

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 # 9313
Name: James D. Lorenz
Address 1: 543A 22000 Road
Address 2: _____
City: Cherryvale State: _____ Zip: 67335 + 8515
Contact Person: James D. Lorenz
Phone: (620-) 423-9360
CONTRACTOR: License # 5831
Name: Mokat Drilling
Wellsite Geologist: none
Purchaser: _____

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 (Comp, Expl., etc.) DRY/PLUGGED

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 #: _____
10/19/10 10/20/10 11/05/10-PLUGGED
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 037-22124-00-00
Spot Description: _____
NE NW SW NE Sec. 18 Twp. 30 S. R. 22 East West
3,795 Feet from North / South Line of Section
2,145 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Crawford
Lease Name: Buzard Well #: 5
Field Name: McCune
Producing Formation: Bartlesville
Elevation: Ground: 906Est Kelly Bushing: _____
Total Depth: 324 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 20-0 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 324-50FT. PLUG
feet depth to: 220-0 200-0' w/ 50 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls
Dewatering method used: _____
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: Helen L. Lorenz
Title: agent Date: 2/28/11

KCC Office Use ONLY

Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____ **RECEIVED**
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: PJA DLS Date: 3/1/11
MAR 07 2011
KCC WICHITA

Operator Name: James D. Lorenz Lease Name: Buzard Well #: 5
 Sec. 18 Twp. 30 S. R. 22 East West County: Crawford

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input checked="" 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	11"	8 5/8"		20	Portland	6	

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
		Plugged 50' plug at 324' pulled 1" up to 200' filled	
		to surface with 50 sacks of cement	

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. N/a
 Producing Method: Flowing Pumping Gas Lift Other (Explain) _____
 Estimated Production Per 24 Hours: Oil 9 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)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <div style="text-align: center; border: 1px solid black; padding: 5px;"> RECEIVED MAR 07 2011 </div>
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Kepley Well Service, LLC

19245 Ford Road
Chanute, KS 66720

Invoice

Date	Invoice #
11/5/2010	A-45454

Bill To

L&S Well Service
543A 22000 Road
Cherryvale, KS 67335

#5
Buzard Lease
Crawford County

Terms	Due Date
Net 30 days	12/5/2010

Description	Qty	Rate	Amount
Pump Truck Put a 50' plug of cement at 380'. Pulled 1" up to 200'. Fill to surface with 50 sacks of cement	1	600.00	600.00T
Vacuum Truck	1	70.00	70.00T
Cement	60	10.00	600.00T
Sales Tax		7.30%	92.71

Total	\$1,362.71
Payments/Credits	\$0.00
Balance Due	\$1,362.71

RECEIVED
MAR 07 2011
KCC WICHITA

