

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

ORIGINAL
Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

OPERATOR: License # 30102
Name: Robert Christenson dba C & S Oil
Address 1: PO Box 41
Address 2: _____
City: Neosho Falls State: KS Zip: 66758
Contact Person: Robert Christenson
Phone: (620) 365-0919
CONTRACTOR: License # 33783
Name: Michael Drilling LLC
Wellsite Geologist: none
Purchaser: Pacer Energy Marketing

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: _____

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 #: _____

<u>12/18/2010</u>	<u>1/03/2011</u>	<u>1/05/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 207-27761-00-00

Spot Description: _____
NW SW NW SW Sec. 26 Twp. 23 S. R. 16 East West
1,875 Feet from North / South Line of Section
5,115 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Woodson

Lease Name: Yoho Well #: 11

Field Name: Vernon

Producing Formation: mississippi

Elevation: Ground: 1056 Kelly Bushing: none

Total Depth: 1465' Plug Back Total Depth: none

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: 1453

feet depth to: surface w/ 162 sx cnt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: evaporation

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

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

County: _____ Permit #: _____

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.

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.

Signature: Robert Christenson

Title: owner Date: 4/26/2011

KCC Office Use ONLY

RECEIVED
MAY 02 2011
KCC WICHITA

Letter of Confidentiality Received
Date: _____

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: Dlg Date: 5/17/11

Operator Name: Robert Christenson dba C & S Oil Lease Name: Yoho Well #: 11

Sec. 26 Twp. 23 S. R. 16 East West County: Woodson

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 checked="" type="checkbox"/> Yes <input 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: Gamma Ray - Neutron	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum mississippi
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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	11"	8 5/8"	20#	45'	Portland	10	
production	6 3/4"	4 1/2"	10.5#	1453'	Quick Set	162	
tubing		2 3/8"		1419'			

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 (Amount and Kind of Material Used)	Depth
2	1394 - 1397 (7 perfs)	1100 Gal 15 HCL	
2	1400 - 1408 (17 perfs)		

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. 1/28/2011

Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	1				

DISPOSITION OF GAS: <input type="checkbox"/> Vented <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> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: MAY 02 2011 KCC WICHITA
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Michael Drilling, LLC

010311

P.O. Box 402
Iola, KS 66749
620-365-2755

Company: C&S Oil
Address: PO Box 41
Neosho Falls Kansas 66758
Ordered By: Bob

Date: 01/03/11
Lease: _____
County: _____
Well#: _____
API#: 15-207-27761-00-00

Drilling Log

FEET	DESCRIPTION	FEET	DESCRIPTION
0-45	Overburden		
45-153	Shale		Surface 45'
153-240	Lime		
240-269	Shale		
269-320	Lime		
320-331	Shale		
331-468	Lime		
468-503	Shale With Lime Streaks		
503-636	Lime		
636-710	Shale		
710-828	Sandy Lime		
828-860	Lime		
860-912	Shale		
912-929	Lime		
929-985	Shale		
985-993	Lime		
993-1000	Oil Odor		
1000-1039	Shale With Lime Streaks		
1039-1378	Shale		
1378-1396	Mississippi Lime		
1396-1405	Sulpher Odor		
1405-1410	Oil Sand		
1410-1465	Lime		
1465	TD		

RECEIVED

MAY 02 2011

KCC WICHITA

MC ID # 165290
 Shop # 620 437-2661
 Cellular # 620 437-7582
 Office # 316 685-5908
 Office Fax # 316-685-5926
 Shop Address: 3613A Y Road
 Madison, KS 66860

Hurricane Services, Inc.
P.O. Box 782228
Wichita, KS 67278-2228

Cement, Acid or Tools
Service Ticket

4277

DATE 1-5-11

COUNTY Woodson CITY _____

CHARGE TO C.S. Oil

ADDRESS _____ CITY _____ ST _____ ZIP _____

LEASE & WELL NO. Yoho #11 CONTRACTOR Hurricane Serv.

KIND OF JOB Longstring SEC. 26 TWP. 23 RNG. 16E

DIR. TO LOC. _____ OLD NEW

Quantity	MATERIAL USED	Serv. Charge	750.00
162 SKs	Quick Set Cement		2673.00
810 lbs	KOI-SEAL 5" P/SK		364.50
	BULK CHARGE		
9.6 Tow	BULK TRK. MILES TRK #202		316.80
0	PUMP TRK. MILES TRK. on well		N/C
1	PLUGS 4 1/2" Top Rubber		38.00
		7.3% SALES TAX	224.51
		TOTAL	4366.81

T.D. 1465'
 SIZE HOLE 6 3/4" (Air Hole)
 MAX. PRESS. _____
 PLUG DEPTH _____
 PLUG USED _____

CSG. SET AT 1453' VOLUME 23 Bbls.
 TBG SET AT _____ VOLUME _____
 SIZE PIPE 4 1/2" - used Pipe
 PKER DEPTH _____
 TIME FINISHED _____

REMARKS: Rig up Cement Head To 4 1/2" casing - Go over cementing Procedure, Break circulation w/ fresh water
Pumped 15 Bbl. Dyx water Ahead, Mixed 162 SKs Quick Set Cement w/ 5" P/SK of KOI-SEAL. Shut down
washout Pump & lines - Release Top Rubber Plug - Displace Plug with 23 Bbls water.
Final Pumping at 650 PSI - Pumped Plug To 1100 PSI. wait few minutes - Release Pressure - Float Held.
Close casing in w/ 0 PSI Good cement returns with 6 Bbl. slurry > Thank you"

EQUIPMENT USED

NAME Kelly Kimberlin UNIT NO. #201
Brad Butler
 HSI REP.

NAME Jason - Roger #202 UNIT NO. RECEIVED
Witnessed by Bob OWNER'S REP. MAY 02 2011
KCC WICHITA