

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. _____
9-22-10 9-27-10 9-27-10
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 073-24149-8000
County: Greenwood
N2 NE NW Sec. 27 Twp. 23 S. R. 11 East West
330 feet from S (circle one) Line of Section
1980 feet from E (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Butte Well #: 4
Field Name: Seeley-Wick
Producing Formation: Bartlesville
Elevation: Ground: 1132 Kelly Bushing: NA
Total Depth: 2046' Plug Back Total Depth: 2032'
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 2040'
feet depth to surface w/ 250 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: [Handwritten Signature]
Title: Secretary Date: 4-7-11

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

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

Notary Public: Rachel Ballard
Date Commission Expires: May 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

Att 2 - Dg. 4/19/11

KCC WICHITA



ENTERED

TICKET NUMBER 29162
 LOCATION Eureka
 FOREMAN Tray Strickler

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

**FIELD TICKET & TREATMENT REPORT
 CEMENT**

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|----------------------|------------|--------------------|---------|------------|---------|-----------|
| 9-27-10 | 7309 | Butte #4 | | | | Greenwood |
| CUSTOMER | | | TRUCK # | DRIVER | TRUCK # | DRIVER |
| Shankie Well Service | | | 520 | Cliff Cs | | |
| MAILING ADDRESS | | | 515 | Char Cm | | |
| P.O. Box 397 | | | 479 | John J | | |
| CITY | | | 436 | Allen B Ak | | |
| STATE | | ZIP CODE | | | | |
| Ks | | 66860 | | | | |

Safety Meeting

JOB TYPE 4 1/2" 0' HOLE SIZE 6 1/4" HOLE DEPTH 2046' CASING SIZE & WEIGHT 4 1/2"
 CASING DEPTH 2110' DRILL PIPE _____ TUBING _____ OTHER 2040' P85-D
 SLURRY WEIGHT 12.8# 12.5# SLURRY VOL _____ WATER gal/sk 7" CEMENT LEFT IN CASING 8'
 DISPLACEMENT 32.48bl DISPLACEMENT PSI 700 MIX PSI 1200 bps RATE _____

REMARKS: Safety Meeting: Rig upto 4 1/2" Casing w/ Rotating Head. Break Circulation w/ Salt
Fresh water. Mixed 12.5# 60/40 Poz-mix Cement w/ 6% Gel, 4% Flocc, 1%
Phenaseal C 12.5#/sk. Tail in w/ 12.5# Class A Cement w/ 4% Kai-Seal, 2%
Gel, + 1% Cacl₂. Wash out Pump + liner. Release Plug. Displace w/ 32.48bl
Fresh water. Final Pump Pressure 700 PSI. Pump Pky to 1200 PSI. Wait 2mins
Release Pressure. Float Held. Good Cement to surface = 78bl Slurry to
Pit. Job Complete

| 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 | 125sk | 60/40 Poz-mix | 11.75 | 1418.75 |
| 1118B | 645# | Gel 6% | .20# | 129.00 |
| 1107 | 31# | Flocc 1/4" /sk | 2.10# | 65.10 |
| 1107A | 125# | Phenaseal 1% /sk | 2.15# | 143.75 |
| 1104S | 125sk | Class A Cement | 13.50 | 1687.50 |
| 1110A | 500# | Kai-Seal 4% /sk | .42# | 210.00 |
| 1118B | 250# | Gel 2% | .20# | 50.00 |
| 1102 | 120# | Cacl ₂ 1% | .75# | 90.00 |
| 5407 | | Ten-Mileage | APR 18 2011 | 315.00 |
| 4404 | 1 | 4 1/2" Top Rubber Plug | 45.00 | 45.00 |
| 4227 | 1 | 4 1/2" Insert Float Valve | 112.00 | 112.00 |
| 4301 | 1 | 4 1/2" Guide shoe | 110.00 | 110.00 |
| 5611 | 1 | Rental on 4 1/2" Rotating head | 100.00 | 100.00 |
| 4310 | | Credit for over charging for Insert Float Valve or Swells | | -345.00 |
| 5502 | 4hrs | 80 Bbl Vac Truck | 100.00 | 400.00 |
| 1123 | 3000-gal | City Water | 14.90/1000 | 44.70 |
| | | | ESTIMATED TOTAL | 299.75 |
| | | | TOTAL | 5873.52 |

Rev'n 3737

AUTHORIZATION

[Signature]

TITLE

[Signature]

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.