

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

SEP 24 2010

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

KCC WICHITA

OPERATOR: License # 30252
Name: patteson oil
Address 1: p.o. box 177
Address 2: 1343 dove
City: moline State: ks. Zip: 67353 + 0177
Contact Person: tom patteson
Phone: (620) 647-3203
CONTRACTOR: License # 32701
Name: c & g drilling inc.
Wellsite Geologist: tim priest
Purchaser: plains

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 #: _____

6-25-10	6-29-10	6-30-10
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 019-26997-00-00
Spot Description: ne-sw-se
ne_sw_se Sec. 14 Twp. 32 (S) R. 10 East West
990 Feet from North / South Line of Section
1,650 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: chautauqua
Lease Name: shaffer-b Well #: 11
Field Name: landon-floyd
Producing Formation: mississippi
Elevation: Ground: 1071 Kelly Bushing: 1077
Total Depth: 2000 Plug Back Total Depth: 0
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: bottom 2000
feet depth to: top - 6 w/ 300 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls
Dewatering method used: put on road
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: Tom Patteson
Title: operator Date: 08-10-10

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: patteson oil Lease Name: shaffer-b Well #: 11
 Sec. 14 Twp. 32 S. R. 10 East West County: chautauqua

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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: gamma ray neutron cement bond .	<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>pawnee</td> <td>1594</td> <td>-517</td> </tr> <tr> <td>fort scott</td> <td>1641</td> <td>-564</td> </tr> <tr> <td>cherokee shale</td> <td>1683</td> <td>-606</td> </tr> <tr> <td>mississippian</td> <td>1964</td> <td>-887</td> </tr> </table>	Name	Top	Datum	pawnee	1594	-517	fort scott	1641	-564	cherokee shale	1683	-606	mississippian	1964	-887
Name	Top	Datum														
pawnee	1594	-517														
fort scott	1641	-564														
cherokee shale	1683	-606														
mississippian	1964	-887														

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
surface	10"	8 5/8	10 lb.	40'	class a	35	calcium 65
production	6 7/8	4 1/2	10 lb.	2000'	60/40 p0z	300	s-5 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
2	1970-1980	15% mud acid 350 gal.	1970
		gel acid 1500 gal.	1970

TUBING RECORD: Size: <u>2 3/8</u> Set At: <u>1980</u> Packer At: <u>none</u> Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
Date of First, Resumed Production, SWD or ENHR. <u>7-26-10</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	<table style="width:100%; border-collapse: collapse;"> <tr> <td>Oil Bbbs.</td> <td>Gas Mcf</td> <td>Water Bbbs.</td> <td>Gas-Oil Ratio</td> <td>Gravity</td> </tr> <tr> <td>15</td> <td>0</td> <td>120</td> <td>12%</td> <td>31</td> </tr> </table>	Oil Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio	Gravity	15	0	120	12%	31
Oil Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio	Gravity							
15	0	120	12%	31							

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" 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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>1970-1980</u>
--	---	--

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

RECEIVED
 SEP 24 2010
 KCC WICHITA



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 28894

LOCATION Eureka

FOREMAN Tray Strickler

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			
6-29-10	6305	Shaffer # 11				CG			
CUSTOMER Patterson Oil									
MAILING ADDRESS P.O. Box 177									
CITY Moline		STATE KS	ZIP CODE 67353						
		TRUCK #		DRIVER		TRUCK #		DRIVER	
		520		Cliff					
		479 T		Alan R					
		515 L		Chris					
		441 L		Rick					

JOB TYPE L/S O HOLE SIZE 7 7/8" HOLE DEPTH 2000' CASING SIZE & WEIGHT 4 1/2" 1000' 10.50
 CASING DEPTH 1998' KR DRILL PIPE _____ TUBING _____ OTHER 2000' R.T.D.
 SLURRY WEIGHT 12.7" 12.2" SLURRY VOL 128 Bbl WATER gal/sk 8° CEMENT LEFT in CASING _____
 DISPLACEMENT 31.4 B DISPLACEMENT PSI 700 MIX PSI 1200 RATE _____

REMARKS: Safety Meeting: Rig up to 4 1/2" casing. Break Circulation w/ 108bl water.
Mixed 300 sks 60/40 For-Mix Cement w/ 8% Gel + 1/2" Phenoseal @
12.7" Per/gal. Tail in w/ 110 sks Thick Set Cement w/ 5" Kol-Seal @ 13.2°
Per/gal. Wash out Pump + liner. Release Latch Down Plug. Displace
w/ 31.4 Bbl water. Final Pumping Pressure 700 PSI. Bump Plug to
1200 PSI. Wait 2mins Release Pressure. Float Held. Good Cement
to surface = 14 Bbl Slurry to pit.

