

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 # 32686  
Name: Reilly Oil Company, Inc  
Address 1: PO Box 277  
Address 2: \_\_\_\_\_  
City: WaKeeney State: KS Zip: 67672 + \_\_\_\_\_  
Contact Person: Chuck Rhoades  
Phone: ( 785 ) 743-6774  
CONTRACTOR: License # 33755  
Name: Quality Plus Oilfield Service  
Wellsite Geologist: \_\_\_\_\_  
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: Baird Oil Company, LLC  
Well Name: Steelsmith-Storz Unit # 1-34  
Original Comp. Date: 3-5-09 Original Total Depth: 4041  
\_\_\_\_ Deepening \_\_\_\_ Re-perf. \_\_\_\_ Conv. to Enhr.  Conv. to SWD  
 Plug Back: 2175' Plug Back Total Depth  
\_\_\_\_ Commingled Docket No.: \_\_\_\_\_  
\_\_\_\_ Dual Completion Docket No.: \_\_\_\_\_  
\_\_\_\_ Other (SWD or Enhr.?) Docket No.: \_\_\_\_\_  
6-4-2010 6-11-2010  
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 065-23524-00-01  
Spot Description: \_\_\_\_\_  
SE - NE - NE - SW Sec. 34 Twp. 6 S. R. 24  East  West  
2080 2042 Feet from  North /  South Line of Section  
2850 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Graham  
Lease Name: Steelsmith-Storz Unit Well #: 1-34  
Field Name: Pending new pool application  
Producing Formation: LKC  
Elevation: Ground: 2489' Kelly Bushing: 2494'  
Total Depth: 4041 Plug Back Total Depth: 2175  
Amount of Surface Pipe Set and Cemented at: 303 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: 2208 Feet  
If Alternate II completion, cement circulated from: 2208  
feet depth to: surface w/ 215 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 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: Dusty Rhoades  
Title: PRESIDENT Date: 6/18/2010  
Subscribed and sworn to before me this 18<sup>th</sup> day of June,  
20 10.  
Notary Public: Mitzi Fagan  
Date Commission Expires: 3/30/13

**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  
200-Dg-6/23/10  
JUN 21 2010

NOTARY PUBLIC - State of Kansas  
MITZI FAGAN  
My Appt. Expires 3-30-13

CONSERVATION DIVISION  
WICHITA, KS

Operator Name: Reilly Oil Company, Inc Lease Name: Steelsmith-Storz Unit Well #: 1-34  
 Sec. 34 Twp. 6 S. R. 24  East  West County: Graham

**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 type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i>  List All E. Logs Run: <b>Cement bond log</b>	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum  <div style="text-align: center;"> <b>RECEIVED</b>  <b>KANSAS CORPORATION COMMISSION</b>   <b>JUN 21 2010</b>   <b>CONSERVATION DIVISION</b>  <b>WICHITA, KS</b> </div>
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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

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate ___ Protect Casing <input checked="" type="checkbox"/> Plug Back TD ___ Plug Off Zone	2200'-3857'	60/40pos 4%Gel	185	500# hulls

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
	CIBP set at 2175'		
2 SPF	1910'-1950' Cedar Hill SS	Swab sand to clean up. No treatments	

TUBING RECORD: Size: <u>2 3/8"</u> Set At: <u>1886'</u> Packer At: <u>1886'</u> Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or Enhr. Pending approval of SWD permit	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: _____ _____
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