

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 4441
Name: REUSCH WELL SERVICE, INC.
Address 1: PO BOX 520
Address 2: _____
City: OTTAWA State: KS Zip: 66067 + _____
Contact Person: BOB REUSCH
Phone: (785) 242-2043
CONTRACTOR: License # 33734
Name: HAT DRILLING LLC
Wellsite Geologist: NA
Purchaser: PACER
Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW
 Gas ENHR SIGW
 CM (Coal Bed Methane) Temp. Abd.
 Dry Other _____
(Core, WSW, Expl., Cathodic, 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
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Docket No.: _____
 Dual Completion Docket No.: _____
 Other (SWD or Enhr.?) Docket No.: _____
12/12/2010 12/14/2010 12/14/10
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 121-28822-00-00
Spot Description: _____
SW NE NW SE Sec. 5 Twp. 17 S. R. 22 East West
2300 Feet from North / South Line of Section
1875 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: MIAMI
Lease Name: REYNOLDS Well #: 12
Field Name: PAOLA RANTOUL
Producing Formation: SQUIRREL
Elevation: Ground: 1116 Kelly Bushing: 1121
Total Depth: 740 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 20 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 720
feet depth to: 0 w/ 106 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 0 ppm Fluid volume: 160 bbls
Dewatering method used: EVAPORATED
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

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.

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: [Signature]
Title: Sec Treas Date: 5/26/11
Subscribed and sworn to before me this 26 day of May
20 11
Notary Public: [Signature]
5-12-15

KCC Office Use ONLY

Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
Alt 2 - Dlg 6/9/11 **RECEIVED**
MAY 31 2011

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Operator Name: REUSCH WELL SERVICE, INC. Lease Name: REYNOLDS Well #: 12
 Sec. 5 Twp. 17 S. R. 22 East West County: MIAMI

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 copy of all Electric Wireline 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 <i>(Submit Copy)</i> List All E. Logs Run: GAMMA RAY NEUTRON LOG	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>SQUIRREL</td> <td>673</td> <td>681</td> </tr> </table>	Name	Top	Datum	SQUIRREL	673	681
Name	Top	Datum					
SQUIRREL	673	681					

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	9	7	15	20	PORTLAND	7	
PRODUCTION	6.25	2.875	5	720	50/50/ POZ MIX	106	GEL

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 <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
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)		
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 <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 27267
LOCATION Ottawa
FOREMAN Alan 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
12-14-10	7069	Reynold #12	NE 5	17	22	Mi.
CUSTOMER Kensch Well Service			TRUCK #			
MAILING ADDRESS P.O. Box 520			576	Alan M	Safety Meeting	
CITY Ottawa			368	Ken Det	Ken Det	
STATE KS			505/1106	Ken	Ken	
ZIP CODE 66067			578	Tim	Tim	

JOB TYPE long string HOLE SIZE 5 5/8 HOLE DEPTH 740 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 720 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 4.2 DISPLACEMENT PSI 800 MIX PSI 200 RATE 5 bpm

REMARKS: Held crew meetings. Established rate. Mixed & pumped 100 # gel followed by 108 sk 50/50 po2, 2 7/8 gel. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float. Closed valve.

HAT Drilling

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		925.00
5406	20	MILEAGE		73.00
5402	720'	casing footage		
5407	min	ten miles		315
5501C	2	transport		224.00
1118B	281 #	gel		56.20
1124	106 sk	50/50 po2		1043.04
4402	1	2 1/2 plug		23.00
<u>NO # 238623</u>			RECEIVED	
			MAY 3 2011	
			KCC WICHITA	
			SALES TAX	84.73
			ESTIMATED TOTAL	2743.97

Ravin 3737

AUTHORIZATION Bob Rinal 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.



