



KANSAS CORPORATION COMMISSION 1048625
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 # 33783
Name: Michael Drilling LLC
Address 1: 1304 E ST
Address 2: PO BOX 402
City: IOLA State: KS Zip: 66749 + 3002
Contact Person: Rick Michael
Phone: (620) 496-7795
CONTRACTOR: License # 33783
Name: Michael Drilling LLC
Wellsite Geologist: Richard Burris
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: _____

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>6/20/2010</u>	<u>6/21/2010</u>	<u>6/22/2010</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-001-29963-00-00
Spot Description: _____
SE NW SW Sec. 11 Twp. 24 S. R. 18 East West
2,025 Feet from North / South Line of Section
340 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Allen
Lease Name: johnson Well #: R-5
Field Name: _____
Producing Formation: Bartlesville
Elevation: Ground: 955 Kelly Bushing: 5
Total Depth: 884 Plug Back Total Depth: 864
Amount of Surface Pipe Set and Cemented at: 24 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 0
feet depth to: 864 w/ 145 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 0 bbls

Dewatering method used: Evaporated

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

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

County: _____ Permit #: _____

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.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanna Garrison Date: 08/24/2011



1048625

Operator Name: Michael Drilling LLC Lease Name: Johnson Well #: R-5
 Sec. 11 Twp. 24 S. R. 18 East West County: Allen

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)

List All E. Logs Run:

<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Name	Top	Datum
Lime Stone	24	274
Gray Shale	274	636
Coal	636	884
Oil sand	884	

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 Casing	12.2500	8.6250	21	24	50/50	4	
Long String	7.8750	5.5000	14	870	50/50	145	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing	-			
___ Plug Back TD				
___ 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

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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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 # 234828

Invoice Date: 06/22/2010 Terms: Page 1

MICHAEL DRILLING
BOX 402
IOLA KS 66749
() -

R-5
JOHNSON
26948
SW 11-24-18 AL
06/21/2010

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	142.00	9.5500	1356.10
1118B	PREMIUM GEL / BENTONITE	444.00	.2000	88.80

Description	Hours	Unit Price	Total
368 CEMENT PUMP	1.00	900.00	900.00
368 EQUIPMENT MILEAGE (ONE WAY)	50.00	3.55	177.50
368 CASING FOOTAGE	870.00	.00	.00
548 TON MILEAGE DELIVERY	304.50	1.20	365.40

Parts: 1444.90 Freight: .00 Tax: 91.02 AR 2978.82
 Labor: .00 Misc: .00 Total: 2978.82
 Sublt: .00 Supplies: .00 Change: .00

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7684

GILLETTE, WY
307/686-4914

MCALISTER, OK
918/426-7667

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-9676

TICKET NUMBER 26948

LOCATION Ottawa KS

FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6/21/10	5448	Johnson # R-5	SW 11	24	18	ALCO
CUSTOMER Michael Drilling			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 402			506	Fred	Safety	Wtgs
CITY Tola	STATE KS	ZIP CODE 66749	369	Ken	KH	
			548	Arden	MMI	

JOB TYPE Logging HOLE SIZE 7 7/8 HOLE DEPTH 698' CASING SIZE & WEIGHT 5 1/2" 14#
 CASING DEPTH 870' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 20' ±
 DISPLACEMENT 20.5 DISPLACEMENT PSI _____ MIX PSI _____ RATE 48PM

REMARKS: Established circulation. Mix + Pump 200# Premium Gel
Flush. Mix + Pump 145 sks 50/50 Por Mix Cement
w/2% Gel. Displace 5 1/2" Clean w/20.5 BBLs Fresh
Water. Shut in casing.

Fred Maden

Rig Supplied Water

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE Cement Pump		900 ⁰⁰
5406	50.5 mi	MILEAGE Pump Truck		177 ⁵⁰
5402	870'	Casing Footage		N/C
5407	304.5	Ton Mileage		365 ⁴⁰
1124	1425 kg	50/50 Por Mix Cement		1356 ¹⁹
118B	644 #	Premium GCO		88 ⁸⁹
		w/TF-234828		
			6.3%	SALES TAX
				ESTIMATED
				TOTAL
				91 ⁰²
				2978 ⁸²

Rev'n 3737

AUTHORIZATION _____ TITLE _____ DATE 2978.82

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.

Michael Drilling, LLC
P.O. Box 402
Iola, KS 66749
620-365-2755

062810

Company: Rick Michael
 Address: P.O. Box 402
Iola Kansas 66749
 Ordered By: Rick Michael

Date: 06/28/10
 Lease: Johnson
 County: Allen
 Well#: R-5
 API#: 15-001-29963-00-00

Drilling Log

FEET	DESCRIPTION	FEET	DESCRIPTION
0-24	Overburden	884	TD
24-71	Lime		
71-141	Sandy Shale		Surface 24
141-212	Lime		
212-215	Shale		
215-274	Lime		
274-464	Shale		
464-480	Lime		
480-534	Shale		
534-559	Lime		
559-563	Coal Shale		
563-568	Lime		
568-574	Black Shale		
574-587	Shale		
587-620	Lime		Surface 21
620-628	Shale		
628-636	Lime		
636-637	Coal		
637-651	Shale		
651-675	Oil Sand		
675-846	Shale		
846-854	Gas Sand		
854-871	Oil Odor		
871-884	Good Oil Show		

Iola, Kansas, 11/5, 1910

Received of

THE NEW KLEIN LUMBER CO., INC.
BUILDING MATERIALS

385-2201

30 Sack P Cement
283.50
tax 23.53

307.03

Paid By

cash

Surface casing cement for

Johnson WD-1

Johnson R-4

Johnson R-5

Johnson R-6

V- Lettg. R-1