

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 # 31119
Name: Lone Wolf Oil
Address 1: Box 241
Address 2: _____
City: Moline State: ks Zip: 67353 + _____
Contact Person: Rob Wolfe
Phone: (620) 647-3626
CONTRACTOR: License # 32701
Name: C & G Drilling Inc.
Wellsite Geologist: Joe Baker
Purchaser: none

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SEP 23 2010
KCC WICHITA

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 #: _____
8-12-10 8-18-10 8-18-10
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 019-27008-00-00
Spot Description: E/2 NE/4 NW/4
W2 E2 NE NW Sec. 12 Twp. 32 S. R. 9 East West
660 Feet from North / South Line of Section
2,285 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Chautauqua
Lease Name: Custer Well #: 10
Field Name: Hylton
Producing Formation: none
Elevation: Ground: 1064 Kelly Bushing: 1070
Total Depth: 2146 Plug Back Total Depth: _____
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: _____
feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 1300 ppm Fluid volume: 250 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: Rob Wolfe
Title: Operator Date: 9-19-10

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: 9/27/10

Operator Name: Lone Wolf Oil Lease Name: Custer Well #: 10
 Sec. 12 Twp. 32 S. R. 9 East West County: Chautauqua

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 type="checkbox"/> Yes <input checked="" 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:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Ft. Scott</td> <td>1801</td> <td>-730</td> </tr> <tr> <td>Cherokee</td> <td>1840</td> <td>-769</td> </tr> <tr> <td>Mississippi D</td> <td>2116</td> <td>-1045</td> </tr> <tr> <td>Mississippi Lm.</td> <td>2124</td> <td>-1053</td> </tr> </table>	Name	Top	Datum	Ft. Scott	1801	-730	Cherokee	1840	-769	Mississippi D	2116	-1045	Mississippi Lm.	2124	-1053
Name	Top	Datum														
Ft. Scott	1801	-730														
Cherokee	1840	-769														
Mississippi D	2116	-1045														
Mississippi Lm.	2124	-1053														

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 1/4	8 5/8		40	Class A	40	3 % cal.

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

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: _____		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls. Gas-Oil Ratio Gravity

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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC



TICKET NUMBER 29038

LOCATION Eureka

FOREMAN Tray Strickler

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
8-18-10	4163	Custer #10				CO
CUSTOMER <u>Lone Wolf Oil Co.</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>Box 241</u>						
CITY <u>Moline</u>		STATE <u>Ks</u>	ZIP CODE <u>67353</u>			

JOB TYPE Plug "0" HOLE SIZE 7 7/8" HOLE DEPTH 2146 CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15" SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting

Plugging Order:

RECEIVED

50sk @ 2146'

SEP 23 2010

50sk @ 1400'

135sk 550' to surface

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235sk Total

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	925.00	925.00
5406	40	MILEAGE	3.65	146.00
1131	235sk	60/40 Poz-mix	11.35	2667.25
1188	800#	4% Gel	.20	160.00
5407		Ton-mileage	31/c	315.00
		<u>Thanks</u>	Sub Total	4213.25
		<u>236061</u>	SALES TAX	234.16
		TITLE <u>owner</u>	ESTIMATED TOTAL	4447.91

Ravin 3737

AUTHORIZATION witnessed by Rob Wolf

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

ENTERED

TICKET NUMBER 29034

LOCATION Eureka

FOREMAN Tray Strickler

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
8-12-10	41163	Custer #10				CG
CUSTOMER <u>Lone Wolf Oil Co.</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>Box 241</u>			<u>520</u>	<u>Cliff</u>		
CITY <u>Moline</u>			<u>479</u>	<u>John</u>		
STATE <u>Ks</u>		ZIP CODE <u>67357</u>				

JOB TYPE S/P 0 HOLE SIZE 12 1/4 HOLE DEPTH 42' CASING SIZE & WEIGHT _____
 CASING DEPTH 40' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15" SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 10'
 DISPLACEMENT 2861 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting: Rig up to 8 5/8" casing. Break circulation. mixed 40%
 Class A Cement w/ 3% Cacl₂ @ 15"/gal. Displace w/ 2861 water. Shut Army
 in w/ Good Cement to surface.
Job Complete

RECEIVED

SEP 23 2010

KCC WICHITA

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	725.00	725.00
5406	40	MILEAGE	3.65	146.00
11045	40sk	Class A Cement	13.50	540.00
1102	115"	3% Cacl ₂	.75	86.25
5407		Ton-mileage	m/c	385.00
		<u>1hrly</u>	Sub Total	1812.25
			SALES TAX	21.98
			ESTIMATED TOTAL	1834.23

Ravin 3737

235890

AUTHORIZATION called by Cotton

TITLE C+G Drilly

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.