



KANSAS CORPORATION COMMISSION 1055901
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: BRJ Floyd
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: Floyd Energy Co.

Well Name: Hyde #4

Original Comp. Date: 11/26/1984 Original Total Depth: 924

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
 Conv. to GSW
- Plug Back: 870 Plug Back Total Depth
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

04/30/2008 04/30/2008
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-205-24011-00-01

Spot Description: _____
W2 W2 SE Sec. 10 Twp. 29 S. R. 16 East West
1,320 Feet from North / South Line of Section
2,310 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Wilson

Lease Name: INGALLS (Hyde) Well #: 4

Field Name: _____

Producing Formation: Cherokee Basin CBM

Elevation: Ground: 863 Kelly Bushing: 0

Total Depth: 924 Plug Back Total Depth: 873

Amount of Surface Pipe Set and Cemented at: 24 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 873

feet depth to: 0 w/ 170 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: 05/16/2011



1055901

Operator Name: SEK Energy, LLC Lease Name: INGALLS (Hyde) Well #: 4
 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 (Attach Additional Sheets) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Log | Formation (Top), Depth and Datum | <input type="checkbox"/> Sample |
| Samples Sent to Geological Survey | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Name | Top | Datum |
| Cores Taken | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Pawnee Lime | 550 | +313 |
| Electric Log Run | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Ft. Scott | 616 | +257 |
| Electric Log Submitted Electronically (If no, Submit Copy) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| List All E. Logs Run: | | | | |
| Radioactivity Log | | | | |

| 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 | 8.625 | 7 | 14.5 | 24 | Type A | 14 | |
| Production | 6.5 | 4.5 | 9.5 | 873 | 50/50 | 170 | |
| | | | | | | | |

| ADDITIONAL CEMENTING / SQUEEZE RECORD | | | | |
|---------------------------------------|------------------|----------------|--------------|----------------------------|
| Purpose: | Depth Top Bottom | Type of Cement | # Sacks Used | Type and Percent Additives |
| ___ Perforate | | | | |
| ___ Protect Casing | - | | | |
| ___ Plug Back TD | - | | | |
| ___ 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 |
|----------------|---|---|----------|
| 4 | 17 Shots at 658-662 | 500gal 15%HCl, 20 ballsealers, | 658-662' |
| | | 125bbbls water, 100# 20/40 sand | |
| | | | |
| | | | |

| | | | | |
|--|--|------------------------|--------------------------|--|
| TUBING RECORD: | Size: <u>2 3/8"</u> | Set At: <u>750.85'</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>04/30/2008</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 | Oil Bbls. <u>0</u> | Gas Mcf <u>30</u> | Water Bbls. <u>20</u> | Gas-Oil Ratio <u></u> |

| | | |
|---|---|--|
| DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.) | METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____ | PRODUCTION INTERVAL: _____ _____ |
|---|---|--|