

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 # 30252
Name: Patteson Oil
Address 1: P.O. Box 177
Address 2: 1343 Dove
City: Moline State: KS Zip: 67353 + 0177
Contact Person: Tom Patteson
Phone: (620) 647-3203
CONTRACTOR: License # 32701
Name: C & G Drilling Inc.
Wellsite Geologist: Joe Baker
Purchaser: Plains

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 #: _____

12-10-10	12-14-10	12-15-10
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 019-27035-00-00

Spot Description: SE-SW-SE

SE SW SE Sec. 14 Twp. 32 S. R. 10 East West

390 Feet from North / South Line of Section

1,440 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Chautauqua

Lease Name: Shaffer B Well #: 13

Field Name: Landon-Floyd

Producing Formation: Mississippi

Elevation: Ground: 1077 Kelly Bushing: 1083

Total Depth: 2006 Plug Back Total Depth: 0

Amount of Surface Pipe Set and Cemented at: 40 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: Bottom

feet depth to: Top w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: Put on road

Location of fluid disposal if hauled offsite:

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

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: Tom Patteson

Title: Operator Date: 2-25-2011

KCC Office Use ONLY

Letter of Confidentially Received **RECEIVED**
Date: _____
 Confidential Release Date: FEB 28 2011
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Dg Date: 3/2/11
KCC WICHITA

Operator Name: Patteson Oil Lease Name: Shaffer B Well #: 13
 Sec. 14 Twp. 32 S. R. 10 East West County: Chautauqua

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" 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 Cement Bond	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Pawnee</td> <td>1601</td> <td>-518</td> </tr> <tr> <td>Ft. Scott</td> <td>1650</td> <td>-567</td> </tr> <tr> <td>Cherokee</td> <td>1692</td> <td>-609</td> </tr> <tr> <td>Mississippi</td> <td>1974</td> <td>-891</td> </tr> </table>	Name	Top	Datum	Pawnee	1601	-518	Ft. Scott	1650	-567	Cherokee	1692	-609	Mississippi	1974	-891
Name	Top	Datum														
Pawnee	1601	-518														
Ft. Scott	1650	-567														
Cherokee	1692	-609														
Mississippi	1974	-891														

CASING RECORD <input 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	10"	8 5/8	10 Lb.	40'	Class A	35	Calcium 65
ProdAction	6 7/8"	4 1/2	10 Lb.	2000'	60/40 POZ	300	S-5 Gel

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
2	1978-1988	15% HCL 800 Gal	1978

TUBING RECORD: Size: <u>2 3/8</u> Set At: <u>2000</u> Packer At: <u>NONE</u> Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
Date of First, Resumed Production, SWD or ENHR. <u>12-28-10</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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">Oil Bbls.</td> <td style="width:10%;">Gas Mcf</td> <td style="width:10%;">Water Bbls.</td> <td style="width:10%;">Gas-Oil Ratio</td> <td style="width:10%;">Gravity</td> </tr> <tr> <td>0</td> <td>0</td> <td>100</td> <td>0</td> <td>0</td> </tr> </table>	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity	0	0	100	0	0
Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity							
0	0	100	0	0							

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" 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>1978-1988</u>
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RECEIVED
FEB 28 2011
KCC WICHITA



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 30049

LOCATION Eureka KS

FOREMAN Rick Lafford

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
12-16-10	6305	Shaffer B. # 13	14	32	10E	Chaut.
CUSTOMER <u>Patterson Oil</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>P.O. Box 177</u>			520	Cliff		
CITY <u>Moline</u> STATE <u>KS</u> ZIP CODE <u>67353</u>			515	Calin		
			479	Alla B.		

Safety meeting
OK OK
OK

JOB TYPE longstring 0 HOLE SIZE 7 7/8" HOLE DEPTH 2096' CASING SIZE & WEIGHT 4 1/2" 11.0"
 CASING DEPTH 2009' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 12.2" - 13.2" SLURRY VOL 128 Bbl WATER gal/sk 7.0 - 8.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 31' Bbl DISPLACEMENT PSI 1000 PSI 1500 Bump plug RATE _____

REMARKS: Safety meeting - Rig up to 4 1/2" casing. Break circulation w/ 10 Bbl fresh water. Mixed 300 sacks 60/40 Perm mix cement w/ 8% gel + 1/2" phenoxed /sk @ 12.2" /gal. Tail in w/ 110 sacks thickset cement w/ 5" Kol-seal /sk @ 13.2" /gal. Washout pump + lines, shut down, release latch down plug. Displace w/ 31' Bbl fresh water. Final pump pressure 1000 PSI. Bump plug to 1500 PSI. release pressure, float + plug hold. Good cement returns to surface = 15 Bbl slurry to pit. Job complete. Rig down.

