



KANSAS CORPORATION COMMISSION 1045733
OIL & GAS CONSERVATION DIVISION

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 # 31569
Name: Bach, Jason dba Bach Oil Production
Address 1: PO BOX 723
Address 2: _____
City: ALMA State: NE Zip: 68920 + 0723
Contact Person: Jason Bach
Phone: (308) 928-8920
CONTRACTOR: License # 31569
Name: Bach, Jason dba Bach Oil Production
Wellsite Geologist: NA
Purchaser: Coffeyville Crude

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SLOW
 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: Bach Oil Production

Well Name: Huffstutter E #7

Original Comp. Date: 11/02/1951 Original Total Depth: 3518

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 #: _____

06/30/2010	07/16/2010	09/01/2010
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. ~~15~~-15-147-00744-00-01

Spot Description: _____
E2 NE NE SW Sec. 32 Twp. 1 S. R. 18 East West
2,310 Feet from North / South Line of Section
2,970 Feet from East / West Line of Section

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

County: Phillips

Lease Name: HUFFSTUTTER Well #: E-7

Field Name: Huffstutter

Producing Formation: LKC

Elevation: Ground: 2240 Kelly Bushing: 2245

Total Depth: 3505 Plug Back Total Depth: 3472

Amount of Surface Pipe Set and Cemented at: 189 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 3350
feet depth to: 0 w/ 150 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: Evaporated

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.

Submitted Electronically

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: Deanna Garrison Date: 10/21/2010



1045733

Operator Name: Bach, Jason dba Bach Oil Production Lease Name: HUFFSTUTTER Well #: E-7
 Sec. 32 Twp. 1 S. R. 18 East West County: Phillips

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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datum	<input checked="" type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	None Recorded	
Electric Log Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Electric Log Submitted Electronically (If no, Submit Copy)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
List All E. Logs Run: Log			

CASING RECORD <input type="checkbox"/> New <input checked="" 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	12.25	8.625	20	189	Existing	0	
Production	7.875	5.5	14	3518	Existing	0	
Production	4.875	4.50	9	3350	COM	150	.5% CD-31/4% 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 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

TUBING RECORD:	Size: <u>2 3/8"</u>	Set At: <u>3472'</u>	Packer At:	Liner Run: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>09/20/2010</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>5</u>	Gas Mcf	Water Bbls. <u>35</u>	Gas-Oil Ratio <u>36</u>

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>LKC</u>
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PO BOX 31 Russell, KS 67665

INVOICE

Invoice Number: 124201

Invoice Date: Aug 25, 2010

Page: 1

Voice: (785) 483-3887
 Fax: (785) 483-5566

Bill To:
 Bach Oil Production
 R. R. #1 Box 28
 Phillipsburg, KS 67661

Customer ID Bach	Well/Name/# or Customer P.O. Huff E #7	Payment Terms Net 30 Days	
Job Location KS2-06	Camp Location Russell	Service Date Aug 25, 2010	Due Date 9/24/10

Quantity	Item	Description	Unit Price	Amount
90.00	MAT	Class A Common	13.50	1,215.00
60.00	MAT	Pozmix	7.55	453.00
5.00	MAT	Gel	20.25	101.25
64.00	MAT	CD-31	9.10	582.40
150.00	SER	Handling	2.25	337.50
60.00	SER	Mileage 150 sx @ .10 per sk per.mi	15.00	900.00
1.00	SER	Liner	991.00	991.00
60.00	SER	Pump Truck Mileage	7.00	420.00
1.00	EQP	4.5 Rubber Plug	27.00	27.00

ALL PRICES ARE NET, PAYABLE
 30 DAYS FOLLOWING DATE OF
 INVOICE. 1-1/2% CHARGED
 THEREAFTER. IF ACCOUNT IS
 CURRENT, TAKE DISCOUNT OF
 \$ 1005.43
 ONLY IF PAID ON OR BEFORE
 Sep 19 2010

Subtotal	5,027.15
Sales Tax	341.85
Total Invoice Amount	5,369.00
Payment/Credit Applied	
TOTAL	5,369.00

ALLIED CEMENTING CO., LLC. 041900

P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Russell

DATE <i>8-25-10</i>	SEC.	TWP.	RANGE	CALLED OUT	ON-LOCATION	JOB START	JOB FINISH
LEASE <i>Huff E</i>	WELL # <i>7</i>	LOCATION <i>Phillips 13 N + 100 rd</i>				<i>4:00 PM</i>	<i>4:30 PM</i>
<input checked="" type="radio"/> OLD <input type="radio"/> NEW (Circle one)		RD <i>W to 100 rd 2 N E + N into</i>					
				COUNTRY	STATE		
				<i>Phillips</i>	<i>K.S.</i>		

CONTRACTOR *Ca Tools* OWNER _____
 TYPE OF JOB *Eme*

HOLE SIZE _____	T.D. _____
CASING SIZE <i>5 1/2</i>	DEPTH _____
TUBING SIZE <i>4 1/2</i>	DEPTH <i>3350'</i>
DRILL PIPE _____	DEPTH _____
TOOL _____	DEPTH _____
PRES. MAX <i>1100 psi</i>	MINIMUM _____
MEAS. LINE _____	SHOE JOINT _____
CEMENT LEFT IN CSG. _____	
PERFS. _____	
DISPLACEMENT <i>54.27 bbl</i>	

EQUIPMENT

PUMP TRUCK # <i>417</i>	CEMENTER <i>Shane</i>
BULK TRUCK # <i>481</i>	HELPER <i>Row D.</i>
BULK TRUCK # _____	DRIVER <i>Richard Turs</i>
BULK TRUCK # _____	DRIVER _____

CEMENT AMOUNT ORDERED *150 60% 1/2 of 18 CO3, 4.61*

COMMON	<i>90</i>	@	<i>15.50</i>	<i>1215.00</i>
POZMIX	<i>60</i>	@	<i>7.55</i>	<i>453.00</i>
GEL	<i>5</i>	@	<i>20.25</i>	<i>101.25</i>
CHLORIDE		@		
ASC		@		
<i>CO-31</i>	<i>64</i>	@	<i>9.10</i>	<i>582.40</i>
		@		
		@		
		@		
		@		
		@		
HANDLING	<i>15.00</i>	@	<i>2.25</i>	<i>337.50</i>
MILEAGE	<i>110 Bhp/kl</i>			<i>900.00</i>
TOTAL				<i>3589.15</i>

REMARKS:
Est Circulation. Mixed
150 cks
Lost 200 psi when pumped 45 bbl
Cement did circulate
Ply did not land.

SERVICE

DEPTH OF JOB _____	
PUMP TRUCK CHARGE _____	<i>991.00</i>
EXTRA FOOTAGE _____	@ _____
MILEAGE <i>60</i>	@ <i>7.00</i> <i>420.00</i>
MANIFOLD _____	@ _____
	@ _____
TOTAL <i>1411.00</i>	

CHARGE TO: *Dach Oil*
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

	@ _____
	@ _____
<i>4 1/2 Rubber Ply</i>	@ <i>27.00</i>

To Allied Cementing Co., LLC.

Thanks!