

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 # 34426
Name: AJ's Services
Address 1: 924 N Topeka St
Address 2: _____
City: El Dorado State: KS Zip: 67042 + _____
Contact Person: John Brickley or Andy Brickley
Phone: (316) 322-7478 / 323-4623
CONTRACTOR: License # _____
Name: M&S
Wellsite Geologist: _____
Purchaser: _____

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: WileyAsh,Sr., Wiley Ash,Jr. & William Ash

Well Name: Hooper #4

Original Comp. Date: 2-08-85 Original Total Depth: 3130

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
 Conv. to GSW

Plug Back: 3064 Plug Back Total Depth

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

ENHR Permit #: _____

GSW Permit #: _____

<u>2-22-11</u>	<u>3-02-11</u>	<u>3-14-11</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 015-22676-00-01

Spot Description: _____

W/2 NE NE/ 4 Sec. 9 Twp. 28 S. R. 3 East West

4,510 Feet from North / South Line of Section

1,070 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Butler

Lease Name: Hooper Well #: 4

Field Name: Hooper

Producing Formation: _____

Elevation: Ground: 1303 Kelly Bushing: _____

Total Depth: 3131 Plug Back Total Depth: 3064

Amount of Surface Pipe Set and Cemented at: 198' @ 200 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: _____ ppm Fluid volume: _____ bbls

Dewatering method used: n/a

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: [Signature]
Title: Partner A.J. Sew Date: 3-29-11

KCC Office Use ONLY

Letter of Confidentiality Received

Date: _____ RECEIVED
APR 01 2011

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT NI III Approved by: wo Dg Date: 4/6/11

KCC WICHITA

Operator Name: AJ's Services Lease Name: Hooper Well #: 4
 Sec. 9 Twp. 28 S. R. 3 East West County: Butler

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>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample															
Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<table border="0" style="width:100%"> <tr> <td style="width:60%">Name</td> <td style="width:20%">Top</td> <td style="width:20%">Datum</td> </tr> <tr> <td>Kansas City</td> <td>2340</td> <td>-1037</td> </tr> <tr> <td>Mississippi</td> <td>2846</td> <td>-1543</td> </tr> <tr> <td>Kinderhook Shale</td> <td>3005</td> <td>-1702</td> </tr> <tr> <td>Simpson Sd</td> <td>3073</td> <td>-1770</td> </tr> </table>	Name	Top	Datum	Kansas City	2340	-1037	Mississippi	2846	-1543	Kinderhook Shale	3005	-1702	Simpson Sd	3073	-1770
Name	Top	Datum														
Kansas City	2340	-1037														
Mississippi	2846	-1543														
Kinderhook Shale	3005	-1702														
Simpson Sd	3073	-1770														
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-completion																

CASING RECORD <input type="checkbox"/> New <input checked="" 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"	24# / 198'	200	common	150	n/a
production	7 7/8	4 1/2"	9.5# / 3132'	3130	60/40 poz	200	2% cc

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 spf	2500-2504	500 gal 15% MA , 500 gal 20% MA	2504
2 spf	2411-2432	Natural	

TUBING RECORD:		Size: <u>2 7/8"</u>	Set At: <u>2349'</u>	Packer At: <u>2350' w/AD-1</u>	Liner Run: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>Awaiting KCC Approval - SWD</u>			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 checked="" 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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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 # 239866

Invoice Date: 03/09/2011 Terms: 0/0/30,n/30

Page 1

A.J.'S SERVICES
P.O. BOX 1118
ELDORADO KS 67042
(316) 322-7478

HOOPER #4
30304
9-28-3E
03-03-11
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	200.00	11.9500	2390.00
1118A	S-5 GEL/ BENTONITE (50#)	700.00	.2000	140.00
1110A	KOL SEAL (50# BAG)	1000.00	.4400	440.00
1102	CALCIUM CHLORIDE (50#)	170.00	.7000	119.00
4156	FLOAT SHOE 4 1/2"	1.00	238.0000	238.00

Description	Hours	Unit Price	Total
445 CEMENT PUMP	1.00	975.00	975.00
445 EQUIPMENT MILEAGE (ONE WAY)	35.00	4.00	140.00
543 TON MILEAGE DELIVERY	300.79	1.26	379.00

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 Parts: 3327.00 Freight: .00 Tax: 217.92 AR 5038.92
 Labor: .00 Misc: .00 Total: 5038.92
 Sublt: .00 Supplies: .00 Change: .00
 =====

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

GILLETTE, WY
307/686-4914

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 30304
LOCATION Eureka, KS
FOREMAN Shannon + Troy

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-015-22676

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-3-2011	1283	Hooper #4	9	29	3E	Bowler
CUSTOMER <u>AJ'S Services</u>			TRUCK # DRIVER TRUCK # DRIVER 445 Dave 543 CLIFF			
MAILING ADDRESS <u>924 N. Topeka</u>						
CITY <u>Eldorado</u>	STATE <u>KS</u>	ZIP CODE <u>67042</u>	Safety meeting S.F. Dig T.S. C.S.			

JOB TYPE Long string - 0 HOLE SIZE 7 3/4 HOLE DEPTH 3127 CASING SIZE & WEIGHT 4 1/2 9.5#
 CASING DEPTH 3075 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.6#/gal SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING NONE
 DISPLACEMENT 50 1/4 BBL DISPLACEMENT PSI 500PSI MIX PSI 200 PSI RATE _____

REMARKS: Rig Up to 4 1/2" casing, Go Over Job with everyone, wait on water truck. Pump 56 BBL of mud to load hole, shut down and wait on 80BBL truck. Break Circulation mix 200 SKS 60/40 Pozmix with 4% gel 5# Kolseal/sk and 1% Calcium chloride @ 13.6 #/gallons. Wash out pump and line, release plug and Displaced with 50 1/4 BBL, with a final pumping pressure of 500PSI and bumped plug to 1000 PSI, wait two minutes, float held, had good circulation. Job Complete Rig down and wash up.

Thank you Troy Shannon, and Crew!

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	35	MILEAGE	4.00	140.00
1131	200SKS	60/40 Pozmix (40% Poz)	11.95	2390.00
1118A	700#	Gel	0.20	140.00
1110A	1000#	5# Kolseal/sk	0.44	440.00
1102	170#	Calcium Chloride 1%	0.70	119.00
5407A	8.6 tons	ton mileage bulk truck	1.26	379.00
4156	1	4 1/2 Float Shoe with Flapper	238.00	238.00
			Sub total	4821.00
			SALES TAX	21.92
			ESTIMATED TOTAL	5038.92

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KCC WICHITA

Ravin 3737

AUTHORIZATION John Buehly TITLE Partner 839806

DATE 3-3-11

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.