

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 # 34301
Name: Kyler Finney dba Finney Oil Company
Address 1: P O Box 87
Address 2: _____
City: Wann State: OK Zip: 74083 + _____
Contact Person: Kyler Finney
Phone: (918) 440-8878
CONTRACTOR: License # 5989
Name: Finney Drilling Company
Wellsite Geologist: Kyler Finner
Purchaser: Pacer

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 #: _____

<u>04/23/2010</u>	<u>04/27/2010</u>	<u>04/27/2010</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 125-31954-00-00
Spot Description: _____
NE NE SE NW Sec. 2 Twp. 34 S. R. 14 East West
1,485 Feet from North / South Line of Section
2,475 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Montgomery
Lease Name: M Melander Well #: A1-10
Field Name: Wayside-Havana
Producing Formation: Wayside
Elevation: Ground: 878 Kelly Bushing: _____
Total Depth: 771 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 21.38 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 771
feet depth to: surface w/ 75 sx cmt.

Drilling Fluid Management Plan

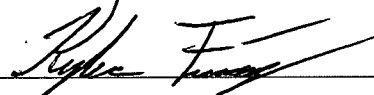
(Data must be collected from the Reserve Pit)

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: 
Title: Owner/Operator Date: 08/10/10

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 **RECEIVED**
8/16/10
AUG 17 2010

KCC WICHITA

Operator Name: Kyler Finney dba Finney Oil Company Lease Name: M Melander Well #: A1-10
 Sec. 2 Twp. 34 S. R. 14 East West County: Montgomery

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input checked="" type="checkbox"/> Yes <input 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: Gamma Ray CBC/CCL 11 11 Newton/CCL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>Gamma Ray Cement Bond ccl</td> <td>650</td> <td>666</td> </tr> <tr> <td>Gamma Ray Neutron ccl</td> <td>650</td> <td>666</td> </tr> <tr> <td>Core</td> <td>649</td> <td>669</td> </tr> </tbody> </table>	Name	Top	Datum	Gamma Ray Cement Bond ccl	650	666	Gamma Ray Neutron ccl	650	666	Core	649	669
Name	Top	Datum											
Gamma Ray Cement Bond ccl	650	666											
Gamma Ray Neutron ccl	650	666											
Core	649	669											

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 1/4	7	19	21.70	1	10	service company
Production	5 7/8	2 7/8 8rd	6.5	721.60	50-50	107	service company

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
2	2" DML RTG 180° Phase (34 perfs)	Acid ball off & sand frac	650-666

TUBING RECORD: Size: <u>1"</u> Set At: <u>765</u> Packer At: <u>none</u> Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
Date of First, Resumed Production, SWD or ENHR: <u>6-25-10</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	<table style="width:100%; border: none;"> <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 style="text-align: center;">2</td> <td style="text-align: center;">0</td> <td style="text-align: center;">25</td> <td style="text-align: center;">0:2</td> <td style="text-align: center;">30</td> </tr> </table>	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity	2	0	25	0:2	30
Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity							
2	0	25	0:2	30							

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 <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
---	--	--

CONSOLIDATED OIL WELL SERVICES, INC.

P.O. BOX 884, CHANUTE, KS 66720
620-431-9210 OR 800-467-8676

TICKET NUMBER **14772**

LOCATION **Wichita**
FOREMAN **Mike Sanders**

TREATMENT REPORT & FIELD TICKET

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-27-10		Mo. Melander A1-10				McPherson
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			398	John		
CITY						
STATE						
ZIP CODE						
Wichita						
OK						
74083						

JOB TYPE **LS** HOLE SIZE **5 7/8** HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH **760'** DRILL PIPE _____ TUBING **2 7/8** OTHER _____
 SLURRY WEIGHT **14** SLURRY VOL **1.71** WATER gal/sk **8.02** CEMENT LEFT in CASING _____
 DISPLACEMENT **4.4** DISPLACEMENT PSI **200** MIX PSI **100** RATE **3.5 gpm**

REMARKS: **Est. size, ran 75' of thick set cement. Washed out pump & lines, dropped 2 plugs to set.**

Circ Cement to Surf.
HAD OWN H2O
RECEIVED
APR 28 2010
KCC WICHITA

Paid on location check #

ACCOUNT CODE	QUANTITY OF UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE (Long string)	900.00	900.00
5406	30	MILEAGE	3.50	105.00
5407	1	Bulk Tax	350.00	350.00
5402	760	Estimate	152.00	152.00
1126A	75 cu	Thick set Cement	16.93	1269.75
1107A	40	Phone seal	11.10	444.00
1108A	400	Kol Seal	3.50	1400.00
4402	2	2 7/8 Rubber Plug	21.00	42.00
SALES TAX 5.3%				78.38
ESTIMATED TOTAL				3,075.68

AUTHORIZATION **[Signature]** TITLE **12% DISCOUNT - 369.08**