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 238693

Invoice Date: 12/17/2010 Terms: 0/0/30,n/30

Page 1

REUSCH OIL WELL
P.O. BOX 520
OTTAWA KS 66067
(785)242-6200

REYNOLDS 12
27267
NE 5-17-22 MI
12/14/2010

Part Number	Description	Qty	Unit Price	Total
1118B	PREMIUM GEL / BENTONITE	281.00	.2000	56.20
1124	50/50 POZ CEMENT MIX	106.00	9.8400	1043.04
4402	2 1/2" RUBBER PLUG	1.00	23.0000	23.00

Description	Hours	Unit Price	Total
368 CEMENT PUMP	1.00	925.00	925.00
368 EQUIPMENT MILEAGE (ONE WAY)	20.00	3.65	73.00
368 CASING FOOTAGE	720.00	.00	.00
T-106 WATER TRANSPORT (CEMENT)	2.00	112.00	224.00
548 MIN. BULK DELIVERY	1.00	315.00	315.00

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Parts:	1122.24	Freight:	.00	Tax:	84.73	AR	2743.97
Labor:	.00	Misc:	.00	Total:	2743.97		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

GILLETTE, WY
307/686-4914

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577

HAT DRILLING
 12371 KS HWY 7
 MOUND CITY, KS 66056
 LICENSE # 33734

Reynolds 12
 API # 15-121-28822-00-00
 SPUD DATE 12-13-10

Footage	Formation	Thickness	Set 20' of 7"
2	Topsoil	2	TD 740'
8	clay	6	Ran 720' of 2 7/8
20	lime	12	
32	shale	12	
52	lime	20	
69	shale	17	
87	lime	18	
189	shale	102	
207	lime	18	
212	shale	5	
238	lime	26	
275	shale	37	
284	lime	9	
286	shale	2	
288	lime	2	
304	shale	16	
380	lime	76	K.C. Base
523	shale	143	
525	red bed	2	
545	shale	20	
553	lime	8	
595	shale	42	
597	lime	2	
614	shale	17	
616	lime	2	
626	shale	10	
630	lime	4	
652	shale	22	
660	lime	8	
71	shale (wht muddy)	11	
673	sandy shale	2	
81	sand	9	good odor + bleed
740	shale	59	

RECEIVED
 MAY 31 2011
 KCC WICHITA



LOGGING - PERFORATING - CONSULTING SERVICES
P.O. Box 68, Osawatomie, KS 66064
913 / 755 - 2128

GAMMA RAY / NEUTRON / CCL

File No.

API # 15-121-28,822

Company **Reusch Well Service, Inc.**

Well **Reynolds No.- 12**

Field **Paola - Rantoul**

County **Miami** State **Kansas**

Location			Other Services		
2300' FSL & 1875' FEL SW-NE-NW-SE					
Sec. 5	Twp. 17s	Rge. 22e	Elevation		
Permanent Datum	GL	Elevation	NA	K.B. NA	
Log Measured From	GL			D.F. NA	
Drilling Measured From	GL			G.L. NA	

Date	05-09-2011		
Run Number	One		
Depth Driller	740.0		
Depth Logger	716.9	KCC WICHITA MAY 9 2011 RECEIVED	
Bottom Logged Interval	715.9		
Top Log Interval	20.0		
Fluid Level	Full		
Type Fluid	Water		
Density / Viscosity	NA		
Salinity - PPM Cl	NA		
Max Recorded Temp	NA		
Estimated Cement Top	0.0		
Equipment No.	Location		107
Recorded By	Steve Windisch		
Witnessed By	Bob Reusch		

