



KANSAS CORPORATION COMMISSION 1055888  
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 # 33739  
Name: SEK Energy, LLC  
Address 1: 149 BENEDICT RD  
Address 2: PO BOX 55  
City: BENEDICT State: KS Zip: 66714 +  
Contact Person: Kerry King  
Phone: ( 620 ) 698-2150  
CONTRACTOR: License # 5831  
Name: M.O.K.A.T.  
Wellsite Geologist: Bill Stoeckinger  
Purchaser: \_\_\_\_\_

API No. 15 - 15-205-22981-00-00  
Spot Description: \_\_\_\_\_  
\_\_\_\_\_ SW NE Sec. 10 Twp. 29 S. R. 16  East  West  
1,980 Feet from  North /  South Line of Section  
1,980 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Wilson  
Lease Name: ARNOLD (Hyde) Well #: 1  
Field Name: \_\_\_\_\_  
Producing Formation: Cherokee Basin CBM  
Elevation: Ground: 873 Kelly Bushing: 0  
Total Depth: 1115 Plug Back Total Depth: 1068  
Amount of Surface Pipe Set and Cemented at: 30 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from: 1068  
feet depth to: 0 w/ 153 sx cmt.

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 (Core, Expl., etc.): \_\_\_\_\_

If Workover/Re-entry: Old Well Info as follows:

Operator: Floyd Energy Corp.  
Well Name: Hyde #1  
Original Comp. Date: 02/20/1983 Original Total Depth: 1115  
 Deepening  Re-perf.  Conv. to ENHR  Conv. to SWD  
 Conv. to GSW  
 Plug Back: 892 Plug Back Total Depth  
 Commingled Permit #: \_\_\_\_\_  
 Dual Completion Permit #: \_\_\_\_\_  
 SWD Permit #: \_\_\_\_\_  
 ENHR Permit #: \_\_\_\_\_  
 GSW Permit #: \_\_\_\_\_

<u>08/13/2008</u>	<u>08/13/2008</u>
Spud Date or Recompletion Date	Completion Date or Recompletion Date

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: 05/16/2011



1055888

Operator Name: SEK Energy, LLC Lease Name: ARNOLD (Hyde) Well #: 1  
 Sec. 10 Twp. 29 S. R. 16  East  West County: Wilson

**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 checked="" 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;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Ft. Scott</td> <td>560</td> <td>+313</td> </tr> <tr> <td>Mississippi</td> <td>1080</td> <td>-207</td> </tr> </table>	Name	Top	Datum	Ft. Scott	560	+313	Mississippi	1080	-207
Name	Top	Datum								
Ft. Scott	560	+313								
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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	8.5	7	14	30	Portland	8	
Production	6.5	4	6.5	1115	50/50	153	

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
4	17 Shots at 671-675'	400gal 15%HCl, 25 ballsealers,	671-675'
		471bbbls water, 4800# 20/40,	
		3500# 12/20	

TUBING RECORD: Size: <u>2 3/8"</u> Set At: <u>748'</u> Packer At: <u>n/a</u> Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
Date of First, Resumed Production, SWD or ENHR: <u>08/13/2008</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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Oil Bbbls.</td> <td style="width:25%;">Gas Mcf</td> <td style="width:25%;">Water Bbbls.</td> <td style="width:25%;">Gas-Oil Ratio</td> <td style="width:20%;">Gravity</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">30</td> <td style="text-align: center;">20</td> <td></td> <td></td> </tr> </table>	Oil Bbbls.	Gas Mcf	Water Bbbls.	Gas-Oil Ratio	Gravity	0	30	20		
Oil Bbbls.	Gas Mcf	Water Bbbls.	Gas-Oil Ratio	Gravity							
0	30	20									

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" 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: _____ _____
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