

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 # 34477
Name: Alvin Row
Address 1: 8701 W. 90th
Address 2: _____
City: Overland Park State: KS Zip: 66212 + _____
Contact Person: Alvin Row
Phone: (913) 492-9150
CONTRACTOR: License # 33715
Name: Town Oilfield Service, Inc.
Wellsite Geologist: _____
Purchaser: Pacer

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 #: _____

<u>12/10/2010</u>	<u>12/15/2010</u>	<u>1/15/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 103-21311-00-00

Spot Description: _____
NE SW NW SW Sec. 13 Twp. 12 S. R. 20 East West
1,815 Feet from North / South Line of Section
4,785 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Leavenworth
Lease Name: Cox Well #: 4
Field Name: Six Corners

Producing Formation: Squirrel
Elevation: Ground: 904 Kelly Bushing: NA
Total Depth: 838 Plug Back Total Depth: 13
Amount of Surface Pipe Set and Cemented at: 43 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 43
feet depth to: surface w/ 5 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 1500-3000 ppm Fluid volume: 80 bbls
Dewatering method used: on lease

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: Alvin Row
Title: Operator Date: 3/16/11

KCC Office Use ONLY RECEIVED

Letter of Confidentiality Received
Date: MAR 18 2011
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
KCC WICHITA
ALT I II III Approved by: Dg Date: 3/22/11

Operator Name: Alvin Row Lease Name: COX Well #: 4
 Sec. 13 Twp. 12 S. R. 20 East West County: Leavenworth

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 No
 (Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No

Electric Log Submitted Electronically Yes No
 (If no, Submit Copy)

Log Formation (Top), Depth and Datum Sample

Name Top Datum

List All E. Logs Run:
Gamma Ray/Neutron/CCL

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	9	6 1/4"		43	Portland	5	
Completion	5 5/8	2 7/8"		838	Portland	132	50/50 POZ

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
2	760.0-769.0 28 Perfs	760.0-769.0	

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____	

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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Leavenworth County, KS
 Well: Cox #4
 Lease Owner: Rowland

Town Oilfield Service, Inc.
 (913) 837-8400

Commenced Spudding:
 12/10/2010

WELL LOG

Thickness of Strata	Formation	Total Depth
7	Soil/Clay	7
4	Lime	11
5	Clay	16
124	Shale/Shells	140
14	Lime	154
6	Shale	160
8	Lime	168
5	Shale	173
2	Lime	175
7	Shale	182
14	Lime	196
36	Shale	232
26	Lime	258
4	Shale	262
24	Lime	286
28	Shale	314
6	Lime	320
4	Shale	324
4	Lime	328
4	Shale	342
6	Lime	348
7	Shale	355
3	Lime	358
9	Shale	367
58	Lime	425
5	Shale	430
22	Lime	452
2	Shale	454
1	Lime	455
8	Shale	463
9	Lime	472
6	Shale	478
11	Sandy Shale	489-Grey, No Show
6	Shale	495
5	Sand	500-Grey, No Show
10	Shale	510
24	Sandy Shale	534-Dark Grey, No Show
94	Shale	628
4	Lime	632
5	Shale	637

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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 • 1-800/467-8678
FAX 620/431-0012

INVOICE

Invoice # 238696

Invoice Date: 12/17/2010 Terms:

Page 1

ROWLAND DEVELOPMENT
8701 WEST 90TH ST
OVERLAND PARK KS 66212
()

COX 4
27268
SW 13-12-20 LV
12/15/2010
KS

Part Number	Description	Qty	Unit Price	Total
1107A	PHENOSREAL (M) 40# BAG	68.00	1.1500	78.20
1118B	PREMIUM GEL / BENTONITE	327.00	.2000	65.40
1124	50/50 POZ CEMENT MIX	132.00	9.8400	1298.88
4402	2 1/2" RUBBER PLUG	1.00	23.0000	23.00

Description	Hours	Unit Price	Total
368 CEMENT PUMP	1.00	925.00	925.00
368 EQUIPMENT MILEAGE (ONE WAY)	45.00	3.65	164.25
368 CASING FOOTAGE	825.00	.0	.00
370 80 BBL VACUUM TRUCK (CEMENT)	2.50	100-	250.00
548 MIN. BULK DELIVERY	1.00	315	315.00

*Ad CK# 118
Thompson
Suzanne
A.K.*

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Parts:	1465.48	Freight:	.00	Tax:	106.98	AR	3226.71
Labor:	.00	Misc:	.00	Total:	3226.71		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, Ok 918/338-0808

EL DORADO, KS 316/322-7022

EUREKA, KS 620/583-7884

GILLETTE, WY 307/686-4914

OKMLEY, KS 785/672-2227

OTTAWA, Kc 785/242-4044

WICHITA, KS 316/580

WORLDWIDE, WY 307/347-4577



CONSOLIDATED
OIL WELL SERVICES, LLC

TICKET NUMBER 27268
LOCATION Ottawa
FOREMAN Alan Mader

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-487-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-15-10	7047	Cox #4	SW 13	12	20	LV
CUSTOMER <u>Overland Development</u>			TRUCK #			
MAILING ADDRESS <u>8701 W 90th</u>			DRIVER			
CITY <u>Overland Park</u>		STATE <u>KS</u>	ZIP CODE <u>66212</u>	TRUCK #		
JOB TYPE <u>logs only</u>			HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>838</u>	CASING SIZE & WEIGHT <u>2 7/8</u>	
CASING DEPTH <u>825</u>			DRILL PIPE	TUBING	OTHER	
SLURRY WEIGHT			SLURRY VOL	WATER gal/sk	CEMENT LEFT IN CASING <u>yes</u>	
DISPLACEMENT <u>4.8</u>			DISPLACEMENT PSI <u>800</u>	MIX PSI <u>200</u>	RATE <u>46 pm</u>	
REMARKS: <u>Held crew meeting. Established rate. Mixed and pumped 100 # 3% gel to flush hole followed by 130 sk 50/50 poz 2% gel 1/8" phen seal. Circulated cement. Flushed pump. Pumped 4' is to casing TD. Well held 800 PSI. Set float. Closed valve.</u>						
<u>Topped off old wells with 5sk cement.</u>						

TAS Drilling

Alan Mader

ACCOUNT CODE	QUANTITY of UNITS	DESCRIPTION of SERVICES or PRODUCT,	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		925.00
5406	45	MILEAGE		164.25
5402	825'	casing footage		
5407	min	ten miles		315.00
5502C	2 1/2 hr	8 @ 100		250.00
4107A	68 #	Pheno seal		78.20
1118B	327 #	gel		65.40
1124	132.9K	50/50 poz includes fill gas		1298.88
4402	1	2 1/2 plug		23.00
				3226.71
	- 870			64.33
				3162.38
	- over payment			109.84
	total			3052.54
				3226.71

PAID
#118
T. Mader

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MAR 18 2011
KCC WICHITA

Rev 3/97

AUTHORIZATION Alan Mader TITLE WD # 238696 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.