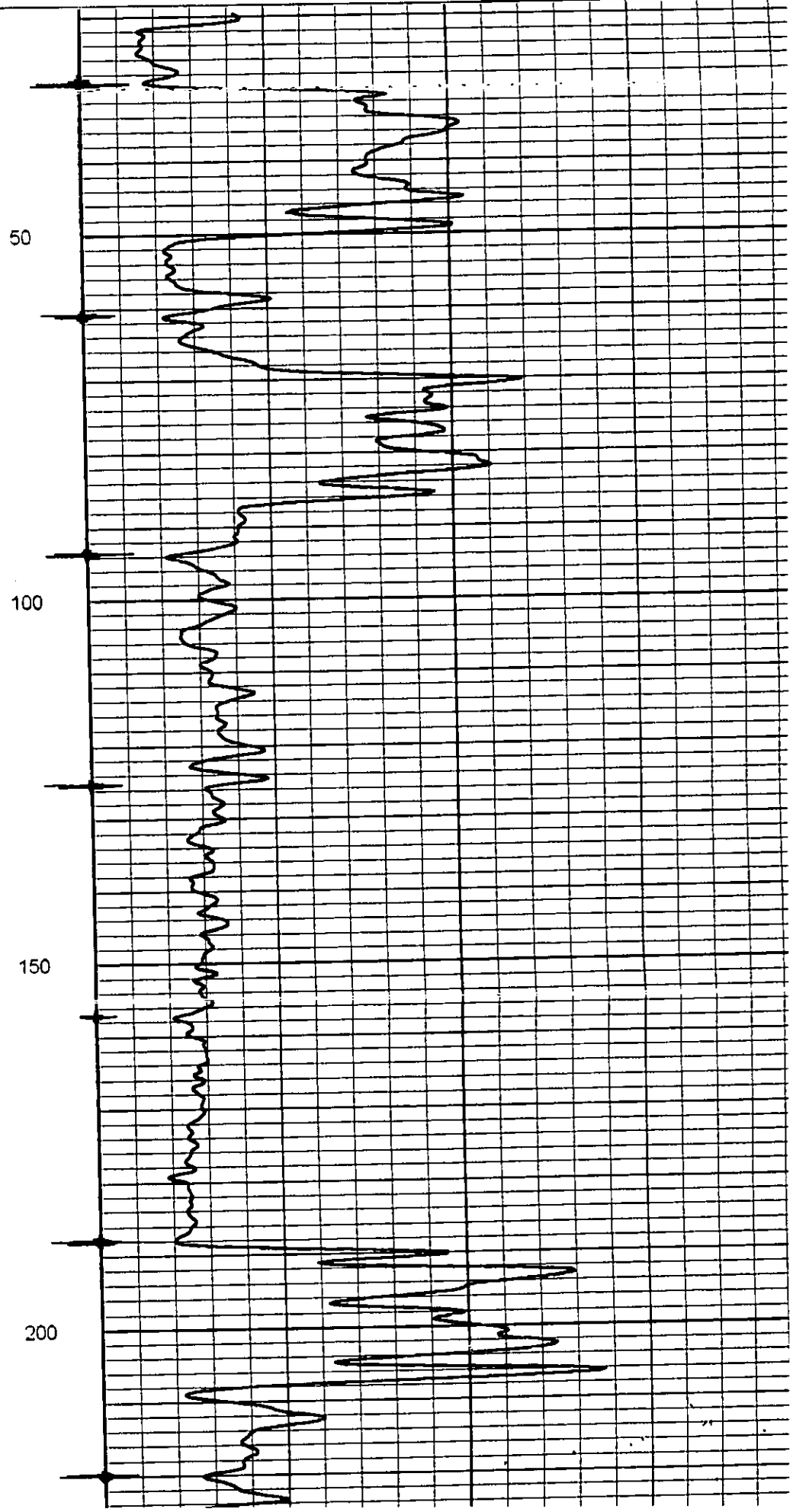
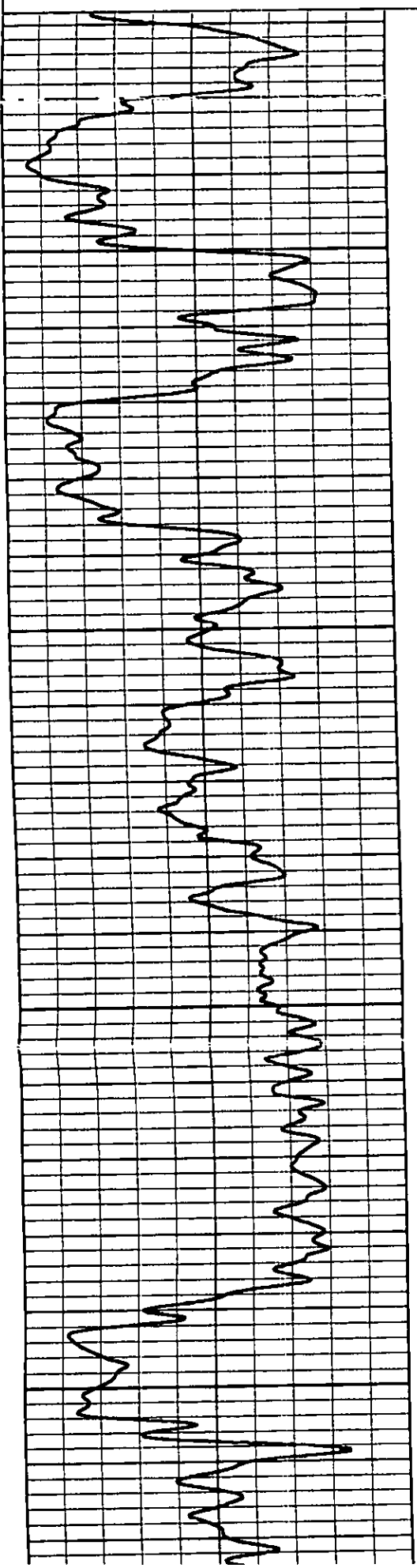
RUN No.	BORE-HOLE RECORD			CASING RECORD			
	BIT	FROM	TO	SIZE	WGT.	FROM	TO
One	9.875"	0.0	20.0	7.00"		0.0	20.0
Two	5.625"	20.0	740.0	2.875"		0.0	720.0

