

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

AUG 09 2010

Form ACO-1
June 2009

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

CONSERVATION DIVISION
WICHITA, KS
Form Must Be Typed
Form must be Signed
All blanks must be Filled

ORIGINAL

OPERATOR: License # 5723
Name: JOHN M.DENMAN OIL CO. INC.
Address 1: P.O.BOX 36
Address 2: 202 S. CHAUTAUQUA
City: SEDAN State: KS Zip: 67361 + _____
Contact Person: WAYNE BRIGHT
Phone: (620) 725-3727
CONTRACTOR: License # 5831
Name: MOKAT
Wellsite Geologist: NONE
Purchaser: COFFEYVILLE RESOURCES

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 #: _____

4/22/2010 4/26/2010 5/20/2010
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 019-26988-00-00
Spot Description: _____
NW SE NE SE Sec. 27 Twp. 34 S. R. 10 East West
1,815 Feet from North / South Line of Section
495 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: CHAUTAUQUA
Lease Name: JOHNSON Well #: A-2
Field Name: ELGIN
Producing Formation: WAYSIDE
Elevation: Ground: 985 EST Kelly Bushing: NA
Total Depth: 1540' 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: 1540'
feet depth to: SURFACE w/ 170 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: FRESH H2O ppm Fluid volume: 100 bbls
Dewatering method used: AIR DRY
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: Wg c/plt
Title: AGENT Date: 8-5-10

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: 8/12/10

Operator Name: JOHN M.DENMAN OIL CO. INC. Lease Name: JOHNSON Well #: A-2
 Sec. 27 Twp. 34 S. R. 10 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 (Attach Additional Sheets) 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 (If no, Submit Copy) List All E. Logs Run: GAMMA RAY/ NEUTRON	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum WAYSIDE 1420'
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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	12 1/4"	8 5/8"		40'	PORTLAND	15	
PRODUCTION	6 3/4	4 1/2"	10.5	1533'	OWC	170	

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	1420' - 1440'	150 GAL 15% HYDRO 3000# 12-20 SAND	1420'
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TUBING RECORD: Size: <u>2 3/8</u> Set At: <u>1425'</u> Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>5/20/10</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>15</u> Gas Mcf _____ Water Bbls. <u>30 BBLS</u> Gas-Oil Ratio _____ Gravity <u>34</u>

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>1420'-1440'</u>
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CONSOLIDATED
OIL & GAS SERVICES, LLC

TICKET NUMBER **45640**

PO BOX 884 STREET, CHANUTE, KS 66729
828-431-8210 OR 808-457-8578

LOCATION B-ville

FIELD TICKET

DATE 5-24-10	CUSTOMER ACCT # Johnson A-2	WELL NAME	QTR/QTR	SECTION 27	TWP 34S	RGE 10E	COUNTY CQ	FORMATION
CHARGE TO Denman Oil			OWNER					
MAILING ADDRESS			OPERATOR					
CITY & STATE			CONTRACTOR					

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5102	1	PUMP CHARGE Frac Pump		1800⁰⁰
5106	1	Blender		600⁰⁰
5111	1	Frac Van		175⁰⁰
5104	1	Frac Valve		100⁰⁰
5115	1	Ball Injector		100⁰⁰
4326	20	Ball Sealers		59⁰⁰
1208	150 gal.	Breaker		91⁰⁰
1231	200 lbs	Frac bal		1010⁰⁰
1268	10,500 gal	City Water		152²⁵
1215A	10 gal	Kel		340⁰⁰
5109	1	BLENDED & HANDLING TON-MILES STAND BY TIME MILEAGE		305⁰⁰
5501F	6 HRS	WATER TRANSPORTS		648⁰⁰
1202	6000 lbs	VACUUM TRUCKS FRAC SAND 12/20		1440⁰⁰
		CQ 6.3%	SALES TAX	1230
		10% if paid in 30 days		113355
			-10%	71335
			ESTIMATED TOTAL	6470⁰⁰

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CUSTOMER or AGENT'S SIGNATURE Debbie Brels COWS FOREMAN Kevin Paul

CUSTOMER or AGENT (PLEASE PRINT) _____ 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 services on the back of this form are in effect for services identified on this form.



CONSOLIDATED
OIL & GAS SERVICES, LLC

PO Box 884, Chanute, KS 66728
620-431-8210 or 800-467-8876

TICKET NUMBER 49531
FIELD TICKET REF # 45640
LOCATION B-ville
FOREMAN Rusty Reel

TREATMENT REPORT
FRAC & ACID

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-24-10		Johnson A-2	27	345	10E	CQ
CUSTOMER <u>Denman Oil</u>						
MAILING ADDRESS						
CITY		STATE	ZIP CODE			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			<u>421TT115</u>	<u>Roland</u>	<u>Nunnely TP</u>	
			<u>474</u>	<u>Rusty</u>	<u>412TT</u>	<u>John E</u>
			<u>475</u>	<u>Cartie</u>	<u>413TT 97</u>	<u>Luke</u>
			<u>498</u>	<u>Dallas</u>		

WELL DATA

CASING SIZE <u>4 1/2"</u>	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	<u>40 shots</u>
	<u>1420-1440'</u>

TYPE OF TREATMENT

Sand Frac

CHEMICALS

<u>FracGel</u>	
<u>Breaker</u>	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
<u>Pad</u>	<u>10</u>	<u>5-10</u>			<u>97-150</u>	BREAKDOWN <u>1137</u>
	<u>50</u>	<u>10-17</u>			<u>156-350</u>	START PRESSURE
<u>10/20 Sand</u>	<u>15</u>	<u>17</u>	<u>125</u>	<u>200lbs</u>	<u>382-388</u>	END PRESSURE
	<u>20</u>	<u>17</u>	<u>150</u>	<u>300lbs</u>	<u>393-395</u>	BALL OFF PRESS
	<u>15</u>	<u>17</u>	<u>1</u>	<u>500lbs</u>	<u>389-385</u>	ROCK SALT PRESS
	<u>15</u>	<u>17</u>	<u>1.5</u>	<u>1000 lbs</u>	<u>380-351</u>	ISIP <u>305</u>
<u>10 Balls</u>	<u>15</u>	<u>17</u>	<u>2</u>	<u>1000 lbs</u>	<u>349-346</u>	5 MIN
	<u>10</u>	<u>17</u>	<u>2.5</u>	<u>1000 lbs</u>	<u>352-360</u>	10 MIN
<u>10 Balls</u>	<u>15</u>	<u>17</u>	<u>3</u>	<u>2000 lbs</u>	<u>443-446</u>	15 MIN
<u>Flush</u>	<u>30</u>	<u>17</u>			443-446	MIN RATE <u>5</u>
						MAX RATE <u>17</u>
						DISPLACEMENT <u>23.1</u>

REMARKS:

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WICHITA, KS

AUTHORIZATION _____ TITLE _____ DATE _____

Terms and Conditions are printed on reverse side.

