

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.

RECEIVED

OCT 08 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 #: \_\_\_\_\_

7/27/2010	7/29/2010	7/29/2010
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15-091-23421-0000

Spot Description: \_\_\_\_\_

SE SE SE NE Sec. 15 Twp. 14 S. R. 22  East  West

2,860 Feet from  North /  South Line of Section

220 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-8

Field Name: Gardner

Producing Formation: Bartlesville

Elevation: Ground: 1022 est Kelly Bushing: NA

Total Depth: 891.0 Plug Back Total Depth: 878.0

Amount of Surface Pipe Set and Cemented at: 24.0 Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from: 878.0

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: Dg Date: 10/14/10

Operator Name: Kelly Company LC Lease Name: Knabe M Well #: KA-8  
 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: <b>Gamma Ray/Neutron/CCL</b>	<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>823.0</td> <td>+199' est</td> </tr> </table>	Name	Top	Datum	Bartlesville	823.0	+199' est
Name	Top	Datum					
Bartlesville	823.0	+199' 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#	24.0'	I	10	See Drillers Log
Production	5 7/8"	2 7/8"	6.5#	878.0'	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	823.0 to 832.0 - 2" DML RTG - 19 Perfs	<b>RECEIVED</b>  <b>OCT 08 2010</b>  <b>KCC WICHITA</b>	

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. 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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
---	--	--





**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 # 235643

Invoice Date: 07/31/2010 Terms:

Page 1

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

KNABE M KA-8  
27017  
NE 15-14-22 JO  
07/30/2010  
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 #)	280.00	.3300	92.40
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
369 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	879.00	.00	.00
548 MIN. BULK DELIVERY	1.00	315.00	315.00

RECEIVED

OCT 08 2010

KCC WICHITA

Parts: 1630.46 Freight: .00 Tax: 122.69 AR 3302.65  
Labor: .00 Misc: .00 Total: 3302.65  
Sublt: .00 Supplies: .00 Change: .00

Signed \_\_\_\_\_ Date \_\_\_\_\_



**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 27017  
LOCATION Ottawa KS  
FOREMAN Fred Maden

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
7/30/10	2355	Knabe M # KA-8	NE 15	15	22	JO
CUSTOMER D E Exploration			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS P.O. Box 128			506	Fred	Safety	Mike
CITY STATE ZIP CODE Wellsville KS 66092			495	Rosey	CK	C
			548	Cecil	CM	
			369	chuck	CWC	

JOB TYPE Log Stop HOLE SIZE 5 7/8 HOLE DEPTH 891 CASING SIZE & WEIGHT 2 1/8 EUE  
CASING DEPTH 879' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 2 1/2" Plug  
DISPLACEMENT 5.1 BBL DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 5 BPM

REMARKS: Establish circulation. Mix & Pump 100# Premium Gel  
Flush. Mix & Pump 133 sks 50/50 for Mix Cement 2% Gel  
5% Salt 5# Kol Seal per sack. Flush pump & lines clean.  
Displace 2 1/2" Rubber plug to casing TD w/ 5.1 BBL Fresh  
water Pressure to 700# PSI. Release pressure to set  
float valve. Shut in casing

*Fred Maden*

*Kurt Finney Drilling.*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE Cement Pump		925 <sup>00</sup>
5406	30	MILEAGE Pump Truck		109 <sup>50</sup>
5402	879'	Casing Footage		N/C
5407	Minimum	Ton Miles		315 <sup>00</sup>
5502C	2 hrs	80 BBL Voe Truck		200 <sup>00</sup>
<del>1192</del>	119 sks	50/50 Poz Mix Cement		1170 <sup>96</sup>
1118B	324#	Premium Gel		64 <sup>80</sup>
1111	280#	Granulated Salt	RECEIVED	92 <sup>40</sup>
1110A	665#	Kol Seal		278 <sup>39</sup>
4402	1	2 1/2" Rubber Plug	OCT 08 2010	23 <sup>25</sup>
			KCC WICHITA	
		WD 235643		
			7.525%	SALES TAX
				ESTIMATED TOTAL
				122 <sup>69</sup>
				3302 <sup>65</sup>

Ravin 3737

AUTHORIZATION Jim 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.