

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 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 #: _____

<u>04/28/2010</u>	<u>04/30/2010</u>	<u>04/30/2010</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 125-31959-00-00

Spot Description: _____

NW NE SE NW Sec. 2 Twp. 34 S. R. 14 East West
1,485 Feet from North / South Line of Section
2,190 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 #: B1-10

Field Name: Wayside-Havana

Producing Formation: Wayside

Elevation: Ground: 878 Kelly Bushing: _____

Total Depth: 749 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 21.70 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 721.60

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: Kyler Finney

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

AUG 11 2010

Date: 8/10/10

KCC WICHITA

Operator Name: Kyler Finney dba Finney Oil Company Lease Name: M Melander Well #: B1-10
 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 CBL / CCL " " Neutron / 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>Name</th> <th>Top</th> <th>Datum</th> </tr> </thead> <tbody> <tr> <td>Gamma Ray Cement Bond ccl</td> <td>653</td> <td>669</td> </tr> <tr> <td>Gamma Ray Neutron ccl</td> <td>653</td> <td>669</td> </tr> <tr> <td>Core</td> <td>653</td> <td>672</td> </tr> <tr> <td>Core</td> <td>729</td> <td>749</td> </tr> </tbody> </table>	Name	Top	Datum	Gamma Ray Cement Bond ccl	653	669	Gamma Ray Neutron ccl	653	669	Core	653	672	Core	729	749
Name	Top	Datum														
Gamma Ray Cement Bond ccl	653	669														
Gamma Ray Neutron ccl	653	669														
Core	653	672														
Core	729	749														

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 (Amount and Kind of Material Used)	Depth
2	2" DML RTG 180 Phase (34 perfs)	Acid ball off & sand frac	653-669.5

TUBING RECORD: Size: <u>1"</u> Set At: <u>741</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	Oil Bbls. <u>2</u> Gas Mcf <u>0</u> Water Bbls. <u>25</u> Gas-Oil Ratio <u>0:2</u> Gravity <u>30</u>

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> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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RECEIVED



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 27403
LOCATION Barthesville, OK
FOREMAN Kirk Sanders

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-30-10		M. Melander B1-10				McFarr
CUSTOMER			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
			DRIVER			

JOB TYPE LS HOLE SIZE 5 5/8 HOLE DEPTH 749' CASING SIZE & WEIGHT _____
 CASING DEPTH 722' DRILL PIPE _____ TUBING 2 3/8 OTHER _____
 SLURRY WEIGHT 14 SLURRY VOL 1.71 WATER gal/sk 8.02 CEMENT LEFT IN CASING 0
 DISPLACEMENT 4.2 DISPLACEMENT PSI 200 MIX PSI 100 RATE 3.5bpm

REMARKS: Est circ., ran 75cc of thick set cement. Washed out pump & lines, dropped 2 plugs & disp. to set. Shut down & washed up.

— Circ. Cement to Suck. —
Paid on location check # 1171

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE (Long String)		900.00
5406	30	MILEAGE		186.50
5407	1	Bulk Trk		350.00
5502C	2.5 hrs.	80 Vac		240.00
5402	722'	Footage		1444.00
1126A	75cc	Thick Set Cement	#	1,237.50
1107A	40#	Phena Seal	#	44.80
1110A	400#	Kal Seal	#	1160.00
1123	2100 gal	City Water	#	30.45
4402	x2	2 3/8 Rubber Plug	#	416.00
RECEIVED				
AUG 11 2010				
(12% Discounted Price \$ 2,939.32)				
5.3% # SALES TAX				80.49
ESTIMATED TOTAL				3,340.14

Ravin 3737
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.