

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

RECEIVED ORIGINAL
DEC 02 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 # 8047
Name: VICKERS FARMS OIL VENTURE
Address 1: BOX 7
Address 2: _____
City: WELLSVILLE State: KS Zip: 66092 + _____
Contact Person: JERRY L VICKERS
Phone: (785) 883-2171
CONTRACTOR: License # 5682
Name: HUGHES DRILLING CO
Wellsite Geologist: _____
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 #: _____

| 10-4-10 | 10-6-10 | 10-6-10 |
|-----------------------------------|-----------------|---|
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - 059-25509-00-00

Spot Description: _____
SE SW NW NE Sec. 31 Twp. 16 S. R. 21 ☒ East ☐ West
4,170 Feet from ☐ North / ☒ South Line of Section
2,090 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- ☐ NE ☐ NW ☒ SE ☐ SW

County: FRANKLIN

Lease Name: BRAUN Well #: 23

Field Name: PAOLA-RANTOUL

Producing Formation: SQUIRREL

Elevation: Ground: 1004 EST Kelly Bushing: _____

Total Depth: 745 Plug Back Total Depth: 700

Amount of Surface Pipe Set and Cemented at: 22.6 Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 22.6

feet depth to: 0 w/ 6 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: [Signature]

Title: [Signature] Date: 11-24-10

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: Dog Date: 12/6/10

Operator Name: VICKERS FARMS OIL VENTURE Lease Name: BRAUN Well #: 23
 Sec. 31 Twp. 16 S. R. 21 ☒ East ☐ West County: FRANKLIN

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:

☒ Log Formation (Top), Depth and Datum ☐ Sample

| Name | Top | Datum |
|--------------|-----|-------|
| BROWN LIME | 657 | |
| SHALE | 665 | |
| SAND | 669 | |
| SHALE & LIME | 675 | |
| SAND | 724 | |
| SHALE | 727 | |
| TD | 745 | |

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 | 11.875 | 7. | | 22.6 | COMM | 6 | NONE |
| PRODUCTION | 5.625 | 2.875 | | 700 | 50-50-POZ | 90 | 2% 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 |
|----------------|---|---|-------|
| | NOT AVAILABLE | | |
| | | | |
| | | | |
| | | | |
| | | | |

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: ☐ Yes ☐ No

| | | | | | | |
|--|---|---------|-------------|---------------|---------|--|
| Date of First, Resumed Production, SWD or ENHR. NOT AVAILABLE | Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____ | | | | | |
| Estimated Production Per 24 Hours | Oil Bbls. | 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 (If vented, Submit ACO-18.) | | METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____ | | PRODUCTION INTERVAL: _____ _____ |
|--|--|--|--|--|



FIELD TICKET & TREATMENT REPORT CEMENT

TICKET NUMBER 27186
LOCATION Ottawa KS
FOREMAN Fred Mader

| | | | |
|-----------------------------|-------------------------|------------------------|---------------------------------------|
| JOB TYPE <u>Long string</u> | HOLE SIZE <u>5 5/8</u> | HOLE DEPTH <u>745'</u> | CASING SIZE & WEIGHT <u>2 3/8 EUE</u> |
| CASING DEPTH <u>700'</u> | DRILL PIPE <u>Pin @</u> | TUBING <u>697.</u> | OTHER _____ |
| SLURRY WEIGHT _____ | SLURRY VOL _____ | WATER gal/sk _____ | CEMENT LEFT in CASING _____ |
| DISPLACEMENT <u>4.05</u> | DISPLACEMENT PSI _____ | MIX PSI _____ | RATE <u>43 PM.</u> |

REMARKS: Establish circulation. Mix + Pump 100# Premium Gel
Flush. Mix + Pump 92 sks 50/50 Poz Mix Cement 2%
Gel. Cement to surface. Flush pump + lines clean.
Displace 2 1/2" Rubber Plug to pin in casing w/ 4.05
BBL Fresh water. Pressure to 600# PSI. Shut in casing

Hughes Drilling

Fred Maden

[illegible]

Ravin 3737

AUTHORIZTION

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.