

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 # 6227
Name: Kraft Oil LLC
Address 1: 434 Iris Rd Sw
Address 2: _____
City: Gridley State: Ks Zip: 66852 + _____
Contact Person: Thomas A. Kraft
Phone: (620) 836-2091
CONTRACTOR: License # 33557
Name: Sky Drilling
Wellsite Geologist: _____
Purchaser: High Sierra Crude Purchasing

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 #: _____

09/01/2010 09/04/2010 10/01/2010
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 031-22734-0000

Spot Description: _____
NE NE SW Sec. 10 Twp. 21 S. R. 14 ☒ East ☐ West
2,310 Feet from ☐ North / ☒ South Line of Section
3,270 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SW

County: Coffey
Lease Name: Bowman Well #: 5
Field Name: Thomsen

Producing Formation: Squirrel sand
Elevation: Ground: 1107 Kelly Bushing: 1114
Total Depth: 1302 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 40 Feet
Multiple Stage Cementing Collar Used? ☐ Yes ☒ No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 1302
feet depth to: surface w/ 140 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 #: KCC WICHITA

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: Thomas A. Kraft
Title: Partner Date: 10-28-10

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: 11/5/10

Operator Name: Kraft Oil LLC Lease Name: Bowman Well #: 5
 Sec. 10 Twp. 21 S. R. 14 ☒ East ☐ West County: Coffey

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 ☐ Yes ☒ No
 (Attach Additional Sheets)
 Samples Sent to Geological Survey ☐ Yes ☒ No
 Cores Taken ☐ Yes ☒ No
 Electric Log Run ☒ Yes ☐ No
 Electric Log Submitted Electronically ☐ Yes ☒ No
 (If no, Submit Copy)

List All E. Logs Run:

Cornish Wireline (Gamma Ray/ Neutron)

☒ Log Formation (Top), Depth and Datum ☐ Sample
 Name Top Datum
 Squirrel sandstone 1257

CASING RECORD ☐ New ☒ 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	11"	8"		40	Portland	35	
Long String	6 3/4"	4 1/2"	10	1297	Portland	140	Thick set

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ 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
2	3 1/8" Slick Tag Gun 20 shots (1257' to 1267')	Fracture (40 sks sand & 150 bbl gel water)	

TUBING RECORD: Size: <u>2 3/8"</u> Set At: <u>1252'</u> Packer At:		Liner Run: ☐ Yes ☒ No	
Date of First, Resumed Production, SWD or ENHR. <u>10/01/2010</u>		Producing Method: ☐ Flowing ☒ Pumping ☐ Gas Lift ☐ Other (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbls. <u>2</u>	Gas Mcf <u>10</u>	Water Bbls. Gas-Oil Ratio Gravity

DISPOSITION OF GAS: ☐ Vented ☐ Sold ☐ Used on Lease (If vented, Submit ACO-18.)		METHOD OF COMPLETION: ☐ Open Hole ☒ Perf. ☐ Dually Comp. ☐ Commingled (Submit ACO-5) (Submit ACO-4) ☐ Other (Specify) _____		PRODUCTION INTERVAL: _____ _____	
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202



CONSOLIDATED
Oil Well Services, LLC



ENTER

long string

TICKET NUMBER **29119**

LOCATION **EUREKA**

FOREMAN **KEVIN McCoy**

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																
9-4-10	4418	BOWMAN #5	10	215	14E	Coffey																
CUSTOMER KRAFT OIL LLC / Arnold Kraft			<table border="1"> <tr> <th>TRUCK #</th><th>DRIVER</th><th>TRUCK #</th><th>DRIVER</th></tr> <tr> <td>445</td><td>Justin</td><td></td><td></td></tr> <tr> <td>515</td><td>John G.</td><td></td><td></td></tr> <tr> <td>437</td><td>Jim</td><td></td><td></td></tr> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	445	Justin			515	John G.			437	Jim		
TRUCK #	DRIVER	TRUCK #					DRIVER															
445	Justin																					
515	John G.																					
437	Jim																					
MAILING ADDRESS 434 IRIS Rd SW																						
CITY Gridley	STATE Ks	ZIP CODE 66852																				
CITY																						

JOB TYPE Longstring HOLE SIZE 6 3/4 HOLE DEPTH 1312' KB CASING SIZE & WEIGHT 4 1/2 10.5"
CASING DEPTH 1297' G.L. DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 13.5" SLURRY VOL 44 BBL WATER gal/sk 9" CEMENT LEFT in CASING 0'
DISPLACEMENT 21 BBL DISPLACEMENT PSI 700 PSI 1200 Bump Plug RATE _____

REMARKS: Safety Meeting: Rig up to 4 1/2 casing. BREAK Circulation w/ 5 BBL Fresh water.
Mixed 140 SKS Thick Set Cement w/ 5" Kol-Seal /sk @ 13.5"/gal. Shut down. wash out
Pump & Lines. Release Plug. Displace w/ 21 BBL Fresh water. FINAL Pumping Pressure 700
PSI. Bump Plug to 1200 PSI. wait 2 minutes. Release Pressure. Float Held. Good Cement Returns
to SURFACE = 10 BBL Slurry to Pit. Job Complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	925.00	925.00
5406	30	MILEAGE	3.65	109.50
1126 A	140 SKS	THICK Set Cement	17.00	2380.00
1110 A	700 "	KOL-SEAL 5"/sk	.42	294.00
5407	7.7 TONS	Ton Mileage Buck Delv.	M/c	315.00
5502 C	3 Hrs	80 BBL VAC TRUCK	100.00	300.00
1123	3000 gals	City water	14.90/1000	44.70
4404	1	4 1/2 Top Rubber Plug	45.00	45.00
4161	1	4 1/2 AFU Float Shoe	273.00	273.00
4103	2	4 1/2 Cement Baskets	208.00	416.00
4129	4	4 1/2 Centralizers	40.00	160.00
		KCC WICHITA		
		Sub Total		5262.20
		THANK You	6.3%	
		SALES TAX		227.61
		ESTIMATED TOTAL		5489.81

Ravin 3737

AUTHORIZATION Witnessed By Tom KRAFT

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.

