

RECEIVED ORIGINAL
JUL 19 2010

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

KCC WICHITA

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 # 34197
Name: Arbuckle Energy, Inc.
Address 1: 2914 Aloma St.,
Address 2: _____
City: Wichita State: KS Zip: 67211 + _____
Contact Person: Terry Bayliss
Phone: (316) 361-0537
CONTRACTOR: License # 32701
Name: C & G Drilling Company
Wellsite Geologist: None
Purchaser: NA

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SLOW
 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 #: _____

6/11/2010 6/14/2010 7/15/2010
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 115-21415-00-00
Spot Description: _____
____ NE NE NW Sec. 32 Twp. 17 S. R. 4 East West
550 Feet from North South Line of Section
2.3/0 2970 Feet from East West Line of Section
per oper - kcc - dig
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Marion
Lease Name: Stuchlik Well #: 2
Field Name: Lost Springs

Producing Formation: Disposal Formation - Hunton
Elevation: Ground: 1469 Kelly Bushing: 1478
Total Depth: 2754 Plug Back Total Depth: 2754
Amount of Surface Pipe Set and Cemented at: 219 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

(Data must be collected from the Reserve Pit)

Chloride content: 900 ppm Fluid volume: NA bbls
Dewatering method used: Evaporation

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: Engineer, As Agent Date: 7-16-10

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: 7/20/10

Operator Name: Arbuckle Energy, Inc. Lease Name: Stuchlik Well #: 2
 Sec. 32 Twp. 17 S. R. 4 East West County: Marion

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 Yes No
 (Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No

Electric Log Submitted Electronically Yes No
 (If no, Submit Copy)

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
Mississippi	2400	-922
Hunton	2702	-1224

List All E. Logs Run:

Dual Compensated Porosity; Dual Induction

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	8.625	24	219 KB	Class A	135	3%CACL 2%Gel
Production	7.875	5.5	14	2706 KB	Thick Set	125	5# Kol-Seal/sack

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
None	None. Completed Open Hole	2500 gallons 20% HCL	2706-2754

TUBING RECORD:		Size: <u>2.875"</u>	Set At: <u>2655</u>	Packer At: <u>2653</u>	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>Waiting on application approval</u>		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain) <u>disposal</u>			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>Disposal 2706'-2754'</u>
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CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 68720
820-431-9210 or 800-467-8676

TICKET NUMBER 28830
LOCATION Eureka
FOREMAN Steve Mead

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-11-10	1079	Stachlik #2				Marion
CUSTOMER Arbuckle Energy Inc			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 2914 Alama ST			485 Alan			
CITY STATE ZIP CODE Wichita KS 67211			513 Justin			

JOB TYPE Surface 0 HOLE SIZE 12 1/4 HOLE DEPTH 223' CASING SIZE & WEIGHT 8 3/8
 CASING DEPTH 224' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8* SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 12.9 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting: Rig up to 8 3/8 casing. Break circulation with 10 bbls fresh water mix 135 sks class A cement with 3% CaCl2, 2% Gel + 1/4" Flo cells per/sk. At 14.8* disp. Displace with 12.9 bbls fresh water. Shut casing in. Good cement returns to surface. 12 bbl slurry to pit. Job complete. Rig down.

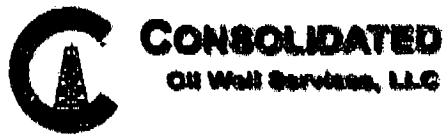
RECEIVED

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ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	700.00	700.00
5406	60	MILEAGE	3.55	213.00
11043	1355 sks	Class A Cement	13.10	1768.50
1102	380*	CaCl2 3%	.73	277.40
1118A	250*	Gel 2%	.17	42.50
1107	30*	Flo cells 1/4" per/sk	2.00	60.00
5407A	6.34 Ton	Ton mileage Bulk	1.20	456.48
		Paid check # 1194		
		5% Dis. Count <u>3470.57</u>		
			Sub Total	3517.88
			SALES TAX 6.3%	135.35
			ESTIMATED TOTAL	3653.23

AUTHORIZATION: [Signature] TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form



TICKET NUMBER 28825
 LOCATION EUREKA
 FOREMAN KEVIN MCCOY

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

**FIELD TICKET & TREATMENT REPORT
 CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-15-10		Stuchlik # 2	32	17S	4E	MARION
CUSTOMER ARBUCKLE ENERGY INC.			C & G			
MAILING ADDRESS 2914 Alama ST.			DR19.			
CITY WICHITA			Co.			
STATE KS			Rig #2			
ZIP CODE 67211			TRUCK #	DRIVER	TRUCK #	DRIVER
			445	Justin		
			515	Chris		
			436	John S.		

JOB TYPE Longstring HOLE SIZE 7 7/8 HOLE DEPTH 2754' KB CASING SIZE & WEIGHT 5 1/2 14" NEW
 CASING DEPTH 2695' G.L. DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.6 * 2706 lbs SLURRY VOL 39 BBL WATER gal/sk 9.0 CEMENT LEFT in CASING 20.61
 DISPLACEMENT 65.7 BBL DISPLACEMENT PSI 600 MAX PSI 1000 Bump Plug RATE _____

REMARKS: Safety Meeting: Rig up to 5 1/2 casing. Drop Trip Ball, Set Packer shoe @ 1200 PSI. Pump 15 BBL Metasilicate Pre Flush 5 BBL water spacer. Mixed 125 SKS Thick Set Cement w/ 5" Kol-Seal / SK @ 13.6" / gal, yield 1.75. Shut down. wash out pump & lines. Release Latch down Plug. Displace w/ 65.7 BBL fresh water. Final Pumping Pressure 600 PSI. Bump Plug to 1200 PSI. wait 2 minutes. Release Pressure. Float & Plug Held. Good Circulation @ ALL times while Cementing. Job Complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	900.00	900.00
5406	60	MILEAGE	3.55	213.00
1126 A	125 SKS	THICK Set Cement	16.50	2062.50
1110 A	625 "	KOL-SEAL 5" / SK	.40	250.00
1111 A	100 "	Metasilicate Pre Flush	1.75	175.00
5407 A	6.87 TONS	60 miles BULK TRUCK	1.20	494.64
5502 C	5 HRS	80 BBL VAC TRUCK	96.00	480.00
1123	3000 gals	City water	14.50/1000	43.50
4454	1	5 1/2 Latch down Plug	235.00	235.00
4104	1	5 1/2 Cement Basket	213.00	213.00
4130	5	5 1/2 x 7 7/8 Centralizers	46.00	180.00
4253	1	5 1/2 Type "A" Packer Shoe	1589.00	1589.00
		Paid in Full w/ 5% Discount CK #1182		
		Total 6778.02	Sub Total	6835.64
		THANK YOU	SALES TAX 6.3%	299.12
			ESTIMATED TOTAL	7134.76

AUTHORIZATION TITLE _____ DATE _____
 I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.