Job Complete.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	900.00	900.00
5406	40	MILEAGE	3.55	142.00
1131	300 sks	60/40 For-mix Cement	11.00	3300.00
1118A	2064 #	Gel 8%	.20 #	412.80
1102A	150 #	Phenoseal 1/2" /sk	1.12 #	168.00
1126A	110 sks	Thick Set Cement	16.50	1815.00
1110A	550 #	Kol-Seal 5" /sk	.40 #	220.00
5407A	18.95 Ton	40 mile Bulk Trucks	1.20	909.60
4453	1	4 1/2" Latch Down Plug	215.00	215.00
4161	1	4 1/2" AFU Float Valve	265.00	265.00
4129	3	4 1/2" x 7 7/8" Centralizers	39.00	117.00
4103	1	4 1/2" Cement Basket	201.00	201.00
Thank You!			Sub Total	8665.40
			SALES TAX	422.98
			ESTIMATED TOTAL	9088.38

RECEIVED
DEC 13 2010

WICHITA

235003

Ravin 3737

AUTHORIZATION witnessed by Roger Patterson TITLE owner

DATE 6-29-10

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.



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 # 235023

Invoice Date: 06/30/2010 Terms: 0/30,n/30

Page 1

PATTESON OIL
TOM PATTESON
1343 DOVE, P.O. BOX 177
MOLINE KS 67353
(620) 647-3203

SHAFFER #11
28894
06-29-10

paid
6/30/10
CS 79 02
\$10,787.
\$ 9,088.38
Shaw

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	300.00	11.0000	3300.00
1118A	S-5 GEL/ BENTONITE (50#)	2064.00	.2000	412.80
1107A	PHENOSEAL (M) 40# BAG)	150.00	1.1200	168.00
1126A	THICK SET CEMENT	110.00	16.5000	1815.00
1110A	KOL SEAL (50# BAG)	550.00	.4000	220.00
4453	4 1/2" LATCH DOWN PLUG	1.00	215.0000	215.00
4161	FLOAT SHOE 4 1/2" AFU	1.00	265.0000	265.00
4129	CENTRALIZER 4 1/2"	3.00	39.0000	117.00
4103	CEMENT BASKET 4 1/2"	1.00	201.0000	201.00

Description	Hours	Unit Price	Total
441 TON MILEAGE DELIVERY	252.67	1.20	303.20
479 TON MILEAGE DELIVERY	252.67	1.20	303.20
515 TON MILEAGE DELIVERY	252.67	1.20	303.20
520 CEMENT PUMP	1.00	900.00	900.00
520 EQUIPMENT MILEAGE (ONE WAY)	40.00	3.55	142.00

RECEIVED

DEC 13 2010

KCC WICHITA

Parts:	6713.80	Freight:	.00	Tax:	422.98	AR	9088.38
Labor:	.00	Misc:	.00	Total:	9088.38		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____



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 # **235041**

Invoice Date: **06/30/2010** Terms: **0/30,n/30**

Page **1**

PATTESON OIL
TOM PATTESON
1343 DOVE, P.O. BOX 177
MOLINE KS 67353
(620) 647-3203

SHAFFER #11
28868
06-26-10

paid
6/30/10
ck # 3879
#10,787.03
1,698.65
Shaw

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	35.00	13.1000	458.50
1102	CALCIUM CHLORIDE (50#)	65.00	.7300	47.45
1118A	S-5 GEL/ BENTONITE (50#)	65.00	.2000	13.00
Description		Hours	Unit Price	Total
445	CEMENT PUMP (SURFACE)	1.00	700.00	700.00
445	EQUIPMENT MILEAGE (ONE WAY)	40.00	3.55	142.00
515	MIN. BULK DELIVERY	1.00	305.00	305.00

RECEIVED
DEC 13 2010
KCC WICHITA

Parts:	518.95	Freight:	.00	Tax:	32.70	AR	1698.65
Labor:	.00	Misc:	.00	Total:	1698.65		
Subt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 28868
LOCATION Eureka
FOREMAN Russell 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
6-26-2010	6305	Shaffer # 11				CO
CUSTOMER Patterson Oil			TRUCK #			
MAILING ADDRESS P.O. Box 177			DRIVER			
CITY Moline			TRUCK #			
STATE KS		ZIP CODE 67353	DRIVER			
			445 Justin			
			515 Jim			

JOB TYPE Sur Face 0 HOLE SIZE 12 1/4 HOLE DEPTH 45 CASING SIZE & WEIGHT 8 5/8
CASING DEPTH 42 DRILL PIPE - TUBING - OTHER -
SLURRY WEIGHT 15 # SLURRY VOL 8.5 WATER gal/blk 6.5 CEMENT LEFT in CASING 10'
DISPLACEMENT 2 86l DISPLACEMENT PSI - MIX PSI - RATE -

REMARKS: safety meeting, Rig up to 8 5/8 casing, Break circulation w/ 5 86l water, mix 35 SKs Reg cement 3% cacl2 2% Gal. Displace w/ 2 86l water. Good cement Returns to Surface, close casing in. Job complete, Tear Down.

Thanks
Russell McCoy

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
540B	1	PUMP CHARGE	700.00	700.00
540b	40	MILEAGE	3.55	142.00
11045	35 SKs	CLASS A cement	13.10	458.50
1102	65 #	cacl2 = 2%	.73	47.45
1118A	65 #	Gal = 2%	.20	13.00
5407		Ton Mileage Bulk Truck	mlc	305.00
				1665.95
SALES TAX				3210
ESTIMATED TOTAL				11698.65

RECEIVED
DEC 13 2010
KCC WICHITA

835041

AUTHORIZATION called by cotton Gulick TITLE owner of Drig DATE 6-26-2010

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.