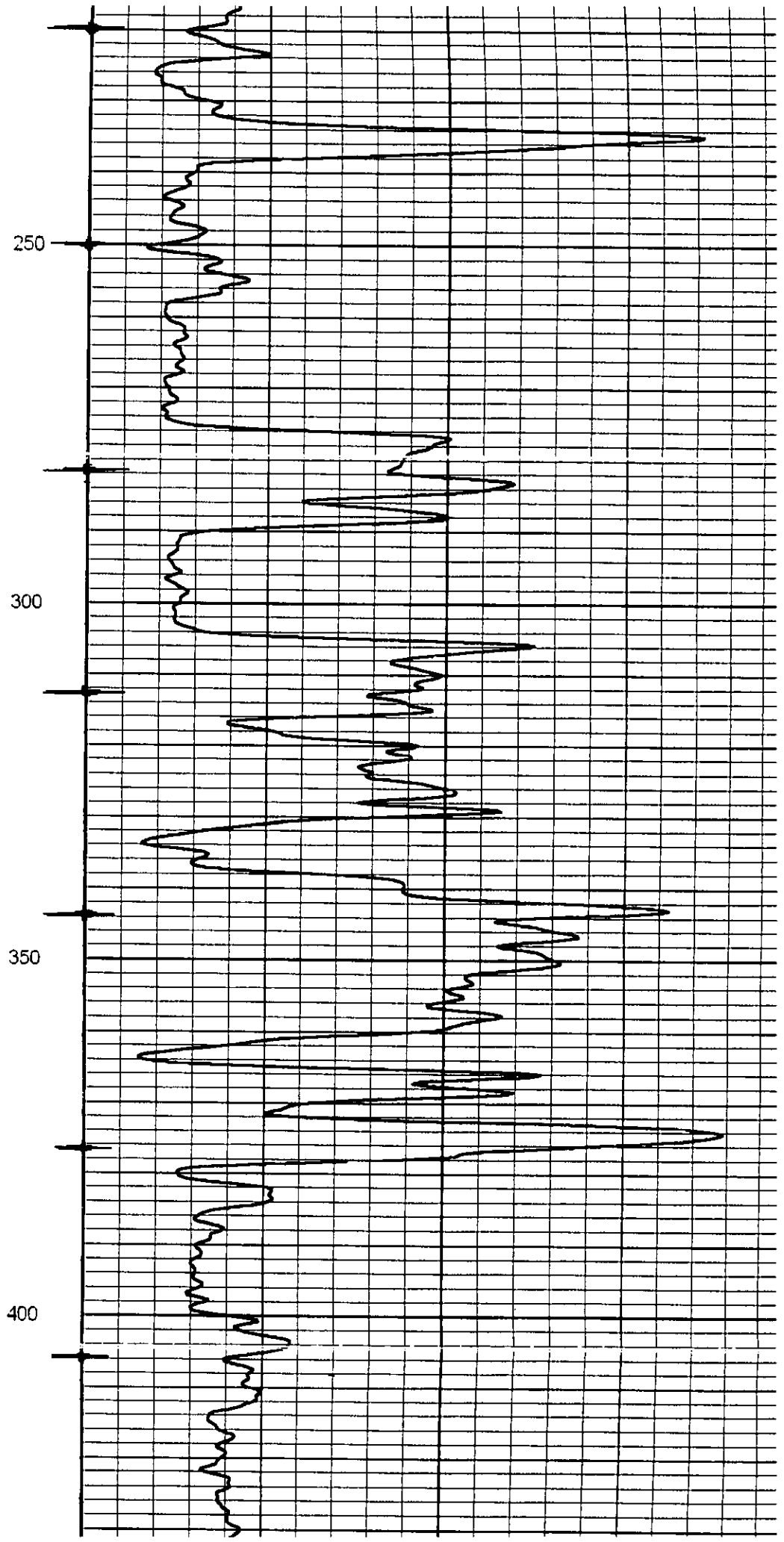
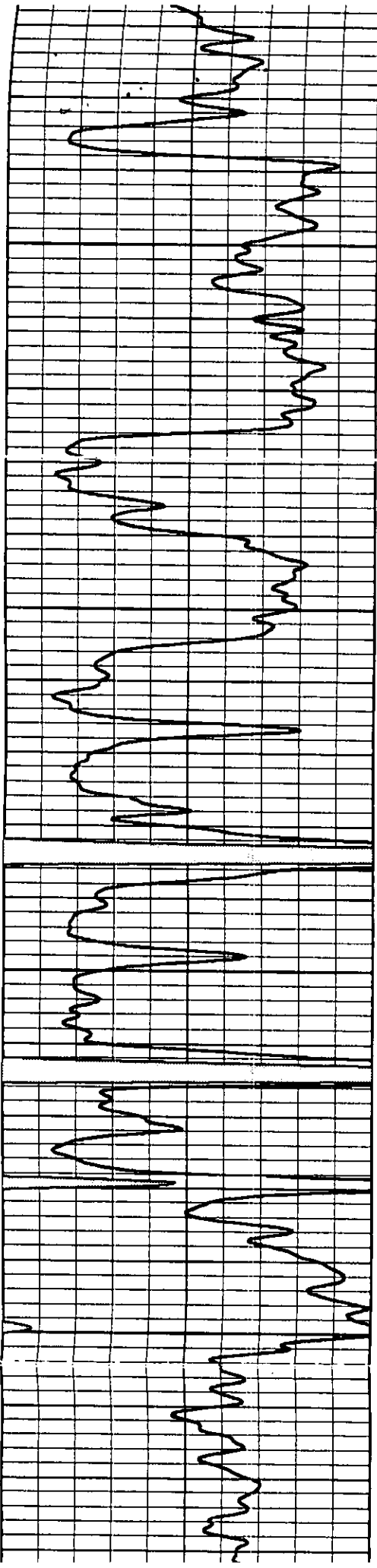
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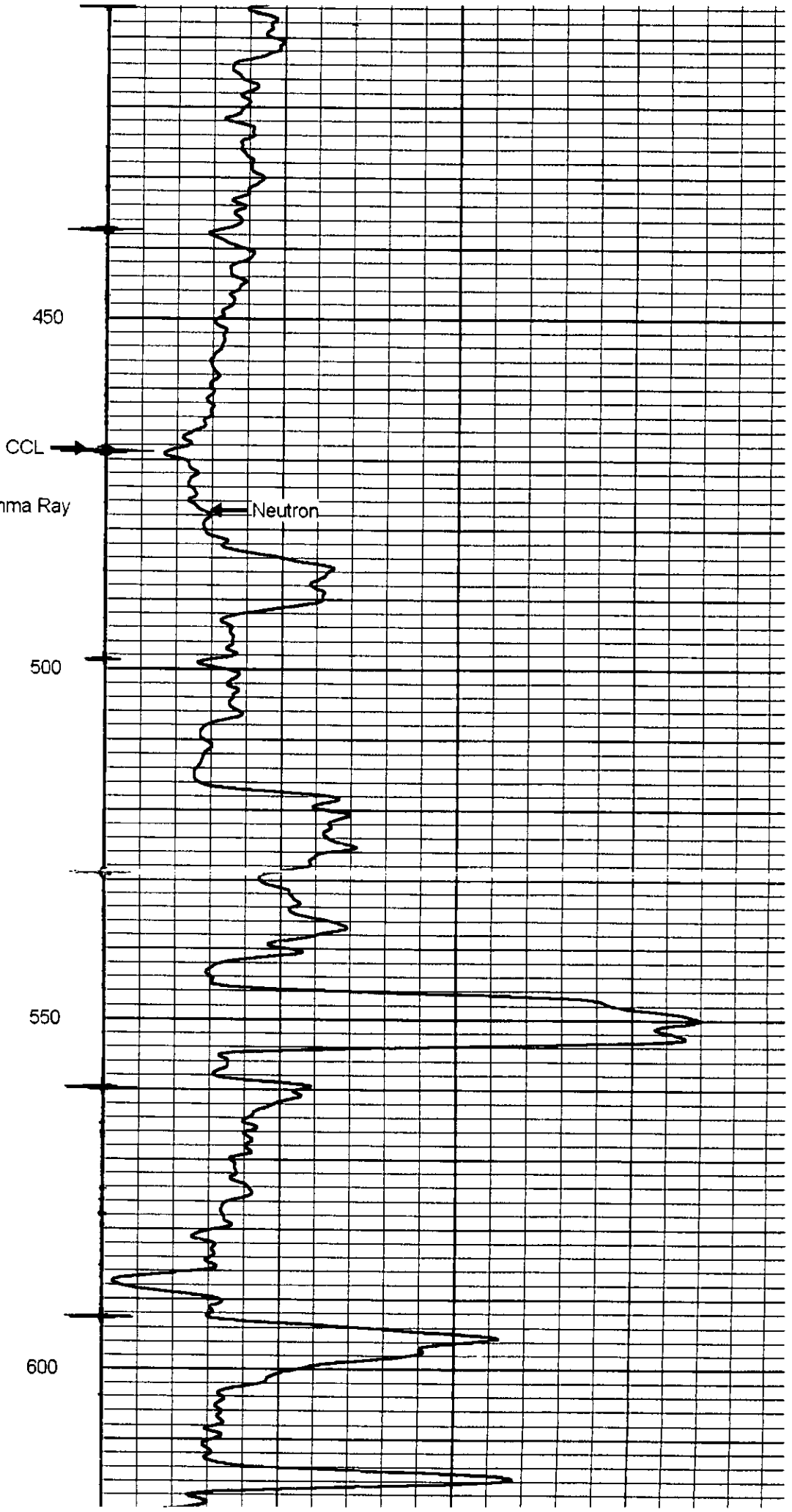
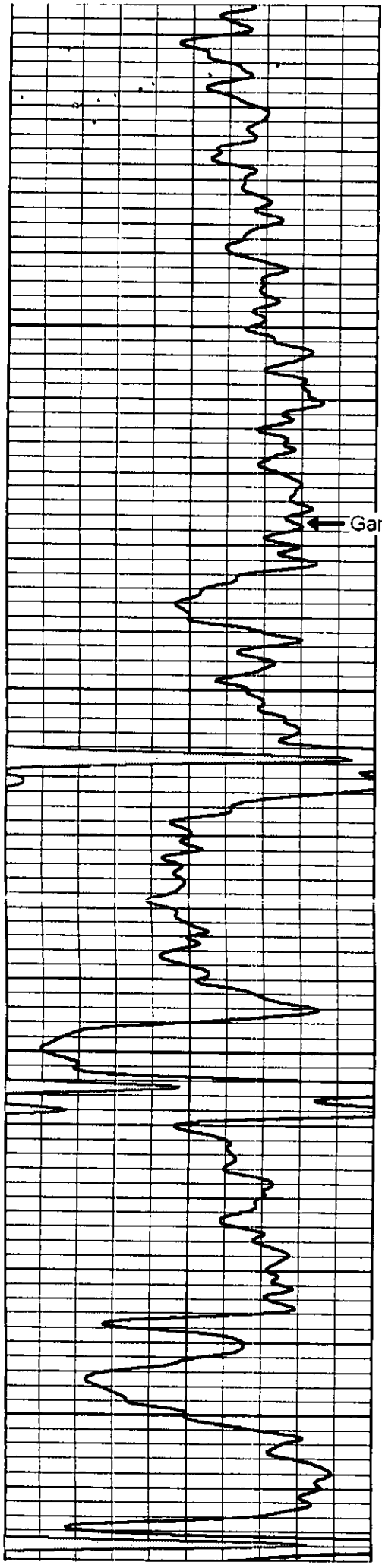
All interpretations are opinions based on inferences from electrical or other measurements and we cannot and do not guarantee the accuracy of any interpretation, and we shall not, except in the case of gross or willful negligence on our part, be liable or responsible for any costs, damages, or expenses incurred or sustained by anyone resulting from any interpretation made by any of our officers, agents or employees. Interpretations are also subject to our general terms and conditions set out in our current Price Schedule.

