



KANSAS CORPORATION COMMISSION 1055735
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 # 33783
Name: Michael Drilling LLC
Address 1: 1304 E ST
Address 2: PO BOX 402
City: IOLA State: KS Zip: 66749 + 3002
Contact Person: Rick Michael
Phone: (620) 365-2755
CONTRACTOR: License # 33783
Name: Michael Drilling LLC
Wellsite Geologist: Richard Burris
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 #: _____
4/19/2011 4/20/2011 4/21/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-001-30174-00-00
Spot Description: _____
NE SE SE SE Sec. 4 Twp. 24 S. R. 18 East West
477 Feet from North / South Line of Section
193 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Allen
Lease Name: v latta living trust Well #: R-4
Field Name: _____
Producing Formation: Bartlesville
Elevation: Ground: 1014 Kelly Bushing: 5
Total Depth: 940 Plug Back Total Depth: _____
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: 0
feet depth to: 940 w/ 170 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 0 ppm Fluid volume: 0 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: 06/03/2011



1055735

Operator Name: Michael Drilling LLC Lease Name: v latta living trust Well #: R-4
 Sec. 4 Twp. 24 S. R. 18 East West County: Allen

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 type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>Gray Shale</td> <td>40</td> <td>243</td> </tr> <tr> <td>Lime</td> <td>243</td> <td>573</td> </tr> <tr> <td>Sand</td> <td>573</td> <td>706</td> </tr> <tr> <td>Black Shale</td> <td>706</td> <td>940</td> </tr> <tr> <td>Oil Sand</td> <td>940</td> <td></td> </tr> </tbody> </table>	Name	Top	Datum	Gray Shale	40	243	Lime	243	573	Sand	573	706	Black Shale	706	940	Oil Sand	940	
Name	Top	Datum																	
Gray Shale	40	243																	
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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 Casing	12.2500	8.6250	21	40	50/50	8	
Long String	7.875	5.5000	14	922	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 <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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 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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Michael Drilling, LLC

042011

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

Company: Rick Michael
Address: PO Box 402
Iola Kansas 66749
Ordered By: Rick

Date: 04/20/11
Lease: Latta
County: Allen
Well#: R-4
API#:

Drilling Log

FEET	DESCRIPTION	FEET	DESCRIPTION
0-40	Overburden	925-940	Oil Sand
40-101	Shale	940	TD
101-155	Lime		
155-170	Sandy Shale		Surface 40'
170-243	Shale		
243-303	Lime		
303-313	Black Shale		
313-355	Lime		
355-530	Shale		
530-560	Lime		
560-573	Shale		
573-598	Sand		
598-638	Shale		
638-664	Lime		
664-676	Shale		
676-694	Lime		
694-700	Shale		
700-706	Lime		
706-718	Black Shale		
718-724	Lime		
724-728	Shale		
728-739	Oil Sand		
739-918	Shale		
918-925	Sand - No Oil		



CONSOLIDATED
OIL & GAS SERVICES, LLC

TICKET NUMBER 31883
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
4/21/11	5448	V. Latta # R. 4	SE 4	24	18	AL
CUSTOMER Michael Drilling			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS Box 402			500	Fred	Safety Mtg	
CITY Tola			368	Ken	KN	
STATE KS			370	Derak	DM	
ZIP CODE 66749			503	Tim	TBW	

JOB TYPE loss string HOLE SIZE 7 7/8 HOLE DEPTH 940' CASING SIZE & WEIGHT 5 1/2"
CASING DEPTH 922' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 10'
DISPLACEMENT 22.5 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Establish circulation. Wash down 10' 5 1/2" casing.
Mix & Pump 200# Premium Gel Flush. Pump 10 BBL Fresh
water & follow w/ SPS 50/50 Por Mix Cement 28 Gal
Displace 5 1/2" casing clean w/ 22.5 BBLs Fresh water.
Shut in casing

N+B Oil Well Service.

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975 ⁰⁰
5406	45 mi	MILEAGE		180 ⁰⁰
5402	922	Casing footage		N/C
5407A	328.95	Ten Miles		414.48
5502C	2 hrs	80 BBL Vac Truck		180 ⁰⁰
1124	170 SLS	50/50 Por Mix Cement		1726 ⁸⁰
1118B	486 #	Premium Gel		97 ²⁰
		WO # 240872		
			7.55%	SALES TAX 141.91
				ESTIMATED TOTAL 3764 ⁶⁵

Rev 03/07

AUTHORIZATION *R. Mader* 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.

Iola, Kansas, 5/19/ 1970 U

Received of

THE NEW KLEIN LUMBER CO., INC.
BUILDING MATERIALS

365-2201

4 Sacks Cement	37 ⁰⁰
Sale Tax	3 ⁵³
	<hr/>
	41 ⁰³

PAID

✓-Latta R-4

lola, Kansas, 5/19/ 2011

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V. Latta R-4