

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

RECEIVED
SEP 13 2010
KCC WICHITA

ORIGINAL
Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

OPERATOR: License # 5983
 Name: Victor J. Leis
 Address 1: P.O. Box 223
 Address 2: _____
 City: Yates Center State: KS Zip: 66783 + _____
 Contact Person: Ryan M. Leis
 Phone: (785) 313-2567
 CONTRACTOR: License # 33900
 Name: Steve Leis
 Wellsite Geologist: n/a
 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>6/30/2010</u>	<u>7/1/2010</u>	<u>7/30/2010</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 207-27633-00-00

Spot Description: _____
SE SE SE NW Sec. 20 Twp. 24 S. R. 16 East West
2,420 Feet from North / South Line of Section
2,420 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Woodson
 Lease Name: Goebel Well #: 5
 Field Name: Vernon
 Producing Formation: Squirrel
 Elevation: Ground: 1083 est. Kelly Bushing: _____
 Total Depth: 1081 Plug Back Total Depth: n/a
 Amount of Surface Pipe Set and Cemented at: 40 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set: n/a Feet
 If Alternate II completion, cement circulated from: 1081
 feet depth to: surface w/ 125 sx crmt.

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: Ryan M. Leis
 Title: Agent Date: 9/9/10

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: Dlg Date: 9/14/10

Operator Name: Victor J. Leis Lease Name: Goebel Well #: 5
 Sec. 20 Twp. 24 S. R. 16 East West County: Woodson

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 type="checkbox"/> Yes <input checked="" 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/ neutron	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum See attached <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> RECEIVED SEP 13 2010 KCC WICHITA </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
Surface	10"	7"	23.5	40	portland	10	n/a
Production	5 7/8"	2 7/8"	6	1076'	50/50 poz.	125	n/a

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	17 shots 1004-1012	frac. 7000# sand and gelled saltwater	1004

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. 7/31/10		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. 10	Gas Mcf 0	Water Bbls. 0
			Gas-Oil Ratio n/a
			Gravity n/a

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 <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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OLFE DRILLING & SERVICES COMPANY, L.L.C.
 205 North Eastland • Duncan, OK 73533
 Phone: 580-606-0019

JOB INVOICE

1457

To: Pin Oqk
Coebel # 5

TERMS: Holdown Drilling

PHONE	DATE OF ORDER
ORDER TAKEN BY	CUSTOMER'S ORDER NUMBER
<input type="checkbox"/> DAY WORK <input type="checkbox"/> CONTRACT <input type="checkbox"/> EXTRA	
JOB NAME/NUMBER	
JOB LOCATION	
JOB PHONE	STARTING DATE

QTY	MATERIAL	PRICE	AMOUNT	DESCRIPTION OF WORK
	Soil	5		
	Clay	14		
	Shale	43		
	Lime	53		
	Shale	193		
	Lime	208		
	Shale	215		
	Lime	246		
	Shale	257		
	Lime	480		
	Broken Soft	488		
	Br. Shale	530		
	KC	640		
	Shale	640		
	Lime	657		
	Big Shale	792		
	Lime	796		
	Shale	818		
	Lime	834		
	Soft Lime	843		
	Lime Hard	850		
	Shale	852		
	Lime	855		
	Shale	878		
DATE COMPLETED				TOTAL MATERIALS
				TOTAL MATERIALS
				TOTAL LABOR
				TOTAL LABOR
				TOTAL OTHER
				TOTAL OTHER
				TAX
				TOTAL

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Thank You

Work ordered by _____
 Signature _____
 I hereby acknowledge the satisfactory completion of the above described work.



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 28857
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
7-2-10	3353	Goebel #5	20	245	16E	Woodson
CUSTOMER Midway Oil						
MAILING ADDRESS PO Box 1000			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Miami			445	Justin		
STATE OK			515	CHRIS		
ZIP CODE 74354			543	DAVE		
			436	Ed		

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 1081' CASING SIZE & WEIGHT _____
CASING DEPTH 1076' DRILL PIPE _____ TUBING 2 7/8 Set @ 1076 OTHER _____
SLURRY WEIGHT _____ SLURRY VOL 38 BBL WATER gal/sk _____ CEMENT LEFT In CASING 0'
DISPLACEMENT 6.2 BBL DISPLACEMENT PSI 500 PSI 900 Shut in RATE _____

REMARKS: Safety Meeting: Rig up to 2 7/8 tubing. Break Circulation w/ 10 BBL Fresh water. Pump 4 sks (200*) Gel Flush, 11 BBL Dye water. Mixed 85 sks 50/50 Pozmix Cement w/ 4% Gel, TAIL IN w/ 40 sks OWC Cement. Shut down. wash out Pump & Lines. Drop Plug. Displace w/ 6.2 BBL Fresh water. Final Pumping Pressure 500 psi. Bump Plug to 900 psi. shut tubing in @ 900 psi. Good Cement Returns to SURFACE = 7 BBL slurry to Pit. Job Complete. Rig down.

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ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	900.00	900.00
5406	40	MILEAGE	3.55	142.00
1124	85 sks	50/50 Pozmix Cement	9.55	811.75
1118 B	285*	Gel 4%	.20*	57.00
1126	40 sks	OWC Cement	16.50	660.00
1118 B	200*	Gel Flush	.20*	40.00
5407	5.65 Tons	Ton Mileage Bulk Delv.	M/C	305.00
5502 C	3 HRS	80 BBL Vac TRUCK	96.00	288.00
1123	3000 gals	City water	14.50/1000	43.50
4402	1	2 7/8 Top Rubber Plug	23.00	23.00
			Sub Total	3210.26
THANK YOU			SALES TAX 7.3%	119.38
			ESTIMATED TOTAL	3389.63

Revin 3737
AUTHORIZATION [Signature] TITLE 235239 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.



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 235239

Invoice Date: 07/14/2010 Terms:

Page 1

MIDWAY OIL COMPANY
P.O. BOX 1000
MIAMI OK 74354
(918) 542-2888

GOEBEL #5
28857
07-02-10
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	85.00	9.5500	811.75
1118B	PREMIUM GEL / BENTONITE	285.00	.2000	57.00
1126	OIL WELL CEMENT	40.00	16.5000	660.00
1118B	PREMIUM GEL / BENTONITE	200.00	.2000	40.00
1123	CITY WATER	3000.00	.0145	43.50
4402	2 1/2" RUBBER PLUG	1.00	23.0000	23.00

Description	Hours	Unit Price	Total
436 80 BBL VACUUM TRUCK (CEMENT)	3.00	96.00	288.00
445 CEMENT PUMP	1.00	900.00	900.00
445 EQUIPMENT MILEAGE (ONE WAY)	40.00	3.55	142.00
515 MIN. BULK DELIVERY	1.00	152.50	152.50
543 MIN. BULK DELIVERY	1.00	152.50	152.50

Partial check 5048

Parts:	1635.25	Freight:	.00	Tax:	119.38	AR	3389.63
Labor:	.00	Misc:	.00	Total:	3389.63		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____