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	925.00	925.00
5406	40	MILEAGE	3.65	146.00
1131	300 sacks	60/40 Perm mix cement	11.35	3405.00
118B	2064 "	8% gel	.20	412.80
1107A	150 "	1/2" phenoxed /sk	1.15	172.50
1126A	110 sacks	thickset cement	17.00	1870.00
1110A	550 "	5" Kol-seal /sk	.42	231.00
5407A	18.95	tan mileage bulk tires	1.20	909.60
4453	1	4 1/2" latch down plug	221.00	221.00
4161	1	4 1/2" AFU float shoe	273.00	273.00
4129	4	4 1/2" x 7 1/2" centralizers	40.00	160.00
4103	1	4 1/2" cement basket	208.00	208.00
			8.2%	
			Subtotal	8933.90
			SALES TAX	577.12
			ESTIMATED TOTAL	9511.02

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Rawin 3737

AUTHORIZATION Tom Patterson 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.



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # **238727**

Invoice Date: 12/17/2010 Terms: 0/0/30,n/30

Page 1

PATTESON OIL
TOM PATTESON
1343 DOVE, P.O. BOX 177
MOLINE KS 67353
(620) 647-3203

SHAFFER B #13
30049
12-16-10

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	300.00	11.3500	3405.00
1118B	PREMIUM GEL / BENTONITE	2064.00	.2000	412.80
1107A	PHENOSEAL (M) 40# BAG)	150.00	1.1500	172.50
1126A	THICK SET CEMENT	110.00	17.0000	1870.00
1110A	KOL SEAL (50# BAG)	550.00	.4200	231.00
4453	4 1/2" LATCH DOWN PLUG	1.00	221.0000	221.00
4161	FLOAT SHOE 4 1/2" AFU	1.00	273.0000	273.00
4129	CENTRALIZER 4 1/2"	4.00	40.0000	160.00
4103	CEMENT BASKET 4 1/2"	1.00	208.0000	208.00

Description	Hours	Unit Price	Total
479 TON MILEAGE DELIVERY	379.00	1.20	454.80
515 TON MILEAGE DELIVERY	379.00	1.20	454.80
520 CEMENT PUMP	1.00	925.00	925.00
520 EQUIPMENT MILEAGE (ONE WAY)	40.00	3.65	146.00

*12/20/10
Paid
C# 36688
49,311.
Sharon*

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Parts:	6953.30	Freight:	.00	Tax:	577.12	AR	9511.02
Labor:	.00	Misc:	.00	Total:	9511.02		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 238627

Invoice Date: 12/15/2010 Terms: 0/0/30,n/30

Page 1

PATTESON OIL
TOM PATTESON
1343 DOVE, P.O. BOX 177
MOLINE KS 67353
(620) 647-3203

^B
SHAFFER #13
30061
12-13-10

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	40.00	13.5000	540.00
1102	CALCIUM CHLORIDE (50#)	110.00	.7500	82.50
1118B	PREMIUM GEL / BENTONITE	75.00	.2000	15.00
1107	FLO-SEAL (25#)	10.00	2.1000	21.00
Description		Hours	Unit Price	Total
485	CEMENT PUMP (SURFACE)	1.00	725.00	725.00
485	EQUIPMENT MILEAGE (ONE WAY)	40.00	3.65	146.00
515	MIN. BULK DELIVERY	1.00	315.00	315.00

paid
12/29/10
CK # 3687
\$ 1,899.
Sharon

Parts:	658.50	Freight:	.00	Tax:	54.66	AR	1899.16
Labor:	.00	Misc:	.00	Total:	1899.16		
Sublt:	.00	Supplies:	.00	Change:	.00		

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FEB 28 2011

Signed _____ Date _____

KCC WICHITA



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 30061
LOCATION Eureka
FOREMAN Steve Mead

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
12-13-10	6305	Shaffer #13				Chautauqua
CUSTOMER Patterson Oil			SAFETY MEETING SM SF AB			
MAILING ADDRESS P.O. Box 177						
CITY Maline	STATE Ks	ZIP CODE 67353	TRUCK # 485	DRIVER Shannon	TRUCK # 515	DRIVER Allen B

JOB TYPE Surface HOLE SIZE 18 1/4 HOLE DEPTH 50' CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 40' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8^{lb} SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 10'
 DISPLACEMENT 1 3/4 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting: Rig up to 8 5/8 casing. Break circulation with Fresh water. Mix 40 sks Class A Cement w/ 3% Calz, 2% Gel 1/4 Flocele. Displace 1 3/4 bbls Fresh water. Shut well in. Good cement returns to surface. Job complete Rig down

Thank You

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54013	1	PUMP CHARGE	725.00	725.00
5406	40	MILEAGE	3.65	146.00
11045	40 sks	Class A Cement	13.50	540.00
1102	110 #	Calz 3%	.75	83.50
1118B	75 #	Gel 2%	.20	15.00
1107	10 #	Flocele 1/4 per/sk	2.10	21.00
5407		Ton Mileage Bulk Truck	n/c	315.00
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KCC WICHITA				
Sub Total				1844.50
SALES TAX				54.66
ESTIMATED TOTAL				1899.16

Rev'n 3737

238621

AUTHORIZATION [Signature] 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.