

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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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 #: _____

<u>7/15/2010</u>	<u>7/20/2010</u>	<u>7/20/2010</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15-091-23407-0000

Spot Description: _____
NE NE SW NW Sec. 14 Twp. 14 S. R. 22 East West
3,920 Feet from North / South Line of Section
4,230 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Johnson

Lease Name: Knabe D Well #: KA-5

Field Name: Gardner

Producing Formation: Bartlesville

Elevation: Ground: 1047 est Kelly Bushing: NA

Total Depth: 925 Plug Back Total Depth: 901

Amount of Surface Pipe Set and Cemented at: 21.5 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 905.0

feet depth to: surface w/ 116 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: Phil Frick

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 D Well #: KA-5

Sec. 14 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.

<p>Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i></p> <p>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i></p> <p>List All E. Logs Run: Gamma Ray/Neutron/CCL</p>	<p><input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample</p> <table style="width:100%; border: none;"> <tr> <td style="border: none;">Name</td> <td style="border: none;">Top</td> <td style="border: none;">Datum</td> </tr> <tr> <td style="border: none;">Bartlesville</td> <td style="border: none;">850.0</td> <td style="border: none;">+197' est</td> </tr> </table>	Name	Top	Datum	Bartlesville	850.0	+197' est
Name	Top	Datum					
Bartlesville	850.0	+197' 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#	21.5	I	12	See Drillers Log
Production	5 7/8"	2 7/8"	6.5#	90 ⁵ 7.0	50/50 Poz	116	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	850.0 to 856.0 - 2" DML RTG - 13 Perfs	RECEIVED OCT 08 2010 KCC WICHITA	

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <i>(Explain)</i> _____				
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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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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 # 235396

Invoice Date: 07/22/2010 Terms:

Page 1

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

KNABE D KA-5
27019
NW 14-14-22 JO
07/20/2010
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	116.00	9.8400	1141.44
1118B	PREMIUM GEL / BENTONITE	218.00	.2000	43.60
1111	GRANULATED SALT (50 #)	273.00	.3300	90.09
1110A	KOL SEAL (50# BAG)	650.00	.4200	273.00
4402	2 1/2" RUBBER PLUG	1.00	23.0000	23.00

Description	Hours	Unit Price	Total
368 CEMENT PUMP	1.00	925.00	925.00
368 EQUIPMENT MILEAGE (ONE WAY)	30.00	3.65	109.50
370 80 BBL VACUUM TRUCK (CEMENT)	1.00	100.00	100.00
548 MIN. BULK DELIVERY	1.00	315.00	315.00

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Parts:	1571.13	Freight:	.00	Tax:	118.22	AR	3138.85
Labor:	.00	Misc:	.00	Total:	3138.85		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-319-9210 or 800-467-8676

TICKET NUMBER, 27019

LOCATION Ottawa, KS

FOREMAN Carey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/20/10	2355	Krabe D # KA-5	NW 14	14	22	JO
CUSTOMER DE Exploration						
MAILING ADDRESS PO Box 128			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Wellsville			389	Car Ken	ck	
STATE KS			308	Ken Ham	KH	
ZIP CODE 66092			548	Tim War	TAW	
			376	Chu Lam	CWL	

JOB TYPE Logging HOLE SIZE 8 5/8" HOLE DEPTH 925' CASING SIZE & WEIGHT 2 1/8" EUE
 CASING DEPTH 905' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" rubber plug
 DISPLACEMENT 5.26 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 100# Premium gel followed by 10 bbls fresh water, mixed & pumped 130 sks 50/50 Pozmix cement w/ 2% Premium Gel, 5% Salt, & 5% Kol Seal per sk, cement to surface, flushed pump clean, displaced 2 1/2" rubber plug to casing TD w/ 5.26 bbls fresh water, pressured to 700 PSI, released pressure to set float valve, shut in casing.

[Handwritten signature]

ACCOUNT CODE	QUANTITY of UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE pump truck cement		925.00
5406	30 miles	MILEAGE pump truck		109.50
5407	minimum	ton mileage		315.00
5502C	1 hr	80 bbl Vac Truck		100.00
1124	116 sks	50/50 Pozmix cement		1141.44
1118B	218 #	Premium Gel		43.60
1111	273 #	Salt		90.09
1110A	650 #	Kol Seal		273.00
4402	1	2 1/2" rubber plug		23.00
		W/O #235396		
			7.525%	SALES TAX 118.23
				ESTIMATED TOTAL 3138.85

Revin 3737

AUTHORIZATION _____

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.

