



KANSAS CORPORATION COMMISSION 1054326  
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 # 31142  
Name: Petroleum Property Services, Inc.  
Address 1: 125 N MARKET SUITE 1251  
Address 2: \_\_\_\_\_  
City: WICHITA State: KS Zip: 67202 + 1719  
Contact Person: CYNDE WOLF  
Phone: (316) 265-3351  
CONTRACTOR: License # 32970  
Name: H-D Oilfield Service, Inc.  
Wellsite Geologist: NONE  
Purchaser: NCRA

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: GEAR PETROLEUM CO., INC.  
Well Name: BEOUGHER #1-19  
Original Comp. Date: 04/09/1985 Original Total Depth: 4407  
 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>06/07/2010</u>	<u>06/11/2010</u>	<u>06/11/2010</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-063-20885-00-02  
Spot Description: \_\_\_\_\_  
S2 N2 SE Sec. 19 Twp. 14 S. R. 29  East  West  
1,650 Feet from  North /  South Line of Section  
1,320 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW  
County: Gove  
Lease Name: BEOUGHER Well #: 1-19  
Field Name: LUNDGREN  
Producing Formation: LKC;PAW;FT SCOTT;CHEROKEE  
Elevation: Ground: 2613 Kelly Bushing: 2618  
Total Depth: 4407 Plug Back Total Depth: 4275  
Amount of Surface Pipe Set and Cemented at: 345 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: 1136 Feet  
If Alternate II completion, cement circulated from: 1136  
feet depth to: 0 w/ 250 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 #: \_\_\_\_\_

**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: 04/27/2011



1054326

Operator Name: Petroleum Property Services, Inc. Lease Name: BEOUGHNER Well #: 1-19  
 Sec. 19 Twp. 14 S. R. 29  East  West County: Gove

**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 checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input 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>ANHYDRITE</td> <td>2026</td> <td>592</td> </tr> <tr> <td>HEEBNER</td> <td>3626</td> <td>-1008</td> </tr> <tr> <td>LKC</td> <td>3666</td> <td>-1048</td> </tr> <tr> <td>FT SCOTT</td> <td>4169</td> <td>-1551</td> </tr> <tr> <td>CHEROKEE</td> <td>4195</td> <td>-1577</td> </tr> <tr> <td>MISS</td> <td>4274</td> <td>-1656</td> </tr> </tbody> </table>	Name	Top	Datum	ANHYDRITE	2026	592	HEEBNER	3626	-1008	LKC	3666	-1048	FT SCOTT	4169	-1551	CHEROKEE	4195	-1577	MISS	4274	-1656
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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	10.75	8.625	24	345	60/40	195	2%, 3%
PRODUCTION	7.75	4.5	10.5	4369	COMMON	150	10% SALT

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
Attached	Attached	Attached	Attached

TUBING RECORD: Size: <u>2.375</u> Set At: <u>4175</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR: <u>06/14/2010</u>		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbls. <u>26.7</u>	Gas Mcf _____	Water Bbls. <u>16</u> Gas-Oil Ratio _____ Gravity <u>33</u>

DISPOSITION OF GAS: <input type="checkbox"/> Ventèd <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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>3900-10;4098-4101;4188-98;4244-48</u>
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Gpsn	BDP2!.IX f mDpn qrnjpo
Pqf sbups	Qf usprhvn !Qspqf sz!Tf swjdf t -.!bd/
X f mObn f	CFPVHI FS!2.2:
Epd!.E	2165437

Qf spsbjpot

Id	Qf spsbjpot	Nbr sbr	Ef qu
4	5417.5421	611!HBM!SFUBSEFE	5417.21
	CQA !5386		
5	5355.59	2611!HBM!39& !BD.E	5355.59
2	51: 9.51: :	961!HBM!39& !BD.EE	51: 9.51: :
	5211.5212		
5	4: 11.4: 21	3261!HBM!39& !BD.E	4: 11.4: 21
5	5299.52: 9	3111!HBM!26& !NDB	5299.52: 9