

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

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 # 4226
Name: galemore oil
Address 1: 305 east rutledge
Address 2: _____
City: yates center State: ks Zip: 66783 + _____
Contact Person: matt galemore
Phone: (620) 625-2621
CONTRACTOR: License # 31751
Name: jv oil
Wellsite Geologist: _____
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 #: _____

11-29-2010	12-14-2010	12-20-2010
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 205-27886-00-00
Spot Description: _____
nw se se ne Sec. 14 Twp. 27 S. R. 15 East West
3,195 Feet from North / South Line of Section
575 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: wilson
Lease Name: payne Well #: 14
Field Name: buffalos-villas
Producing Formation: lower bartlesville
Elevation: Ground: 859 Kelly Bushing: _____
Total Depth: 993 Plug Back Total Depth: 992
Amount of Surface Pipe Set and Cemented at: 20' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 992
feet depth to: 8 w/ 150 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 #: _____

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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: owner Date: 1-18-2011

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: Dig Date: 3/3/11

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Operator Name: galemore oil Lease Name: payne Well #: 14
 Sec. 14 Twp. 27 S. R. 15 East West County: wilson

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 (Attach Additional Sheets) Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If no, Submit Copy) List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input checked="" 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
casing	6.75	4.5		992	portland	150	6gal water per sack
Surface casing		5.518		120	portland	5.5	

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
		RECEIVED FEB 07 2011 KCC WICHITA	

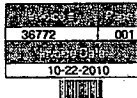
TUBING RECORD: Size: <u>4.5</u> Set At: <u>992</u> Packer At:		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Date of First, Resumed Production, SWD or ENHR. <u>n/a</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input checked="" type="checkbox"/> Open Hole <input 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: _____ _____
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

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Superior Building Supply, Inc.
215 West Rutledge
Yates Center, KS 66783
620-625-2447



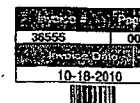
SOLD TO: Galemore Matt & Julie
305 E. Rutledge
Yates Center, KS 66783

620-625-2621

Please Remit To: Superior Building Supply, Inc. 215 West Rutledge, Yates Center, KS 66783

Net 10th	36772	House	MED	G26210	AEO	Extended Price
4.000	MA1235	MA Portland Cement 94#				11.60 46.40
Comment: WE CAN E-MAIL YOUR INVOICES & STATEMENTS LET US KNOW YOUR E-MAIL ADDRESS					Taxable:	46.40
					Tax:	4.20
					Non-Tax:	0.00
Total:						50.60

Superior Building Supply, Inc.
215 West Rutledge
Yates Center, KS 66783
620-625-2447



SOLD TO: Galemore Matt & Julie
305 E. Rutledge
Yates Center, KS 66783

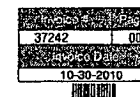
620-625-2621

Please Remit To: Superior Building Supply, Inc. 215 West Rutledge, Yates Center, KS 66783

Net 10th	36555	House	MED	G26210	AEO	Extended Price
7.000	MA1235	MA Portland Cement 94#				11.60 81.20
Comment: WE CAN E-MAIL YOUR INVOICES & STATEMENTS LET US KNOW YOUR E-MAIL ADDRESS					Taxable:	81.20
					Tax:	7.35
					Non-Tax:	0.00
Total:						88.55

Received by:

Superior Building Supply, Inc.
215 West Rutledge
Yates Center, KS 66783
620-625-2447



SOLD TO: Galemore Matt & Julie
305 E. Rutledge
Yates Center, KS 66783

620-625-2621

Please Remit To: Superior Building Supply, Inc. 215 West Rutledge, Yates Center, KS 66783

Net 10th	37242	House	MED	G26210	LDB	Extended Price
5.000	MA1235	MA Portland Cement 94#				11.60 58.00
Comment: WE CAN E-MAIL YOUR INVOICES & STATEMENTS LET US KNOW YOUR E-MAIL ADDRESS					Taxable:	58.00
					Tax:	5.25
					Non-Tax:	0.00
Total:						63.25

Received by:

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