

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 # 6131
Name: Drillers & Producers, Inc.
Address 1: P.O. Box 385
Address 2: _____
City: Newton State: Ks Zip: 67414 +
Contact Person: Bill Hanson
Phone: (316) 841-0022
CONTRACTOR: License # 32701
Name: C & G Drilling
Wellsite Geologist: Frank Mize
Purchaser: Coffeville Resources

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>10-25-10</u>	<u>10-30-10</u>	<u>10-30-10</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 115-21417-00-00
Spot Description: _____
NE SE SE Sec. 5 Twp. 22 S. R. 4 East West
772 Feet from North / South Line of Section
346 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Marion
Lease Name: Hanson Well #: 2
Field Name: Peabody

Producing Formation: Hunton

Elevation: Ground: 1432 Kelly Bushing: 1441

Total Depth: 2479 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 215 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ 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: Bill Hanson

Title: VP Date: 12-10-10

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: 12/17/10

Operator Name: Drillers & Producers, Inc. Lease Name: Hanson Well #: 2
 Sec. 5 Twp. 22 S. R. 4 East West County: Marion

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" 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>MISSISSIPPIAN</td> <td>2332</td> <td>-891</td> </tr> <tr> <td>KINDERHOOK</td> <td>2355</td> <td>-914</td> </tr> <tr> <td>HUNTON</td> <td>2477</td> <td>-1036</td> </tr> </table>	Name	Top	Datum	MISSISSIPPIAN	2332	-891	KINDERHOOK	2355	-914	HUNTON	2477	-1036
Name	Top	Datum											
MISSISSIPPIAN	2332	-891											
KINDERHOOK	2355	-914											
HUNTON	2477	-1036											

CASING RECORD <input checked="" 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
prod	7 7/8"	5 1/2"	17	2478	CLASS A	175	2%cad, 2%gel, 4%kol-seal
surf	12 3/4	8 5/8	24	214		150	

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
N/A			

TUBING RECORD:	Size: <u>2 7/8"</u>	Set At: <u>2464</u>	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>11-11-10</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 <u>8</u> Bbls.	Gas <u>0</u> Mcf	Water <u>250</u> Bbls.	Gas-Oil Ratio _____ Gravity <u>34</u>

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 checked="" type="checkbox"/> Open Hole <input 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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RECEIVED
 DEC 13 2010
 KCC WICHITA



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 29217
LOCATION E1 NOLAND #80
FOREMAN LARRY STORM

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
10-30-10	3090	HANSDON #2	5	29S	4E	MARION
CUSTOMER WILLERS & PRODUCERS Inc			SALES MEETING			
MAILING ADDRESS P.O. Box 385			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Newton			146	JEFF		
STATE KS	ZIP CODE 67114		442	TED		
			539	LARRY		

JOB TYPE PROD B HOLE SIZE 7 7/8 HOLE DEPTH 2479 CASING SIZE & WEIGHT 5 1/2 17.16
 CASING DEPTH 2478 DRILL PIPE _____ TUBING _____ OTHER PIPE #
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk x CEMENT LEFT in CASING 36 ft
 DISPLACEMENT 56.95 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5.666

REMARKS: Safety Meeting - RIGGED UP TO 5 1/2 CASING - MIXED 175 SKS CLASS A
+ 2% CHCL2 + 2% SCL + 4% KOI-SEAL - FLUSHED PUMP & PULSES - DISPLACED
WITH 5/4 bbls WATER TO LAND PLUG AT 1600 LBS. -
Plugged

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
1104S	175	SKS CLASS A	13.50	2362.50
1102	240	lbs CHCL2	.75	180.00
1118B	350	lbs GEL	.20	70.00
1110A	700	lbs KOI-SEAL	.42	294.00
5107	1	BULK DELIVERY	315.00	315.00
4553	1	5 1/2 PACKER SHOE	1640.00	1640.00
4154	1	5 1/2 HATCH DOWN PLUG	242.00	242.00
4104	2	5 1/2 BASKET	219.00	438.00
4130	6	5 1/2 CENTRALIZERS	46.00	276.00
		Subtotal		6822.00
		SALES TAX		
		ESTIMATED TOTAL		

RECEIVED
DEC 13 2010
KCC WICHITA

AUTHORIZATION [Signature] 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.



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 28608

LOCATION #80 Eldorado

FOREMAN Jacob Storm

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																
10-26-10	3090	Hanson #2	5	22	4E	Marion																
CUSTOMER Drillers and Producers inc			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>446</td> <td>Jeff</td> <td></td> <td></td> </tr> <tr> <td>442</td> <td>Jeff</td> <td></td> <td></td> </tr> <tr> <td>511</td> <td>Jacob</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	446	Jeff			442	Jeff			511	Jacob		
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446	Jeff																					
442	Jeff																					
511	Jacob																					
MAILING ADDRESS Po box 385																						
CITY Newton	STATE KS	ZIP CODE 67144																				

Safety meeting
JS

JOB TYPE Cement sealer B HOLE SIZE 12 3/4 HOLE DEPTH 222 CASING SIZE & WEIGHT 2 5/8 24 lb
 CASING DEPTH 215 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.5 lb SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 32 ft, 2 bbl
 DISPLACEMENT 11.50 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5.0 bpm

REMARKS: Safety meeting, Rigged up to mix cement broke circulation mixed 150 sks class A 3x cc 3/4 lb flo-sealer sack displaced with 11.5 bbl water Placed cement Basket at 83 ft mixed 3 1/2 bbl cement down back side to fill hole.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401 S	1	PUMP CHARGE	725.00	725.00
5406	25	MILEAGE	3.65	91.25
5407	1	min Deliver	315.00	315.00
11045	180 sks	class A cement	13.50	2430.00
1107	135 lbs	Flo-seal	2.10	283.50
1102	440 lbs	Calcium chloride	0.75	330.00
4106	1	8 5/8 cement Basket	306.00	306.00
			Subtotal	4480.10
			SALES TAX	244.52
			ESTIMATED TOTAL	4724.62

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DEC 13 2010
KCC WICHITA

Ravin 3737

AUTHORIZATION Cotton

TITLE 231697

DATE 10-26-10

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.