

KANSAS CORPORATION COMMISSION **ORIGINAL**
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 # 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 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 #: _____

<u>12/3/2010</u>	<u>12/7/2010</u>	<u>1/15/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 103-21310-00-00
Spot Description: _____
SE SW NW SW Sec. 13 Twp. 12 S. R. 20 East West
1,485 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 #: 3
Field Name: Six Corners
Producing Formation: Squirrel
Elevation: Ground: 922 Kelly Bushing: NA
Total Depth: 858 Plug Back Total Depth: 10
Amount of Surface Pipe Set and Cemented at: 42 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 42
feet depth to: surface w/ 8 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

Letter of Confidentiality Received
Date: _____

Confidential Release Date: MAR 18 2011

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: Dog Date: 3/22/11

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Operator Name: Alvin Row Lease Name: Cox Well #: 3
 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Gamma Ray/Neutron/CCL	<input checked="" 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 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"		42	Portland	8	
Completion	5 5/8	2 7/8"		848	Portland	128	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	778.0-782.0 13 Perfs	778.0-782.0	
2	786.0-793.0 22 Perfs	786.0-793.0	

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
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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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: RECEIVED MAR 18 2011
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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 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 238488

Invoice Date: 12/09/2010 Terms:

Page 1

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

COX 3
27290
SW 13-12-20 LV
12/07/2010

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	128.00	9.8400	1259.52
1118B	PREMIUM GEL / BENTONITE	321.00	.2000	64.20
1107A	PHENOSAL (M) 40# BAG)	66.00	1.1500	75.90
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	849.00	.00	.00
T-106 WATER TRANSPORT (CEMENT)	2.00	112.00	224.00
510 MIN. BULK DELIVERY	1.00	315.00	315.00

*pd
ck# 112
Thank you
Suzanne
AR*

Parts:	1422.62	Freight:	.00	Tax:	103.86	AR	3154.73
Labor:	.00	Misc:	.00	Total:	3154.73		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____

Date _____

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BARTLESVILLE, Ok 918/338-0808

ELDORADO, KS 315/322-7022

ELNEKA, KS 620/583-7664

GALLIETTE, WY 307/588-4914

OAKLEY, KS 785/972-2227

OTTAWA, KS 785/242-4044

WICHITA, KS 316/626-8266

WORLDWIDE, WY 307/626-8266



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
820-431-8210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT

TICKET NUMBER 27290

LOCATION Ottawa KS

FOREMAN Fred Maden

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12/7/10		Cox #3	SW 13	2 nd	22 nd	LV
CUSTOMER			TRUCK #			
Rawland Development			DRIVER			
MAILING ADDRESS			TRUCK #			
8701 W 90 th St			DRIVER			
CITY			TRUCK #			
Overland Park			DRIVER			
STATE			TRUCK #			
KS			DRIVER			
ZIP CODE			TRUCK #			
66212			DRIVER			
JOB TYPE	NOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT			
long string	5 7/8"	858'	2 7/8 EUE			
CASING DEPTH	DRILL PIPE	TUBING	OTHER			
849'						
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING			
			2 1/2" Plug			
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE			
4.9			4 BPM			

REMARKS: Establish circulation Mix Pump 100# Premium Gel
Flush. Mix Pump 131 sks 50/50 for Mix Cement 20 Gal
1/2" Pheno Seal per sack Cement to surface. Flush pump
& lines clean. Displace 2 1/2" Rubber plug to casing TD
w/ 4.9 BBL Fresh Water Pressure to 700# PS Release
pressure to set float valve. Shut in casing.

Fred Maden

Tos Drilling

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5201	1	PUMP CHARGE		925 ⁰⁰
5400	45 mi	MILEAGE		164 ²⁵
5402	849	Casing Footage		N/C
5407	Minimum	Ten Miles		315 ⁰⁰
5501	2 hrs	Transport		224 ⁰⁰
1124	128 SKS	50/50 for Mix Cement		1259 ⁵⁰
1118B	321#	Premium Gel		64 ²⁰
1107A	66#	Pheno Seal		75 ⁸⁰
4402	1	2 1/2" Rubber Plug		23 ⁰⁰
		3154.73		
		Less 22		62.09
		Total		3091.69
		WD # 238488		
		7.3%		
		SALES TAX		103 ⁸⁵
		ESTIMATED TOTAL		3154 ⁷³

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MAR 18 2011

KCC WICHITA

Rev'n 3737

AUTHORIZATION NO Co. Rip on Site. 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.