



KANSAS CORPORATION COMMISSION 1054717
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 # 6168
Name: Scheuneman, Lester
Address 1: 27800 PLEASANT VALLEY RD
Address 2: _____
City: WELLSVILLE State: KS Zip: 66092 + 8443
Contact Person: Lester Scheuneman
Phone: (785) 883-4621
CONTRACTOR: License # 33715
Name: Town Oilfield Service
Wellsite Geologist: NA
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 #: _____

1/26/2011	1/27/2011	4/18/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-003-24982-00-00
Spot Description: _____
SW NE SE NE Sec. 22 Twp. 20 S. R. 20 East West
3,535 Feet from North / South Line of Section
486 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Anderson
Lease Name: Banks Well #: 12
Field Name: _____
Producing Formation: Squirrel
Elevation: Ground: 941 Kelly Bushing: 0
Total Depth: 678 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 42 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: 42 w/ 3 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 1500 ppm Fluid volume: 80 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: 04/26/2011



Pqf sopsObnf; Td f vof n bo- M t u s M btf Obnf; Cbol t

Tf d l 33 Uk q 01 T / S / 31 Fbt u IX ft u Dpvouz; Boef st po

JTUSVDUPO; Ti px ljn qpsuboulpqt lboelc b f ! pggpn bjpot lqf of usuf e!! E f ubj r n t p s f t !! Seport 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). Bubdi lf yubti f f u jgn psf l t q b d f l j t l o f e f e!! Bubdi l d p n q r n f u l d p q z l p g b m f r f u d j d l X j s f . j o f M p h t l t v s w f z e !! B t t a c h f i n a l g e o l o g i c a l w e l l s i t e r e p o r t .

Esjntif n Uftu Ubl fo! ! Zft !! Op
)Bubdi l Beejypobrf t f f u *

Tbn qrf t Tf oulp! Hf p r h j d b r f t v s w f z ! ! Zft !! Op

Dpsf t Ubl fo! ! ! Zft !! Op

F r h d u j d ! M p h S v o l ! ! ! Zft !! Op

F r h d u j d ! M p h T v c n j u f e F r h d u p o j d b m ! ! Zft ! Op
)j o p - l T v c n j u D p q z *

Mph !!!!!!! Qpsn bjpo!) Lpq * -! E f q u l b o e l E b w n ! ! Tbn q r n

Obnf ! ! ! ! ! Lpq ! ! E b w n

P q f o l p r n

Mt u B m f / M p h t S v o ;

DBTJOH SFDPS E <input checked="" type="checkbox"/> Of x !!!!!!! V t f e							
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D p n q r n j p o	6/7361	3/9861	9	783	Qpsuboe	216	6161 QP [

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<input type="checkbox"/> Q m h P g l p o f				

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E b u f l p g Q s u l S f t v n f e Q s p e v d j p o - T X E l p s F O I S /	Qs p e v d j o h N f u p e ; <input type="checkbox"/> Q p x j o h <input type="checkbox"/> Q v n q j o h <input type="checkbox"/> H b t M g u <input type="checkbox"/> P u f s) F y q t j o *		
Ft j n b u f e Q s p e v d j p o Q f s 3 5 l l p v s t	P j r n !!!!!!! C c r n f	H b t N d g	X b u f s !!!!!!! C c r n f H b t . P j n S b u j p !!!!!!! H s b w j z

<input type="checkbox"/> W f o f e <input type="checkbox"/> T p r e <input type="checkbox"/> V t f e l p o l M b t f) J w o f e - l T v c n j u B D P . 2 9 *	<input type="checkbox"/> P q f o i l p r n <input type="checkbox"/> Q f s j <input checked="" type="checkbox"/> E v b m l D p n q /) T v c n j u B D P . 6 * <input type="checkbox"/> P u f s) T q f d j g *	NFU I P E P G D P N Q M F U P O ; <input type="checkbox"/> D p n n j o h r h e) T v c n j u B D P . 5 *	QSPEVDUPO JDUFSVBM _____
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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 31835

LOCATION Ottawa KS

FOREMAN Fred Mader

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
4/11/11	7632	Banks # 11 12	NW 22	20	20	AN
CUSTOMER <u>Lester Schoneman</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>27800 Pleasant Valley Rd</u>			<u>506 Fred Safety Wtng</u>			
CITY STATE ZIP CODE <u>Wellsville KS 66092</u>			<u>495 Hankl ADP</u>			
			<u>369 Arlan APM</u>			
			<u>503 Derek DM</u>			

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 698 CASING SIZE & WEIGHT 2 7/8 EUB
 CASING DEPTH 664 DRILL PIPE Pm @ 658' TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 3/4 Plug
 DISPLACEMENT 3.85 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Establish circulation. Mix + Pump 200* Premium Gel Flush
Circulate from pit to condition hole. Mix + Pump 105 sks
50/50 Poz Mix Cement 270 gal. Cement to Surface. Flush
pump + lines clean. Displace 2 1/2" Rubber plug to pin in
Casing w/ 3.85 BBL Fresh water. Pressure to 550* PSI
Shut in casing.

TOWNS Drilling

NOTE! Well Drill + Casing ran in Jan. 2011

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1 of 2	PUMP CHARGE		975 ⁰⁰
5406	-0-	MILEAGE Truck on lease		N/C
5402	664	Casing footage		N/C
5407	Minimum	Town Miles		730 ⁰⁰
5502	2 hrs	80 BBL Vac Truck		180 ⁰⁰
1124	105 SKS	50/50 Poz Mix Cement		1097 ²⁵
1123	277 ⁰⁰	Premium Gel		75 ⁴⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
			63.55	
		Less 2% 1271		
				2713.88
				2723.10
				2710.97
			7.8%	SALES TAX
				93 ⁶⁵
				ESTIMATED TOTAL
				2779 ³⁰

Rev'n 3737

AUTHORIZATION Lester Schoneman 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.

Anderson County, KS
 Well: Banks # 12
 Lease Owner: Scheuneman

Town Oilfield Service, Inc.
 (913) 837-8400

Commenced Spudding:
 1/26/2011

WELL LOG

Thickness of Strata	Formation	Total Depth
25	Soil/Clay	25
11	Shale	36
1	Lime	37
6	Shale	43
23	Lime	66
16	Shale	82
2	Lime	84
48	Shale	132
10	Lime	142
7	Shale	149
37	Lime	186
8	Shale	194
42	Lime	236
5	Shale	241
1	Lime	242
31	Shale	273
1	Lime	274
33	Sand	307
107	Shale	414
3	Lime	417
3	Shale	420
15	Lime	435
4	Shale	439
11	Sandy Shale	450
40	Shale	490
4	Lime	494
51	Shale	545
10	Lime	555
4	Shale	559
5	Lime	564
25	Shale	589
3	Sand	592-Solid, Odor, bleed, Oil
2	Sand	594-Broken
3	Sand	597-Solid, Oil
33	Shale	630
6	Sand	636-Oil, Bleed
8	Sandy Shale	644
34	Shale	678-TD