



KANSAS CORPORATION COMMISSION 1050003
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 # 34358
Name: Orca Operating Company LLC
Address 1: 427 S. BOSTON, STE 929
Address 2: _____
City: TULSA State: OK Zip: 74103 + _____
Contact Person: Wade Cagle
Phone: (918) 587-3104
CONTRACTOR: License # 33132
Name: Dan D Drilling
Wellsite Geologist: Glenn Timson
Purchaser: _____

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 #: _____
9/5/2010 9/15/2010 1/20/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-113-21342-00-00
Spot Description: _____
NW - NW - NW - NW Sec. 36 Twp. 19 S. R. 1 East West
150 Feet from North / South Line of Section
250 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: McPherson
Lease Name: Canton SWD Well #: 1
Field Name: _____
Producing Formation: Arbuckle
Elevation: Ground: 1567 Kelly Bushing: 1577
Total Depth: 4000 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 397 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 1984 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: 5700 ppm Fluid volume: 9500 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: 01/31/2011



1050003

Operator Name: Orca Operating Company LLC Lease Name: Canton SWD Well #: 1
Sec. 36 Twp. 19 S. R. 1 East West County: McPherson

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Arbuckle	3115	
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
List All E. Logs Run:				

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
Conductor	22	16	62.58	40	Grouted	5	
Surface	12.25	9.625	36	413	Class A	200	2% Gel 3% CC 1/4# Poly Flake
Production	8.75	7	26	3515	Class A	430	5% Gel 2% CCL 1/2% CFL110 1/4# Def

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

TUBING RECORD:	Size: <u>3 1/2"</u>	Set At: <u>3494</u>	Packer At: <u>3494</u>	Liner Run: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>1/20/2011</u>	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain) <u>On Vacuum</u>				
Estimated Production Per 24 Hours	Oil Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio	Gravity

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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 28586
LOCATION Edwards #80
FOREMAN Jim Thomas

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
9-5-10	5944	Canton #1 SWD	36	195	1W	Mpherson

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Orca Operating Co LLC	446	Jacob		
	502	Jerald		

MAILING ADDRESS
427 S. Boston Ste 929
CITY Tulsa STATE OK ZIP CODE 74103

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 4195 CASING SIZE & WEIGHT 9 5/8" 36.0#
CASING DEPTH 4139 DRILL PIPE _____ TUBING _____ OTHER New
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 46.09 G.
DISPLACEMENT 28.43 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Soft Meeting Rig up to 9 5/8" Drake circulation Pump 200 sks Class A 2 1/2 gge. 3/8 CC, 1/2" Flow-Seal get sks. Shut down release 9 5/8" Rubber Plug + disp. Cement to 367.9 ft. Release PSL AFU + 9 5/8" Plug held. Cement circulated in the cellar. Wash up + rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015		PUMP CHARGE	725.00	725.00
5406	60	MILEAGE	3.65	219.00
11045	200sks	Class A	13.50	2700.00
1118A	400lbs	Gel	.20	80.00
1102	600lbs	Calcium Chloride	.75	450.00
1107	100lbs	Poly-Flake	2.10	210.00
4415		9 5/8" Plug	181.00	181.00
5404	9 hrs x 3	Personnel Stand-by on location per hrs	80.00	2160.00
5407A	9.4 Tons	60 miles Bulk Del.	1.20	676.80
				7401.80
		<u>Discount</u>		6281.50

Subtotal 6120.50
SALES TAX 264.83
ESTIMATED TOTAL 6385.33

Rev'n 3737 AUTHORIZATION [Signature] TITLE 286521 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 29124

LOCATION EUREKA

FOREMAN KEVIN McCoy

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-16-10	5944	CANTON SWD #1	36	19S	1W	McPherson
CUSTOMER ORCA OPERATING Co. LLC			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 427 S. Boston ST# 929			445	Justin		
CITY Tulsa			479	John		
STATE OK			515	CHRIS		
ZIP CODE 74103			437	Jim		

JOB TYPE Longstring 0 HOLE SIZE 8 3/4" HOLE DEPTH 3547' CASING SIZE & WEIGHT 7" 26" N80
 CASING DEPTH 3515' DRILL PIPE _____ TUBING _____ OTHER P870 3470'
 SLURRY WEIGHT 13.4 - 12.7 SLURRY VOL 89 Bbl Stage 1 WATER gal/sk 9.0 CEMENT LEFT in CASING 45'
 DISPLACEMENT 76.2 Stage 2 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5-6 BPM

REMARKS: Safety Meeting: 7" 26" Csg. Set @ 3515 KB. P870 3470', DV 706 Set @ 1984' Below KB. Rig up to 7" Csg. BREAK CIRCULATION. Pump 15 Bbl water. Mixed 180 SKS THICK SET Cement w/ 5" Kel-Seal /SK @ 13.4" /90L, yield 1.90. WASH OUT Pump & Lines. Shut down. Drop Flex Plug. Displace w/ 140 Bbl (60 H2O, 80 mud) Plug did not Hit SEAT. (mud was very foamy this accounted for EXTRA Vol. on Displacement. Shut down. Release Pressure. No Flow BACK. FINAL Pump Pressure was 750 PSI. Drop trap Bomb. OPEN DV Tool @ 1100 PSI. Circulate w/ mod Pump. Good Cement Above DV Tool. Circulate 4 Hrs. Stage #1 Complete. Stage #2 BREAK CIRCULATION w/ 10 Bbl fresh water. Mixed 250 SKS 60/40 Pozmix Cement w/ 8% Gel, 2% CACL, 1/2% CFL-110, 1/4% CAF-38 @ 12.7" /gal, yield 1.85. WASH OUT Pump & Lines. Release Chasing Plug. Displace Plug to SEAT w/ 76.2 Bbl fresh water. FINAL Pumping Pressure 800 PSI. Closed DV Tool @ 1100. Bump Plug to 2200 PSI. Release Pressure no Flow BACK. Tool Closed. 16 Bbl Slurry to Pt. Rigdown.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE Stage #1	925.00	925.00
5406	50	MILEAGE	3.65	182.50
5401	1	Pump Charge Stage #2	925.00	925.00
5402	2018'	Footage Charge	.20'	403.60
1126 A	180 SKS	THICK SET Cement Stage #1	17.00	3060.00
1110 A	900 "	Kel-Seal 5" /sk	.42 "	378.00
1131	250 SKS	60/40 Pozmix Cement	11.35	2837.50
1118 B	1720 "	Gel 8%	.20 "	344.00
1102	430 "	CACL 2%	.75 "	322.50
1135	100 "	CFL-110 1/2%	7.50 "	750.00
1146	50 "	CAF-38 1/4%	7.70 "	385.00
5407A	20.65 TONS	50 miles BULK Delv.	1.20	1239.00
5502 C	5 Hrs	80 Bbl VAC TRUCK (Transfer mud for Displacement of Stage #1 Flex Plug)	100.00	500.00
			Sub Total	12,252.10
			SALES TAX	589.62
			ESTIMATED TOTAL	12,841.72

Ravin 3797

THANK You 7.3%

AUTHORIZATION Ed Patterson 9-16-10 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.