

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
October 2008
Form Must Be Typed

ORIGINAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 32967
Name: Leslie Wolfe
Address 1: 208 Stephens Street
Address 2: _____
City: Peru State: ks Zip: 67360 + _____
Contact Person: Leslie Wolfe
Phone: (620) 330-3382
CONTRACTOR: License # 5831
Name: MOKAT
Wellsite Geologist: _____
Purchaser: COFFEYVILLE RESOURECES

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.: _____
5/22/09 5/23/09 6/15/09
Spud Date or _____ Date Reached TD _____ Completion Date or
Recompletion Date _____ Recompletion Date _____

API No. 15 - 049-22534-00-00
Spot Description: NE/SE/SW
NE SE SW Sec. 35 Twp. 29 S. R. 12 East West
1155 Feet from North / South Line of Section
2145 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: ELK
Lease Name: THOMAS Well #: 2
Field Name: LONGTON NORTH
Producing Formation: LAYTON
Elevation: Ground: 1078EST Kelly Bushing: _____
Total Depth: 910 Plug Back Total Depth: 910
Amount of Surface Pipe Set and Cemented at: 40 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 870
feet depth to: SURFACE w/ 125 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: _____ ppm Fluid volume: _____ bbls
Dewatering method used: AIR DRY
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: Leslie Wolfe
Title: Operator Date: 4-29-10
Subscribed and sworn to before me this 29 day of April
20 10
Notary Public: Donna Wolfe
Date Commission Expires: 5/21/2014

Donna Wolfe
Notary Public - State of Kansas
My Appt. Exp. 5/21/2014

KCC Office Use ONLY
 Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
_____ Geologist Report Received
_____ UIC Distribution
Alt 2 - Dlg - 7/22/10

RECEIVED
MAY 03 2010

KCC WICHITA

Operator Name: Leslie Wolfe Lease Name: THOMAS Well #: 2
 Sec. 35 Twp. 29 S. R. 12 East West County: ELK

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: GAMRON NEUTRON	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum LAYTON 822
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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		8 5/5		40	PORTLAND	8	
PRODUCTION	6 3/4	4 1/2	10 LBS	870	50/50 PAUSE	125	

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
33	829-839	FRACTURE	829-839

TUBING RECORD: Size: <u>2 3/8</u> Set At: <u>800</u> Packer At: <u>NO</u> Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	KCC WICHITA
Date of First, Resumed Production, SWD or Enhr. <u>9-20-09</u> Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)	
Estimated Production Per 24 Hours Oil Bbls. <u>1</u> Gas Mcf <u> </u> Water Bbls. <u>20</u> Gas-Oil Ratio <u> </u> Gravity <u>31.4</u>	

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" 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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CONSOLIDATED
Oil Well Services, LLC

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

219813

TICKET NUMBER 21596
LOCATION Bonville
FOREMAN Coop

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-30-09	9154	Thomas #2	35	29	10	ELK
CUSTOMER Leslie Wolf			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			536 TUB	Luke		
CITY			402 T97	Tom J		
STATE			415 T625	Nate		
ZIP CODE			551	Dusty H		

JOB TYPE L.S. HOLE SIZE 8 1/2" HOLE DEPTH 910 CASING SIZE & WEIGHT 4 1/2 9.5"
 CASING DEPTH 870 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING -0-
 DISPLACEMENT 14 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Pumped 2 hrs gel ahead Est circulation pumped 125 sks 50/50 Poz cement flushed pump & lines, displaced plug to bottom shut in.
- Circulated cement to surface -

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		870.00
5406	60	MILEAGE		202.00
5402	870	Casery Footage		165.30
5402A	1	Ton-mileage		300.00
5501C	2.5 hr x 2	Transport		525.00
1124	125 sks	50/50 Poz		1156.25
1118B	300#	gel		48.00
11024	80#	Pheno Seal		86.40
1123	6800 gal	Crky Water		95.20
4426	1	4 1/2 Wooden Plug		56.00
			RECEIVED	
			MAY 03 2010	
			KCC WICHITA	
			Sub Total	3599.99
			Discount	359.99
			SALES TAX	90.00
			ESTIMATED TOTAL	3240.00

Flavin 3737

AUTHORIZATION

TITLE Owner

DATE 5-30-09