

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 # 31002
Name: Kelly Company LC
Address 1: PO BOX 412
Address 2: _____
City: Osawatomie State: KS Zip: 66064 + _____
Contact Person: Phil Frick
Phone: (785) 883-4057
CONTRACTOR: License # 5989
Name: Finney Drilling Company
Wellsite Geologist: None
Purchaser: Kelly L. Maclaskey Oilfield Services, Inc.

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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>7/29/2010</u>	<u>8/2/2010</u>	<u>8/2/2010</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. ~~15~~ - 15-091-23422-0000
Spot Description: _____
SE SW SE NE Sec. 15 Twp. 14 S. R. 22 East West
2,860 Feet from North / South Line of Section
890 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Johnson
Lease Name: Knabe M Well #: KA-9
Field Name: Gardner
Producing Formation: Bartlesville
Elevation: Ground: 1023 est Kelly Bushing: NA
Total Depth: 903 Plug Back Total Depth: 887.0
Amount of Surface Pipe Set and Cemented at: 23.1 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 887.0
feet depth to: surface w/ 119 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: [Signature]
Title: Agent Date: 10/1/2010

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: 10/14/10

Operator Name: Kelly Company LC Lease Name: Knabe M Well #: KA-9
 Sec. 15 Twp. 14 S. R. 22 East West County: Johnson

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/CCL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input 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>Bartlesville</td> <td>829.0</td> <td>+194' est</td> </tr> </table>	Name	Top	Datum	Bartlesville	829.0	+194' est
Name	Top	Datum					
Bartlesville	829.0	+194' est					

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#	23.1'	I	10	See Drillers Log
Production	5 7/8"	2 7/8"	6.5#	887.0'	50/50 Poz	119	See Service Ticket

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 spf	829.0 to 838.0 - 2" DML RTG - 19 Perfs	<div style="font-size: 2em; font-weight: bold; margin: 0;">RECEIVED</div> <div style="font-size: 1.5em; font-weight: bold; margin: 5px 0;">OCT 08 2010</div> <div style="font-size: 1.5em; font-weight: bold; margin: 0;">KCC WICHITA</div>	

TUBING RECORD: Size: Set At: Packer At: Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. 10/1/2010	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. 2.0	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 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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DRILLERS LOG

API NO.: 15 - 091 - 23422 - 00 - 00

OPERATOR: KELLY COMPANY LC

ADDRESS: P.O. BOX 412, OSAWATOMIE, KS 66064

WELL #: KA - 9 LEASE NAME: KNABE - M

FOOTAGE LOCATION: 2860 FEET FROM (N) (S) LINE 890 FEET FROM (E) (W) LINE

CONTRACTOR: FINNEY DRILLING COMPANY GEOLOGIST: JIM GUINOTTE

SPUD DATE: 7/29/2010 TOTAL DEPTH: 903 P.B.T.D. _____

DATE COMPLETED: 8/2/2010 OIL PURCHASER: MACLASKEY

S. 15	T. 14	R. 22	E. _____	W. _____
LOCATION:		SE SW SE NE		
COUNTY:		JOHNSON		
ELEV. GR. DF		1030 KB		

CASING RECORD

REPORT OF ALL STRINGS - SURFACE, INTERMEDIATE, PRODUCTION, ETC

PURPOSE OF STRING	SIZE HOLE DRILLED	SIZE CASING SET (In O.D.)	WEIGHT LBS/FT	SETTING DEPTH	TYPE CEMENT	SACKS	TYPE AND % ADDITIVES
SURFACE:	12 1/4	7	19	23.10	I	10	SERVICE COMPANY
PRODUCTION:	5 7/8	2 7/8 8rd	6.5	887	S	123	SERVICE COMPANY

DRILLER
- CEMENTED
SURFACE
TO
SURFACE

WELL LOG

CORES: # _____

RECOVERED: _____

ACTUAL CORING TIME: _____

- RAN: 3 - CENTRALIZERS
1 - SEATING NIPPLE
1 - FLOAT SHOE
1 - CLAMP

FORMATION	TOP	BOTTOM
TOP SOIL	0	2
CLAY	2	5
LIME	5	7
CLAY	7	11
LIME	11	13
SHALE	13	19
LIME	19	33
SHALE	33	40
LIME	40	49
SHALE	49	58
LIME	58	74
SHALE	74	102
LIME	102	125
SHALE	125	126
LIME	126	167
SHALE	167	169
LIME	169	171
SHALE	171	203
LIME	203	211
SHALE	211	231
LIME	231	233
SHALE	233	236
LIME	236	238
SHALE	238	239
LIME	239	249
SHALE	249	280
LIME	280	319
SHALE	319	328
LIME	328	348
SHALE	348	352
LIME	352	356
SHALE	356	361
LIME	361	367
SHALE	367	421
LIME	421	424
SHALE	424	476
LIME	476	478
SHALE	478	519
LIME	519	521