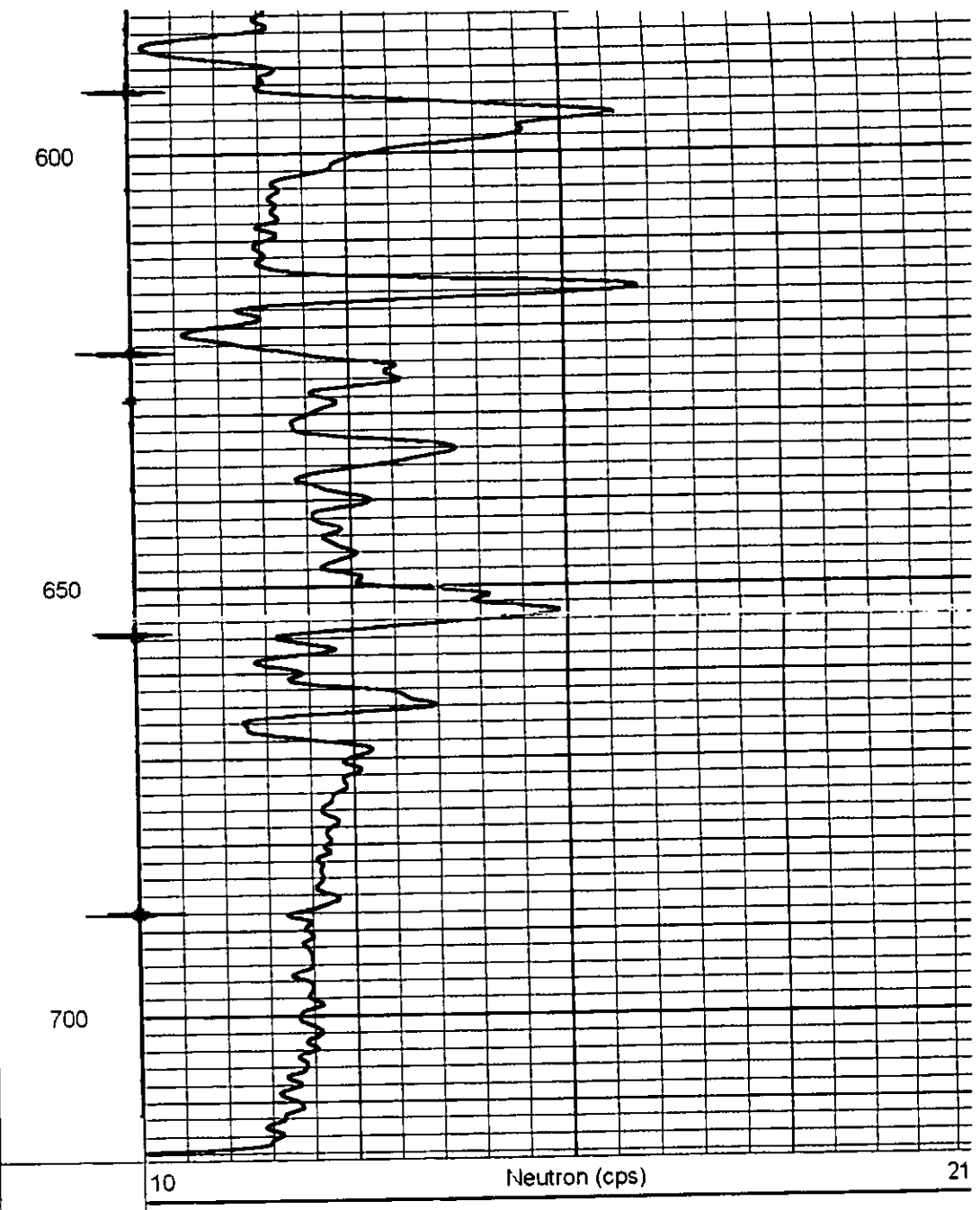
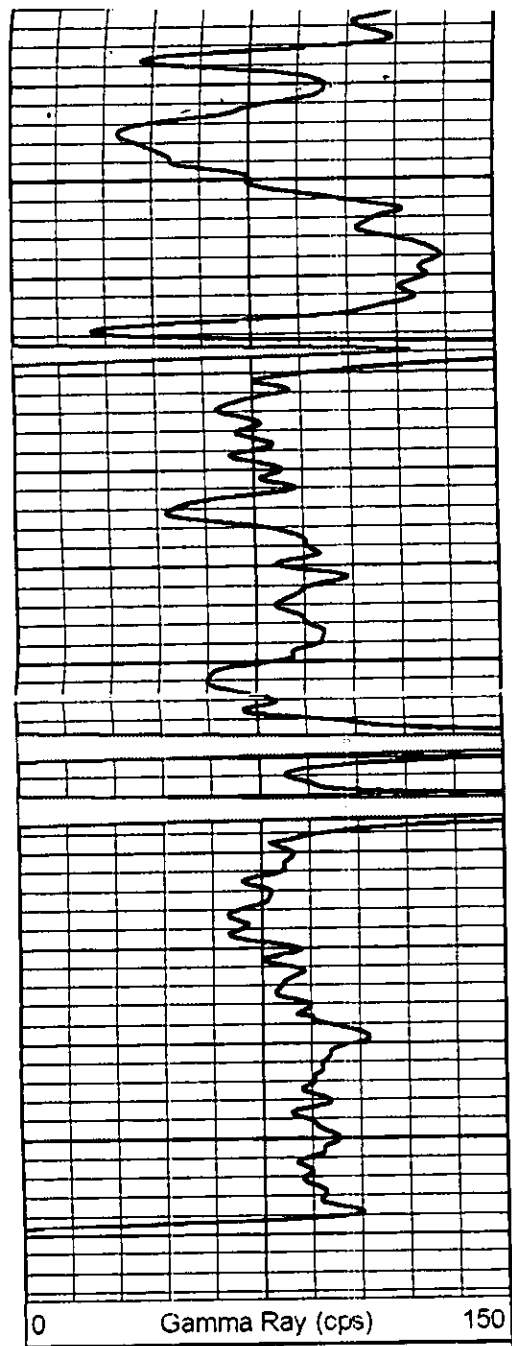
Comments

Drilling Contractor :
Hat Drilling, Inc.









0 Gamma Ray (cps) 150

10 Neutron (cps) 21