

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 # 7383  
Name: Grady Bolding Corporation  
Address 1: 114 N. Main  
Address 2: P.O. Box 486  
City: Ellinwood State: KS Zip: 67526 + \_\_\_\_\_  
Contact Person: Grady Bolding  
Phone: (620) 564-2240  
CONTRACTOR: License # 33350  
Name: Southwind Drilling, Inc.  
Wellsite Geologist: Jim Musgrove  
Purchaser: \_\_\_\_\_

Designate Type of Completion:

- |  |   |                                     |
|--|---|-------------------------------------|
| <input checked="" type="checkbox"/> New Well   | <input type="checkbox"/> Re-Entry                         | <input type="checkbox"/> Workover   |
| <input checked="" type="checkbox"/> Oil        | <input type="checkbox"/> WSW                              | <input type="checkbox"/> SWD        |
| <input type="checkbox"/> Gas                   | <input checked="" type="checkbox"/> D&A                   | <input type="checkbox"/> ENHR       |
| <input type="checkbox"/> OG                    | <input type="checkbox"/> GSW                              | <input type="checkbox"/> Temp. Abd. |
| <input type="checkbox"/> CM (Coal Bed Methane) |   |                                     |
| <input type="checkbox"/> Cathodic              | <input type="checkbox"/> 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>03/26/10</u>	<u>04/01/10</u>	<u>4-1-10</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 009-25398-00-00

Spot Description: \_\_\_\_\_  
SW SE NW NW Sec. 11 Twp. 19 S. R. 12  East  West  
1,295 Feet from  North /  South Line of Section  
712 Feet from  East /  West Line of Section

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

County: Barton  
Lease Name: George Miller Well #: 2  
Field Name: Cheyenne View

Producing Formation: Arbuckle  
Elevation: Ground: 1824 Kelly Bushing: 1832

Total Depth: 3400 Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at: 300 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: 10000 ppm Fluid volume: 1500 bbls  
Dewatering method used: natural separation in pit

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: K. Shaw Dunn  
Title: Office Manager Date: 10/04/10

**KCC Office Use ONLY**

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Letter of Confidentiality Received

Date: \_\_\_\_\_

Confidential Release Date: \_\_\_\_\_

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT  I  II  III Approved by: PJA Date: 10/13/10

Operator Name: Grady Bolding Corporation Lease Name: George Miller Well #: 2  
 Sec. 11 Twp. 19 S. R. 12  East  West County: Barton

**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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input 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: dual induction, dual/compensated porosity log, microresistivity log, borehole comp. sonic log	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum  see attached
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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	23#	322	60/40	200	3% cc, 2% gel

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 checked="" type="checkbox"/> Plug Back TD <input checked="" type="checkbox"/> Plug Off Zone	3509'	60/40	145	4% gel, 1/4# flo

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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# ALLIED CEMENTING CO., LLC. 33858

SHIP TO P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT:

Curt Bend

DATE <u>3-27-10</u>	SEC. <u>11</u>	TWP. <u>19</u>	RANGE <u>12</u>	CALLED OUT	ON LOCATION	JOB START <u>11:30 am</u>	JOB FINISH <u>12:00 am</u>
LEASE <u>George Miller</u>	WELL # <u>2</u>	LOCATION <u> Hwy 156 + Jucor Rd NE to</u>		COUNTY <u>Barton</u>	STATE <u>KS</u>		
OLD OR NEW (Circle one)		<u>80<sup>th</sup> Ave 3/4<sup>th</sup> EIND</u>					

CONTRACTOR Southwind #3

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 323

CASING SIZE 8 5/8 DEPTH 322

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 15'

PERFS.

DISPLACEMENT 19 1/2 BCL

OWNER

CEMENT

AMOUNT ORDERED 200 60/40 30% CL

29/66/1

EQUIPMENT

PUMP TRUCK CEMENTER Craig

# 181 HELPER Alvin

BULK TRUCK

# 378 DRIVER Craig

BULK TRUCK

# DRIVER

COMMON	<u>120</u>	@	<u>13.50</u>	<u>1620.00</u>
POZMIX	<u>80</u>	@	<u>7.55</u>	<u>604.00</u>
GEL	<u>3</u>	@	<u>20.25</u>	<u>60.75</u>
CHLORIDE	<u>6</u>	@	<u>51.50</u>	<u>309.00</u>
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>100</u>	@	<u>2.25</u>	<u>225.00</u>
MILEAGE	<u>110 1/2 mi</u>			<u>300.00</u>
TOTAL				<u>3118.75</u>

REMARKS:

8 5/8 Casing on bottom. Best Circulation.