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FORMATION	TOP	BOTTOM
SHALE	521	539
LIME	539	544
SHALE	544	546
LIME	546	550
SHALE	550	558
LIME	558	568
SHALE	568	582
LIME	582	586
SHALE	586	594
LIME	594	595
SAND & LIME	595	601
LIME	601	603
SAND & SHALE	603	634
LIME	634	637
SAND & SHALE	637	684
LIME	684	685
SHALE	685	696
LIME	696	697
SHALE	697	706
LIME	706	708
SAND & SHALE	708	714
SAND SHALE OIL	714	718
SAND & SHALE	718	738
LIME	738	741
SHALE	741	748
LIME	748	750
SHALE	750	754
LIME	754	755
SHALE	755	780
LIME	780	783
SHALE	783	802
LIME	802	803
SHALE	803	828
SAND SHALE OIL	828	832
OIL SAND	832	833
SAND & LIME	833	835
OIL SAND	835	839
SHALE SAND OIL	839	842
SAND & SHALE	842	903 T.D.



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 # 235680

Invoice Date: 08/09/2010 Terms:

Page 1

D.E. EXPLORATION
DOUG EVANS
P.O. BOX 128
WELLSVILLE KS 66092
(785) 883-4057

KNABE M KA-9
27050
NE 15-14-22 JO
27050
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	119.00	9.8400	1170.96
1118B	PREMIUM GEL / BENTONITE	324.00	.2000	64.80
1111	GRANULATED SALT (50 #)	279.00	.3300	92.07
1110A	KOL SEAL (50# BAG)	665.00	.4200	279.30
4402	2 1/2" RUBBER PLUG	1.00	23.0000	23.00

Description	Hours	Unit Price	Total
370 80 BBL VACUUM TRUCK (CEMENT)	2.00	100.00	200.00
495 CEMENT PUMP	1.00	925.00	925.00
495 EQUIPMENT MILEAGE (ONE WAY)	30.00	3.65	109.50
495 CASING FOOTAGE	887.00	.00	.00
503 MIN. BULK DELIVERY	1.00	315.00	315.00

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Parts:	1630.13	Freight:	.00	Tax:	122.67	AR	3302.30
Labor:	.00	Misc:	.00	Total:	3302.30		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____

Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 27050
LOCATION Ottawa KS
FOREMAN Fred Mader

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
8/3/10	2355	Knabe M # KA-9	NE 15	15	22	JO
CUSTOMER			TRUCK #			
D E Exploration			506	Fred	Safety Mix	
MAILING ADDRESS			495	Casey	CK	
P.O. Box 128			370	Derek	DM	
CITY	STATE	ZIP CODE	503	Cecil	CHP	
Wellsville	KS	66092				

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 903 CASING SIZE & WEIGHT 2 7/8 EUE
CASING DEPTH 887 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
DISPLACEMENT 5.15 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.3 PM

REMARKS: Establish circulation. Mix pump 100 # Premium Gel
Flush. Mix pump 132 sks 50/50 Poz Mix Cement 2% Gel
5% Salt 5# Kol Seal per sack. Cement to surface. Flush
pump + lines clean. Displace 2 1/2" Rubber Plug to casing
ID w/ 5.15 BBL Fresh water. Pressure to 700 PSI.
Release pressure to set Float Valve. Shut in casing

Kurt Finney Drilling Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		925 ⁰⁰
5406	30mi	MILEAGE Pump Truck		109 ⁵⁰
5402	887	Casing Footage		N/C
5407	Minimum	Tax Miles		315 ⁰⁰
5502C	2hrs	80 BBL Vac Truck		200 ⁰⁰
1124	119 SKS	50/50 Poz Mix Cement		1170 ⁹⁶
1118B	324#	Premium Gel		64 ⁸⁰
1111	279#	Granulated Salt	RECEIVED	92 ⁰⁷
1110 A	665#	Kol Seal		279 ³⁰
4402	1	2 1/2" Rubber Plug	OCT 08 2010	23 ⁰⁰
		<u>WOT# 235680</u>	KCC WICHITA	
			7.525%	SALES TAX
				ESTIMATED
				TOTAL
				122 ⁶⁷
				3302 ³⁰

Ravin 3737 AUTHORIZATION No Co Reg on Site 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.