-Oil Ratio</td> <td style="width:15%;">Gravity</td> </tr> <tr> <td></td> <td style="text-align: center;">300</td> <td></td> <td></td> <td></td> </tr> </table>	Oil    Bbls.	Gas    Mcf	Water    Bbls.	Gas-Oil Ratio	Gravity		300			
Oil    Bbls.	Gas    Mcf	Water    Bbls.	Gas-Oil Ratio	Gravity							
	300										

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" 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 <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>1948-1951</u> <u>2071-2074</u>
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## TREATMENT REPORT

Acid Stage No. \_\_\_\_\_

Date: 3-17-15 District: G.A. F.O. No. C35473  
 Company: Statesmen  
 Well Name & No.: Scheuerman 1-36  
 Location: \_\_\_\_\_ Field \_\_\_\_\_  
 County: Rush State: KS  
 Casing: Size 5 1/2" Type & Wt. \_\_\_\_\_ Set at \_\_\_\_\_ ft.  
 Formation: \_\_\_\_\_ Perf. \_\_\_\_\_ to \_\_\_\_\_  
 Formation: \_\_\_\_\_ Perf. \_\_\_\_\_ to \_\_\_\_\_  
 Formation: \_\_\_\_\_ Perf. \_\_\_\_\_ to \_\_\_\_\_  
 Liner: Size \_\_\_\_\_ Type & Wt. \_\_\_\_\_ Top at \_\_\_\_\_ ft. Bottom at \_\_\_\_\_ ft.  
 Cemented: Yes/No. Perforated from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Tubing: Size & Wt. \_\_\_\_\_ Setting at \_\_\_\_\_ ft.  
 Perforated from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Drive Hole Size \_\_\_\_\_ T.D. \_\_\_\_\_ ft. P.H. to \_\_\_\_\_ ft.

Type Treatment: Amt. \_\_\_\_\_ Type Fluid \_\_\_\_\_ Sand Size \_\_\_\_\_ Pounds of Sand \_\_\_\_\_  
 Blowers \_\_\_\_\_ Bbl./Gal. \_\_\_\_\_  
 \_\_\_\_\_ Bbl./Gal. \_\_\_\_\_  
 \_\_\_\_\_ Bbl./Gal. \_\_\_\_\_  
 \_\_\_\_\_ Bbl./Gal. \_\_\_\_\_  
 Flush \_\_\_\_\_ Bbl./Gal. \_\_\_\_\_  
 Treated from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. No. ft. \_\_\_\_\_  
 from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. No. ft. \_\_\_\_\_  
 from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. No. ft. \_\_\_\_\_  
 Actual Volume of Oil/Water to Lead Hole: \_\_\_\_\_ Bbl./Gal.  
 Pump Trucks No. Used: 320 No. \_\_\_\_\_ Tons \_\_\_\_\_  
 Auxiliary Equipment 327  
 Packer: \_\_\_\_\_ Set at \_\_\_\_\_ ft.  
 Auxiliary Tools \_\_\_\_\_  
 Plugging or Sealing Materials: Type \_\_\_\_\_ (Gal. \_\_\_\_\_) lb. \_\_\_\_\_

Company Representative: Jim L. Treater: Nathan W.

TIME Gals./min.	PRESSURE		Total Fluid Pumped	REMARKS
	Tubing	Casing		
12:30	-	5 1/2"		On Location.
:				
:				Centralizer - 1, 3, 5, 7, 9, 11
:				Basket = 9
:				Asst = 2250'
:				Age = 2252'
:				Shoe = 41'
:				Break circulation w/ mud pump.
:				Circulate for 20 min.
:				Plug rat-hole w/ 250 lbs. 60% up per.
:				Ann mud-flush.
:				Mix 150 lbs. 60% up per. Wash out
:				ump & lines.
:				Release plug. Displace w/ 53 bbls.
:				@ 750 @ 500# Plug landed @
5:30				1100# Release. Float held.
:				
:				Thank You!
:				Nathan W.

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FIELD ORDER N<sup>o</sup> C 35868

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

DATE 3-14-10 20  

IS AUTHORIZED BY: Statesman Resources  
(NAME OF CUSTOMER)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

To Treat Well As Follows: Lease Schweimen Well No. 1-36 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. 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 Jim L. Well Owner or Operator By \_\_\_\_\_ Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
4101	30	mileage ramp truck	3.00	90.00
4101	30	mileage pickup	1.00	30.00
4100	1	Pump Charge (Surface)		1,000.00
4001	475	Common	11.00	5,225.00
4003	90	Calcium Chloride	8.00	720.00
3101	1	8 5/8" Wood-Plug		65.00
3101	1	8 5/8" Baffle		105.00
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4200	475	Bulk Charge	1.00	475.00
4201		Bulk Truck Miles 22.337 x 30m = 669.91m x 1.10	1.10	736.90
		Process License Fee on _____ Gallons		
TOTAL BILLING				8,684.90

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 Nathan W.

Station G.B.

Jim L.  
Well Owner, Operator or Agent

Remarks \_\_\_\_\_

NET 30 DAYS