Mix 200% Cement Displace Plug.

Cement Circulated!

SERVICE

DEPTH OF JOB			
PUMP TRUCK CHARGE			<u>991.00</u>
EXTRA FOOTAGE	@		
MILEAGE	<u>8</u>	@	<u>7.00</u> <u>56.00</u>
MANIFOLD	@		
	@		
	@		
TOTAL <u>1047.00</u>			

CHARGE TO: Grady Bolding

STREET

CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

1 8 5/8 wacker Plug @

@

@

@

@

TOTAL N-C

To Allied Cementing Co., LLC.

You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any)

TOTAL CHARGES

DISCOUNT IF PAID IN 30 DAYS

PRINTED NAME Jay Krier

SIGNATURE Jay Krier

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# ALLIED CEMENTING CO. LLC. 33900

PO BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT:  
Russell KS

DATE <u>4-1-10</u>	SEC. <u>11</u>	TWP. <u>19</u>	RANGE <u>12</u>	CALLED OUT	ON LOCATION	JOB START <u>4:00pm</u>	JOB FINISH <u>4:30pm</u>
LEASE <u>George Miller</u>		WELL # <u>2</u>	LOCATION <u>Great Bend KS North Juco Rd East</u>		COUNTY <u>Barton</u>	STATE <u>KS</u>	
<input checked="" type="radio"/> OLD OR NEW (Circle one)			<u>to 156 Hwy 2 East to 80th Rd 1/2 North East into</u>				

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CONTRACTOR Southwind Drilling #3  
 TYPE OF JOB Rotary Plug  
 HOLE SIZE 7 1/2 T.D. 3509'  
 CASING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 DRILL PIPE 4XH DEPTH \_\_\_\_\_  
 TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_  
 PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_  
 MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_  
 CEMENT LEFT IN CSG. \_\_\_\_\_  
 PERFS. \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_

OWNER \_\_\_\_\_  
 CEMENT 145 KCC WICHITA  
 AMOUNT ORDERED 772 69/40 4% Gel 44#

COMMON	<u>87</u>	@	<u>13.50</u>	<u>1174.50</u>
POZMIX	<u>58</u>	@	<u>7.55</u>	<u>437.90</u>
GEL	<u>5</u>	@	<u>20.25</u>	<u>101.25</u>
CHLORIDE		@		
ASC		@		
<u>Flt Seal</u>	<u>36</u>	@	<u>2.45</u>	<u>88.20</u>
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>145</u>	@	<u>2.25</u>	<u>326.25</u>
MILEAGE	<u>110/sk/mile</u>			<u>116.00</u>
TOTAL				<u>2244.00</u>

EQUIPMENT

PUMP TRUCK CEMENTER John Roberts  
 # 417 HELPER Matt  
 BULK TRUCK  
 # 473 DRIVER Shane  
 BULK TRUCK  
 # \_\_\_\_\_ DRIVER \_\_\_\_\_

REMARKS:

25sk@677  
80sk@320  
10sk@40

30sk Rathole

Thank You!

CHARGE TO: Grady Bolding Corporation  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

To Allied Cementing Co., LLC.  
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Jay Kriet  
 SIGNATURE Jay Kriet

SERVICE

DEPTH OF JOB \_\_\_\_\_  
 PUMP TRUCK CHARGE \_\_\_\_\_ 990.00  
 EXTRA FOOTAGE @ \_\_\_\_\_  
 MILEAGE 8 @ 7.00 56.00  
 MANIFOLD @ \_\_\_\_\_  
 @ \_\_\_\_\_  
 @ \_\_\_\_\_  
 TOTAL 1046.00

PLUG & FLOAT EQUIPMENT

@ \_\_\_\_\_  
 @ \_\_\_\_\_  
Dry hole Plug @ \_\_\_\_\_ 39.00  
 @ \_\_\_\_\_  
 @ \_\_\_\_\_  
 TOTAL N-C

SALES TAX (If Any) \_\_\_\_\_  
 TOTAL CHARGES \_\_\_\_\_  
 DISCOUNT \_\_\_\_\_ IF PAID IN 30 DA \_\_\_\_\_

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