

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 #: _____
11/29/2010 12/1/2010 1/15/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 103-21308-00-00
Spot Description: _____
NW SE NW SW Sec. 13 Twp. 12 S. R. 20 East West
1,815 Feet from North / South Line of Section
4,455 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Leavenworth
Lease Name: Cox Well #: 1
Field Name: Six Corners
Producing Formation: Squirrel
Elevation: Ground: 910 Kelly Bushing: NA
Total Depth: 838 Plug Back Total Depth: 13
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: 40
feet depth to: surface w/ 7 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 RECEIVED
Date: _____
 Confidential Release Date: _____ MAR 18 2011
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
KCC WICHITA
ALT I II III Approved by: DLG Date: 3/22/11

Operator Name: Alvin Row Lease Name: Cox Well #: 1
 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"		40	Portland	7	
Completion	5 5/8	2 7/8"		825	P	124	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 <i>(Amount and Kind of Material Used)</i>	Depth
2	763.0-768.0 16 Perfs	763.0-768.0	

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 _____ 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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Leavenworth County, KS
Well: Cox #1
Lease Owner: Rowland

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

Commenced Spudding:
11/29/2010

WELL LOG

Thickness of Strata	Formation	Total Depth
0-10	Soil	10
8	Lime	18
16	Shale	34
2	Coal	36
50	Shale	86
2	Lime	88
30	Shale	118
2	Lime	120
5	Sandy Shale	125-Bleed, No odor, Dead
14	Shale	139
14	Lime	153
7	Shale	160-Dark
11	Lime	171
9	Sandy Shale	180
18	Lime	198-Brown
33	Shale	231
57	Lime	288
26	Shale	314
4	Lime	318
12	Shale	330
10	Lime	340
28	Shale	368
22	Lime	390
12	Shale	402
14	Lime	416
12	Shale	428
22	Lime	450
5	Shale	455
3	Lime	458-KC
3	Shale	461
9	Lime	470-Hertha
5	Shale	475
13	Sandy Shale	488-Grey
5	Shale	493
52	Sandy Shale	545
85	Shale	630
3	Lime	633
35	Shale	668
2	Lime	670
48	Shale	728

RECEIVED

MAR 18 2011

KCC WICHITA



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 # 238404

Invoice Date: 12/08/2010 Terms:

Page 1

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

COX 1
27279
SW 13-12-20 LV
12/01/2010
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	124.00	9.8400	1220.16
1118B	PREMIUM GEL / BENTONITE	315.00	.2000	63.00
1107A	PHENOSEAL (M) 40# BAG)	64.00	1.1500	73.60
4402	2 1/2" RUBBER PLUG	1.00	23.0000	23.00

Description	Hours	Unit Price	Total
369 80 BBL VACUUM TRUCK (CEMENT)	2.50	100.00	250.00
495 CEMENT PUMP	1.00	925.00	925.00
495 EQUIPMENT MILEAGE (ONE WAY)	45.00	3.65	164.25
495 CASING FOOTAGE	825.00	.00	.00
548 MIN. BULK DELIVERY	1.00	315.00	315.00

0
12/08/2010
12/08/2010

pd
ck # 107
Thank you
Suzanne
AIR

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MAR 18 2011
KCC WICHITA

Parts:	1379.76	Freight:	.00	Tax:	100.72	AR	3134.73
Labor:	.00	Misc:	.00	Total:	3134.73		
Subt:	.00	Supplies:	.00	Change:	.00		

Signed

Date

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
318/322-7022

EUREKA, KS
620/583-7864

GILLETTE, WY
307/688-4914

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

AVILA, KS
620/520-0494

WORLDWIDE, WY
307/347-4277



CONSOLIDATED
DRILLING SERVICES, LLC

TICKET NUMBER 27279

LOCATION Ottawa KS

FOREMAN Fred Maden

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8876

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
12/1/10	7077	Cox #1		S01 13	20	12	LV
CUSTOMER				TRUCK #	DRIVER	TRUCK #	DRIVER
Alvin Row				506	Fred	Safety	Wally
MAILING ADDRESS				495	Cassy		
8701 W 90th St				367	Harold		
CITY				548	Tom		
STATE		ZIP CODE					
KS		66212					
JOB TYPE <u>hangstony</u>				HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT	
				.5 3/8	838	2 3/8" EUE	
CABING DEPTH <u>825'</u>				DRILL PIPE	TUBING	OTHER	
SLURRY WEIGHT				SLURRY VOLUME	WATER gal/bk	CEMENT LEFT in CASING	
						2 3/8" Plug	
DISPLACEMENT <u>4.8 BB</u>				DISPLACEMENT PSI	MIX PSI	RATE	

REMARKS: Check casing depth w/wireline. Mix Pump 100# Premium Gel
Flush. Mix + Pump 128 sks 50/50 Per Mix Cement 27 gal
1/2" Phen Seal per sack. Cement to Surface. Flush pump +
lines clean. Displace 2 3/8" Rubber plug to casing TB w/
4.8 BB Fresh water Pressure to 700# PSI. Release
pressure to set float valve. Shut in casing

TDS Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5406	1	PUMP CHARGE		92.50
5406	4.5m	MILEAGE		164.35
5402	825'	Casing footage		N/C
5407	Minimum	Ten Miles		515.00
5502C	2 3/8 hrs	RD BBL Va. Truck		250.00
1124	124 sks	50/50 Per Mix Cement		1220.15
1119B	315#	Premium Gel		68.20
1107A	64#	Pheno Seal		73.60
4402	1	2 3/8" Rubber Plug		23.25
P.C. 12/1/10 Thank You				
ck # 107 Maden Less 270				3134.23
Fred				62.69
				3072.04
Wot# 238409				
			7.3%	SALES TAX
				ESTIMATED
				TOTAL
				100.23
				3134.23

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MAR 18 2011

KCC WICHITA

Form 3707

AUTHORIZATION

Alvin Row

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.