



KANSAS CORPORATION COMMISSION 1056837
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 #: _____
05/02/2011 05/03/2011 05/04/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-001-30188-00-00
Spot Description: _____
NW SW SW NW Sec. 11 Twp. 24 S. R. 18 East West
2145 Feet from North / South Line of Section
176 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Allen
Lease Name: Johnson Well #: R-7
Field Name: _____
Producing Formation: Bartlesville
Elevation: Ground: 962 Kelly Bushing: 5
Total Depth: 886 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 22 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: 886 w/ 150 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 Carrico Date: 06/03/2011



1056837

Operator Name: Michael Drilling LLC Lease Name: johnson Well #: R-7
 Sec. 11 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>Shale</td> <td>22</td> <td>247</td> </tr> <tr> <td>Lime</td> <td>247</td> <td>568</td> </tr> <tr> <td>Black Shale</td> <td>568</td> <td>840</td> </tr> <tr> <td>Gas Sand</td> <td>840</td> <td>865</td> </tr> <tr> <td>Oil Sand</td> <td>865</td> <td>886</td> </tr> <tr> <td>TD</td> <td>886</td> <td></td> </tr> </tbody> </table>	Name	Top	Datum	Shale	22	247	Lime	247	568	Black Shale	568	840	Gas Sand	840	865	Oil Sand	865	886	TD	886	
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Oil Sand	865	886																				
TD	886																					

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	22	50/50	4	
Long String	7.8750	5.5000	14	874	50/50	150	

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 <i>(Explain)</i> _____				
Estimated Production Per 24 Hours	Oil Bbls.	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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Michael Drilling, LLC

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

050211

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

Date: 05/02/11
Lease: Johnson
County: Allen
Well#: R-7
API#: _____

Drilling Log

FEET	DESCRIPTION	FEET	DESCRIPTION
0-22	Overburden	631-639	Shale
22-28	Shale	639-645	Oil Sand
28-70	Lime	645-840	Shale
70-99	Shale	840-865	Gas Sand
99-106	Lime	865-886	Oil Sand
106-144	Shale	886	TD
144-148	Lime		
148-154	Shale		Surface 22'
154 243	Lime		
243-247	Shale		
247-274	Lime		
274-465	Shale		
465-484	Lime		
484-635	Shale		
535-538	Lime		
538-541	Shale		
541-558	Lime		
558-563	Shale		
563-568	Lime		
568-573	Black Shale		
573-585	Shale		
585-615	Lime		
615-625	Shale		
625-631	Lime		



CONSOLIDATED
Oil Well Services, LLC

API # 15-001-20188-00-00

TICKET NUMBER 31865

LOCATION Ottawa

FOREMAN Alan Madej

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
5-4-11	5448	Johnson B-7	MW 11	27	18	AZ
CUSTOMER <u>Michaels Drilling</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>Box 402</u>			516	Alan M	Safety Meeting	
CITY <u>Fola</u>			490	Casaj K	CK	
STATE <u>KS</u>	ZIP CODE <u>66749</u>		369	Hurd B B	DTB	
			548	Tim W.	TW	

JOB TYPE long string HOLE SIZE 7 7/8 HOLE DEPTH 886 CASING SIZE & WEIGHT 5 1/2
 CASING DEPTH 874 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 20 1/2 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Held crew meeting. Washed down casing with 100 bbl water + 200 # gel. Established rate. Mixed + pumped 150 sk 50150 puz with 200 gel. Displaced casing with 20 1/2 bbl clean water. Circulated 7 bbl good cement. Closed valve.

Michaels Drilling

Alan Madej

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		925.00
5406	45	MILEAGE		180.00
5402	874'	casing footage		
5407	290.25	ton miles		365.72
3502C	3	80 GAL		270.00
1118B	452#	gel		90.40
1124	150 gk	50150 puz		1567.50
		WD# 241180		
			7.55	SALES TAX ESTIMATED TOTAL
				125.18
				3573.80

Rev 01/3/77

AUTHORIZATION [Signature] 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.

Received of

Iola, Kansas

5/21

19 26 11

THE NEW KLEIN LUMBER CO., INC.
BUILDING MATERIALS
365-2201

4

Sacks Cement
SALTEX

37.80
3.23

41.03

PAID