



KANSAS CORPORATION COMMISSION 1048079
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 # 33348
Name: Deer Run Oil Lease, LLC
Address 1: 2322 CR 1425
Address 2: _____
City: CANEY State: KS Zip: 67333 + 8529
Contact Person: Jim Nunneley
Phone: (620) 515-2337
CONTRACTOR: License # 5989
Name: Finney, Kurt dba Finney Drilling Co.
Wellsite Geologist: Jim Nunneley
Purchaser: Pacer

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: _____

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>4/13/2010</u>	<u>4/14/2010</u>	<u>4/15/2010</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-125-31950-00-00

Spot Description: _____

SW NW NW SW Sec. 18 Twp. 34 S. R. 15 East West
2,068 Feet from North / South Line of Section
5,134 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Montgomery

Lease Name: Snell Well #: DR#2

Field Name: Wayside-Havana

Producing Formation: Wayside

Elevation: Ground: 827 Kelly Bushing: 0

Total Depth: 640 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 21 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 631

feet depth to: 0 w/ 65 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 160 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 #: _____

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: 12/14/2010

Reid



1048079

Operator Name: Deer Run Oil Lease, LLC Lease Name: Snell Well #: DR#2
 Sec. 18 Twp. 34 S. R. 15 East West County: Montgomery

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 checked="" type="checkbox"/> Yes <input 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 Core #1 568-575	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Log Attached
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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	12.25	7	19	20.93	1	8	
Production	5.875	2.875	6.5	631.47	Class A	65	

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	566-586		586

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

Date of First, Resumed Production, SWD or ENHR: 5/3/2010
 Producing Method: Flowing Pumping Gas Lift Other (Explain) _____
 Estimated Production Per 24 Hours: Oil 1 Bbls. Gas 0 Mcf Water 3 Bbls. Gas-Oil Ratio _____ Gravity 30

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 type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>566-586</u>
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CONSOLIDATED OIL WELL SERVICES, INC.
 P.O. BOX 884, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

233768

TICKET NUMBER 14759
 LOCATION Bethleville
 FOREMAN Jason Bell

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-15-10	3107	DR #2	18	34S	15E	MGM

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Dree Dan Lease LLC	492	Tim		
	518	ERIC		

CITY	STATE	ZIP CODE

JOB TYPE L.S. HOLE SIZE 5 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 630 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14 SLURRY VOL 1.71 WATER gal/sk 2.02 CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Established circulation on casings thick set cement. Knacked
loose and worked line clean. Pump two plugs to bottom plug hole.
Put 200 psi on plugs and shut in. Knacked case and worked up:
- Cement was circulated to surface -

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		900.00
5406	65	MILEAGE		230.95
5407	1	bulk truck		350.00
5402	630	Leakage		126.00
1126A	65 sks	Thick Set	#	1072.50
1107A	40	Phond	#	44.80
1110R	300 #	Kolseal	#	120.00
4402	x2	2 7/8 rubber plugs	#	46.00
		10% discount if paid in 30 days = 295.91		
		<u>2162.95</u>		
		5.3 # SALES TAX		68.01
		ESTIMATED TOTAL		2058.96

AUTHORIZATION _____

[Signature]

TITLE _____

DATE _____



CONSOLIDATED
OIL WELL
SERVICES, LLC

233829

P.O. BOX 884, CHANUTE, KS 66720
620-431-9210 OR 800-467-8676

TICKET NUMBER 41223

LOCATION B-ville

FIELD TICKET

DATE 4-20-10	CUSTOMER ACCT # 3107	WELL NAME Snell DR #2	QTR/QTR	SECTION 18	TWP 34S	RGE 15E	COUNTY MG	FORMATION Wayside
CHARGE TO Deer Run				OWNER				
MAILING ADDRESS				OPERATOR				
CITY & STATE				CONTRACTOR				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5102	1	PUMP CHARGE Frac Pump		1750.00
5106	1	Blender		850.00
5111	1	Frac Van		600.00
5604	1	Frac Valve		100.00
5115	1	Ball Injector		100.00
5310	2 Hrs	Acid Delivery		270.00
1202	1 gal.	Acid Inhibitor		40.55
1208	1/4 gal.	Breaker		45.56
1219	1 gal.	Non Emulsifier		32.00
1231	150 lbs	Frac Gel		757.50
1244	1 gal.	Clay Stab		36.00
1275	250 gal.	15% HCl		412.50
4326	70	7/8" Ball Sealers		206.50
BLENDING & HANDLING				
5109	Min	TON-MILES		305.00
STAND BY TIME				
5108	3 Units	MILEAGE 3 X 35		372.75
5501F	3 Hrs	WATER TRANSPORTS Used lease water		324.00
VACUUM TRUCKS				
2102	4000 lbs	FRAC SAND 12/20		960.00
CEMENT				
			MG-5.3%	SALES TAX 10.94
				7177.24
				717.72
- 10% if paid in 30 Days				ESTIMATED TOTAL 76459.50

Revin 2790

CUSTOMER or AGENTS SIGNATURE [Signature] CIS FOREMAN [Signature]

CUSTOMER or AGENT (PLEASE PRINT) _____ DATE _____



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 44375

FIELD TICKET REF # 41223

LOCATION B-ville

FOREMAN Rusty Re1

TREATMENT REPORT
FRAC & ACID

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-20-10		Small DR #2	18	34S	15E	ML
CUSTOMER <u>Deer Run</u>			TRUCK #			
MAILING ADDRESS			DRIVER		TRUCK #	
CITY			DRIVER		TRUCK #	
STATE			DRIVER		TRUCK #	
ZIP CODE			DRIVER		TRUCK #	
			DRIVER		TRUCK #	
			DRIVER		TRUCK #	
			DRIVER		TRUCK #	
			DRIVER		TRUCK #	

WELL DATA

CASING SIZE	<u>2 7/8"</u>	TOTAL DEPTH
CASING WEIGHT		PLUG DEPTH
TUBING SIZE		PACKER DEPTH
TUBING WEIGHT		OPEN HOLE
PERFS & FORMATION	<u>40 shots</u>	
	<u>Wayside</u>	<u>566-586'</u>

TYPE OF TREATMENT
Sand Frac & Acid Ballout

CHEMICALS

Breaker
Frac gel

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
Acid Ballout	12	4-5	60 Balls	250 bal.		BREAKDOWN
<u>Pad</u>	10	5-10			672-766	START PRESSURE
	15	15-15			1252-1202	END PRESSURE
<u>12/20</u>	10	15	1.25	100 lbs	1177-1142	BALL OFF PRESS <u>2798</u>
	10	15	1.50	200 lbs	1143-1160	ROCK SALT PRESS
	10	15	1	400 lbs	1175-1229	ISIP <u>480</u>
<u>5 Balls</u>	10	15	1.5	700 lbs	1215-1569	5 MIN
	15	15	2	800 lbs	1516-1517	10 MIN
<u>5 Balls</u>	25	15-12	2.5	1800 lbs	1455-2331	15 MIN
<u>Flush</u>	7	12-14			2001-1731	MIN RATE <u>5</u>
						MAX RATE <u>15</u>
						DISPLACEMENT <u>3.3</u>

REMARKS:

AUTHORIZATION _____ TITLE _____ DATE _____

