



KANSAS CORPORATION COMMISSION 1049406
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 # 9749
Name: Melander, Chris dba Chris Melander Drilling
Address 1: 2256 CR 2500
Address 2: _____
City: CANEY State: KS Zip: 67333 + 8548
Contact Person: Chris Melander
Phone: (620) 289-4723
CONTRACTOR: License # 9749
Name: Melander, Chris dba Chris Melander Drilling
Wellsite Geologist: none
Purchaser: _____

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 #: _____
12/5/2010 1/4/2011 1/4/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-125-32014-00-00
Spot Description: _____
NW NW NW NW Sec. 13 Twp. 34 S. R. 13 East West
180 Feet from North / South Line of Section
223 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Montgomery
Lease Name: HODGES Well #: 1
Field Name: _____
Producing Formation: Weiser
Elevation: Ground: 752 Kelly Bushing: 30
Total Depth: 835 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 20 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 20 Feet
If Alternate II completion, cement circulated from: 835
feet depth to: 0 w/ 90 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 0 ppm Fluid volume: 20 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: 02/03/2011



1049406

Operator Name: Melander, Chris dba Chris Melander Drilling Lease Name: HODGES Well #: 1
Sec. 13 Twp. 34 S. R. 13 [x] 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 [] Yes [x] No
Samples Sent to Geological Survey [] Yes [x] No
Cores Taken [x] Yes [] No
Electric Log Run [] Yes [x] No
Electric Log Submitted Electronically [] Yes [] No
List All E. Logs Run:
[x] Log Formation (Top), Depth and Datum [] Sample
Name Top Datum
Red Sand Cap 520 530
Wayside Cap 679 695
Weiser Cap 750 788

CASING RECORD [x] New [] Used
Report all strings set-conductor, surface, intermediate, production, etc.
Table with columns: 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

ADDITIONAL CEMENTING / SQUEEZE RECORD
Table with columns: Purpose, Depth Top Bottom, Type of Cement, # Sacks Used, Type and Percent Additives

PERFORATION RECORD - Bridge Plugs Set/Type
Specify Footage of Each Interval Perforated
Table with columns: Shots Per Foot, PERFORATION RECORD, Acid, Fracture, Shot, Cement Squeeze Record, Depth

TUBING RECORD: Size: Set At: Packer At: Liner Run: [] Yes [] No
Date of First, Resumed Production, SWD or ENHR. Producing Method: [] Flowing [] Pumping [] Gas Lift [] Other (Explain)
Estimated Production Per 24 Hours: Oil Bbls., Gas Mcf, Water Bbls., Gas-Oil Ratio, Gravity

DISPOSITION OF GAS: [] Vented [] Sold [] Used on Lease
METHOD OF COMPLETION: [] Open Hole [] Perf. [] Dually Comp. [] Commingled [] Other (Specify)
PRODUCTION INTERVAL:



CONSOLIDATED
OIL FIELD SERVICES, LLC

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

Hodge

TICKET NUMBER 29491
LOCATION Barville
FOREMAN Loop

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-4-11		Hodges #1	13	34	13	Mont
CUSTOMER Chris Melander			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			5297133	Champ		
CITY			551	Beront		
STATE			Norwalk, T.O.			
ZIP CODE						

JOB TYPE L.S. HOLE SIZE 5 7/8 HOLE DEPTH 835 CASING SIZE & WEIGHT 2 3/8
 CASING DEPTH 831' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING -0-
 DISPLACEMENT 4.3 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Pumped 150bl cement, circulate, circulation pumped 90bl cement & flushed pump & line, displayed plug to bottom, set plug, stuck in casing, wireline topped plug @ 835'

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		925.00
5406	30	MILEAGE		109.50
5402	831'	Casing Footage		166.20
5407	1	Bulk Truck		315.00
5501	3hr	Transport		336.00
1126	90sh	OWC cement		1530.00
1107	40#	Phenol seal		46.00
1110	550#	Kal Seal		231.00
1111	400#	Salt		132.00
1123	4200.1	City Water		62.58
4402	2	2 3/8 Rubber Plug		46.00
10% Discount of Paid in 30 Days #				3625.45
				3625.45
				3.3%

3625.45
3625.45
#

Form 3737

AUTHORIZATION [Signature] TITLE _____ DATE _____
 SALES TAX 129.00
 ESTIMATED TOTAL 4028.28

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.