

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 # 6170
Name: Globe Operating, Inc.
Address 1: P.O.Box 12
Address 2: _____
City: Great Bend, KS State: KS Zip: 67530 + _____
Contact Person: Richard Stalcup
Phone: (620) 792 7607
CONTRACTOR: License # 33905
Name: Royal Drilling, Inc.
Wellsite Geologist: Dave Williams
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 #: _____
1-13-11 1-19-11 1-19-11 D&A
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 009-25,508-00-00
Spot Description: 110' S
SW-NE-NW Sec. 1 Twp. 20 S. R. 15 East West
1100 Feet from North / South Line of Section
2970 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Barton
Lease Name: Jay Well #: 1
Field Name: Clarence
Producing Formation: Arbuckle
Elevation: Ground: 1946 Kelly Bushing: 1953
Total Depth: 3689 Plug Back Total Depth: 3640
Amount of Surface Pipe Set and Cemented at: 821 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ 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: 12,000 ppm Fluid volume: 400 bbls
Dewatering method used: Haul Off
Location of fluid disposal if hauled offsite:
Operator Name: Paul's Oilfield Service, Inc.
Lease Name: Peterson License #: 31085
Quarter: NW Sec. 7 Twp. 19 S. R. 15 East West
County: Barton Permit #: D-22173

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: Richard Stalcup
Title: Prod. Superintendent Date: 2-16-11

KCC Office Use ONLY
RECEIVED
Date: FEB 18 2011
 Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: PJA Dg Date: 3/1/11
KCC WICHITA

Operator Name: Globe Operating, Inc. Lease Name: Jay Well #: 1
 Sec. 1 Twp. 20 S. R. 15 East West County: Barton

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: <u>See Attached sheet</u>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum <p style="text-align: center;">See enclosed Log</p>
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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 1/4	8 5/8	23#	821	Common	425	2% gel, 3%CC 1/4 Celloflake

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 checked="" type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	3640	Common	220	60/40 Poz 4% gel 1/4 CF

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

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

Date of First, Resumed Production, SWD or ENHR.		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 <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Jay #1

FORMATION	LOG		SACAPLE		STRIKES COMP.
	TOP	DATUM	TOP	DATUM	
HEEBNER	3214'	(-1261)	3215'	(-1262)	(-1255)
TORONTO	3227'	(-1274)	3228'	(-1275)	(-1269)
DOUGLAS	3242'	(-1289)	3244'	(-1291)	(-1284)
IATAN	3300'	(-1347)	3301'	(-1348)	(-1340)
LANSING	3310'	(-1357)	3316'	(-1363)	(-1355)
K.C. DRUM "H"	3446'	(-1493)	3450'	(-1497)	(-1484)
BASE KANSAS CITY	3538'	(-1585)	3541'	(-1588)	(-1581)
CONGLOMERATE	3592'	(-1639)	3594'	(-1644)	(-1624)
ARBuckle	3652'	(-1699)	3660'	(-1707)	(-1674)
L.T.D. - R.T.D.	3686'	(-1733)	3689'	(-1736)	(-1715)

RECEIVED
FEB 18 2011
KCC WICHITA

QUALITY WELL SERVICE, INC.

5157

Home Office 190th US 56 HWY, Ellinwood, KS 67526

Todd's Cell 620-388-5422
Darin's Cell 785-445-2686

Rich's Cell 620-727-3409
Brady's Cell 620-727-6964

Date	1-14-11	Sec.	1	Twp.	20	Range	15	County	BARNEYS	State	KS	On Location		Finish	11:45 AM
Lease	JAY	Well No.	1	Location	S 800 W 1/2 S 1/2 W										
Contractor	ROYAL	2	Owner SINTO												
Type Job	SFC	To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.													
Hole Size	12 1/4	T.D.	821'	Charge To GLOBE OPERATING											
Csg.	8 3/8	Depth		Street											
Tbg. Size		Depth		City											
Tool		Depth		State											
Cement Left in Csg.		Shoe Joint	42.52'	The above was done to satisfaction and supervision of owner agent or contractor.											
Meas Line		Displace	49.8	Cement Amount Ordered 42.5 2% BEL											

EQUIPMENT

Pumptrk	6 No.	BRADY		3% BEL 1/4 CELLULOSE											
Bulktrk	5 No.	TODD		Common											
Bulktrk	No.			FOZ MIX											
Pickup	No.	DARIN		Gel.											
				Calcium											

JOB SERVICES & REMARKS

Rat Hole				Hulls											
Mouse Hole				Salt											
Centralizers				Flowseal											
Baskets				Kol-Seal											
D/V or Port Collar				Mud CLR 48											
				CFL-117 or CD110 CAF 38											
				Sand											
				Handling											
				Mileage 10											

FLOAT EQUIPMENT

				GUIDE SHOE											
				Centralizer											
				Baskets											
				AFU Inserts											
				Float Shoes											
				Latch Down											
				8 3/8 Rubber Plug											
				8 3/8 Baffle											
				Pumptrk Charge											
				Mileage 10											

TOOD DARN BRADY

TANK YOU

PLEASE CALL AGAIN

Signature: *[Signature]*

Signature: *[Signature]*

RECEIVED
FEB 18 2011
KCC WICHITA

Tax
Discount
Total Charge