

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 6470
Name: Schankie Well Service, Inc.
Address: PO Box 397, 1006 SW Boulevard
City/State/Zip: Madison, KS 66860
Purchaser: Sunoco
Operator Contact Person: Randall Schankie
Phone: (620) 437-2595
Contractor: Name: Rig 6 Drilling Co., Inc.
License: 30567
Wellsite Geologist: William Stout

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, 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./SWD
 Plug Back Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____

8-10-10 <u>9-13-10</u>	<u>9-21-10</u>	<u>9-21-10</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 073-24148-0000
County: Greenwood
W 2 SE SE SE Sec. 21 Twp. 23 S. R. 11 East West
330 feet from S N (circle one) Line of Section
560 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Shull Well #: 6

Field Name: Seeley-Wick

Producing Formation: Bartlesville

Elevation: Ground: 1132' Kelly Bushing: NA

Total Depth: 1996' Plug Back Total Depth: 1983'

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 1991'

feet depth to surface w/ 255 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content NA ppm Fluid volume NA bbls

Dewatering method used Vacuum Truck

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License No.: _____

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

County: _____ Docket No.: _____

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.

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: *Randall Schankie, Sec*

Title: Secretary Date: 4-7-11

Subscribed and sworn to before me this 7th day of April

Notary Public: Rachel Ballard

Date Commission Expires: May 20 - 2014

RACHEL D. BALLARD
Notary Public - State of Kansas
My Appt. Expires 5-20-2014

KCC Office Use ONLY

Letter of Confidentiality Attached

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

RECEIVED
APR 08 2011

AK 2-D by 4/19/11

Operator Name: Schankie Well Service, Inc. Lease Name: Shull Well #: 6
 Sec. 21 Twp. 23 S. R. 11 East West County: Greenwood

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 copy of all Electric Wireline 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 <i>(Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>Ardmore</td> <td>1741</td> <td>-609</td> </tr> <tr> <td>Bartlesville Sand</td> <td>1864</td> <td>-732</td> </tr> <tr> <td>Base Bartlesville</td> <td>1935</td> <td>-803</td> </tr> <tr> <td>RTD</td> <td>1996</td> <td>-864</td> </tr> </tbody> </table>	Name	Top	Datum	Ardmore	1741	-609	Bartlesville Sand	1864	-732	Base Bartlesville	1935	-803	RTD	1996	-864
Name	Top	Datum														
Ardmore	1741	-609														
Bartlesville Sand	1864	-732														
Base Bartlesville	1935	-803														
RTD	1996	-864														

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	# Sacs Used	Type and Percent Additives
Surface	NA	8 5/8"	NA	40'	Common	20	NA
Production	6 3/4"	4 1/2"	10.5#	1991'	Common	255	6% gel

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
	Not Logged or Completed		

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 Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio	Gravity

Disposition of Gas	METHOD OF COMPLETION
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Sumit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____



ENTERED

TICKET NUMBER 29146
 LOCATION Eureka
 FOREMAN Steve Mead

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
9-21-10	7309	Shull #6	21	235	11E	Greenwood
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Shankie Well Service			485	Alan Am		
MAILING ADDRESS			515	John JS		
P.O. Box 797			441	Dave DG		
CITY	STATE	ZIP CODE				
Madison	Ks	66860				

JOB TYPE Log string HOLE SIZE 6 3/4 HOLE DEPTH 1996' CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 1998' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 32 bbl DISPLACEMENT PSI 500 # MIX PSI Bump Plug 1000 # RATE _____

REMARKS: Safety Meeting. Rig up to 4 1/2 casing w/ Rotating head. Break circulation with 5 bbls Fresh water. Mix 130 sks 60/40 Pozmix Cement w/ 6 1/2 Gal 1" Phenol Seal + 4" Floccula + 13 7/8 Gal - Tail in with 123 sks Class A Cement w/ 4" Kol Seal per/sk + 2 1/2 Gal + 1 1/2 Cals. AT 14.3'. Washout pump & lines. Shut down Release Plug. Displace with 32 bbls Fresh water. Final pumping Pressure 500# Bump Plug at 1000# wait 2 min Release pressure Plug held. Good cement Returns to Surface. 80 bbl Slurry to pit. Job Complete Rig down

(Thank you)

Note: Rotated casing Mixing Tail cement + Displacement of plug.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	925.00	925.00
5406	20	MILEAGE	3.65	73.00
1131	130 sks	60/40 Pozmix Cement	11.35	1475.50
1118B	670 #	Gal 6%	.30	194.00
1107	32 #	4" Floccula per/sk	2.10	67.20
1107A	120 #	1" Phenol Seal per/sk	1.15	149.50
1104S	125 sks	Class A Cement	13.50	1687.50
1110A	500 #	Kol Seal 4" per/sk	.42	210.00
1105B	250 #	Gal 2% KCC WICHITA	.20	50.00
1102	120 #	Cals 1%	.75	90.00
5407	11.46 Tons	Ton mileage Bulk Truck (x2)	mjc	315.00
4404	1	4 1/2" Top Rubber Plug	45.00	45.00
4156	1	4 1/2" Flapper Type Float Shoe	227.00	227.00
4201	1	4 1/2" Guide Shoe	110.00	110.00
4129	3	4 1/2" Centralizers	40.00	120.00
5611	1	Rental on 4 1/2" Rotating Swivel	100.00	100.00
		Sub Total		5778.70
		SALES TAX		319.10
		ESTIMATED TOTAL		6097.40

Revin 3737

036131

AUTHORIZATION [Signature] 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.