

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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

ORIGINAL
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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 Engery Marketing, LLC

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 #: _____

1/03/2011	2/18/2011	2/18/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 207-27766-00-00
Spot Description: _____
NW_NW_SW_SW Sec. 26 Twp. 23 S. R. 16 East West
1,305 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 #: 12
Field Name: Vernon
Producing Formation: squirrel
Elevation: Ground: 1053 est. Kelly Bushing: none
Total Depth: 1478 Plug Back Total Depth: 1097'
Amount of Surface Pipe Set and Cemented at: 44 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 1097
feet depth to: surface w/ 167 sx cmt.

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: 5/03/2011

KCC Office Use ONLY MAY 09 2011
 Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Dlg Date: 5/11/11
RECEIVED
KCC WICHITA

Operator Name: Robert Christenson dba C & S Oil Lease Name: Yoho Well #: 12

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 squirrel
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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	12 1/4"	8 5/8" (new)	20#	44'	Portland	20	
production	6 3/4"	2 7/8"	6.5#	1097'	Quick Set	167	

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	Add, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
2	1034' - 1040' (13 perms)	75 gal 15% HCL, 4000# frac sand	

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

Date of First, Resumed Production, SWD or ENHR. 4/06/2011		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. .25	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity		

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: RECEIVED MAY 09 2011
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MC ID # 100290
 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
 4314

DATE 2-18-11

COUNTY Woodson CITY _____

CHARGE TO CFS Oil

ADDRESS _____ CITY _____ ST _____ ZIP _____

LEASE & WELL NO. Yoho #12 CONTRACTOR Michael Dtg.

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

DIR. TO LOC. _____ OLD NEW

Quantity	MATERIAL USED	Serv. Charge	
			750.00
<u>167</u> sks (167)	<u>QuickSet cement</u>		<u>2755.50</u>
<u>300</u> lbs	<u>Gel > Flush Ahead</u>		<u>75.00</u>
<u>3</u> Hrs	<u>water Truck #104</u>		<u>240.00</u>
<u>3</u> Hrs	<u>water Truck #105</u>		<u>240.00</u>
	BULK CHARGE		
<u>9.5</u> Tw	BULK TRK. MILES		<u>313.50</u>
<u>30</u>	PUMP TRK. MILES		<u>90.00</u>
	<u>mileage on Trk #290</u>		<u>45.00</u>
<u>2</u>	PLUGS <u>2 7/8" Top Rubber Plugs</u>		<u>46.00</u>
		<u>7.3% SALES TAX</u>	<u>209.98</u>
		TOTAL	<u>4764.98</u>

T.D. _____

SIZE HOLE 6 3/4"

MAX. PRESS. _____

PLUG DEPTH _____

PLUG USED _____

CSG. SET AT _____ VOLUME _____

TBG SET AT 1097' VOLUME 6.35 Bbls

SIZE PIPE 2 7/8"

PKER DEPTH _____

TIME FINISHED _____

REMARKS: Pig up to 2 7/8" tubing, Pumped 10 Bbl. water Ahead, 15 Bbl. Gel Flush, followed with 20 Bbls. water.
Mixed 167 sks. QuickSet cement; shut down - wash out Amp skins - Release 2-Plugs - Displace Plugs with 6 1/2 Bbls.
Final Pumping at 450 PSI - Pumped Plug to 1000 PSI - Close Tubing now/ 1000 PSI
Good cement returns with 4 Bbls slurry

RECEIVED

MAY 09 2011

"Thank you"

EQUIPMENT USED

NAME _____ UNIT NO. _____

Kelly Kimberlin 201

Brad Butler
HSI REP.

NAME _____ UNIT NO. _____

Jerry #202, Denny #104, Tim #105

called by Bob
OWNER'S REP.

KCC WICHITA
UNIT NO.

Michael Drilling, LLC
P.O. Box 402
Iola, KS 66749
620-496-7795

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

Date: 02/17/11
 Lease: _____
 County: _____
 Well#: 12
 API#: _____

Drilling Log

FEET	DESCRIPTION	FEET	DESCRIPTION
0-44	Overburden	1478	TD
44-62	Shale		
62-131	Lime		Surface 44'
131-140	Shale		
140-161	Lime		
161-228	Shale		
228-271	Lime with Shale Streaks		
271-561	Lime		
561-591	Black Shale		
591-618	Lime		
618-810	Shale		
810-820	Lime		
820-828	Black Shale		
828-993	Shale		
993-997	Oil Sand		
997-1029	Shale		
1029-1034	Oil Sand		
1034-1039	Sand		
1039-1393	Shale		
1393-1415	Mississippi Lime		RECEIVED
1415-1418	Softer Mississippi		MAY 09 2011
1418-1428	Mississippi Lime		KCC WICHITA
1428-1430	Softer Mississippi		
1430-1478	Mississippi Lime		