



KANSAS CORPORATION COMMISSION 1056733
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 # 34301
Name: Finney, Kyler dba Finney Oil Company
Address 1: PO BOX 87
Address 2: _____
City: WANN State: OK Zip: 74083 + _____
Contact Person: Kyler Finney
Phone: (918) 440-8878
CONTRACTOR: License # 5989
Name: Finney, Kurt dba Finney Drilling Co.
Wellsite Geologist: Kyler Finney
Purchaser: Coffeyville Resources

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 #: _____

<u>03/16/2011</u>	<u>03/18/2011</u>	<u>03/18/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-125-32045-00-00

Spot Description: _____
SW NE SE NW Sec. 2 Twp. 34 S. R. 14 East West
1815 Feet from North / South Line of Section
2200 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Montgomery

Lease Name: M Melander Well #: B2-11

Field Name: _____

Producing Formation: Wayside

Elevation: Ground: 879 Kelly Bushing: 719

Total Depth: 715 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 21 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 710

feet depth to: 0 w/ 105 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 Garcia Date: 06/09/2011



1056733

Operator Name: Finney, Kyler dba Finney Oil Company Lease Name: M Melander Well #: B2-11
 Sec. 2 Twp. 34 S. R. 14 East West County: Montgomery

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Gamma Ray Neutron CCL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input 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>Wayside Sand</td> <td>653</td> <td>668</td> </tr> <tr> <td>Core</td> <td>653</td> <td>673</td> </tr> </table>	Name	Top	Datum	Wayside Sand	653	668	Core	653	673
Name	Top	Datum								
Wayside Sand	653	668								
Core	653	673								

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	12.2500	7	18	21.80	I	10	Service Company
Production	5.8750	2.8750	6.5	708	50/50 POZ	105	Service Company

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
2	2" DML RTG 180 degree 34 total	dumpspot-ABO-Frac	653' - 669'

TUBING RECORD:	Size: <u>1"</u>	Set At: <u>661</u>	Packer At: <u>none</u>	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>04/17/2011</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 Bbbs. <u>2</u>	Gas Mcf <u>0</u>	Water Bbbs. <u>25</u>	Gas-Oil Ratio <u>02</u> Gravity <u>30</u>

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: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8676

1st well

TICKET NUMBER 52160
FIELD TICKET REF # 44911
LOCATION Thayer
FOREMAN Errett Bousby

TREATMENT REPORT
FRAC & ACID

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-12-11		M. Melander B2-11				MG

CUSTOMER <u>Finney Oil & Kyler Finney</u>		MAILING ADDRESS		CITY		STATE	ZIP CODE
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** Safety meeting*

TRUCK #	DRIVER	TRUCK #	DRIVER
476	Josh Finney		
490	Wes		
478T86	Mark A.		
453T91	Marvin		

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <u>2 7/8</u>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>653-69 (29) Wayside</u>	

TYPE OF TREATMENT
dump spot - ALX - Frac

CHEMICALS

<u>Biocide</u>	<u>Acid</u>
<u>Stim Oil</u>	<u>inhibitor</u>
<u>Friction Reducer</u>	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
<u>PAD</u>	<u>35</u>	<u>15</u>			<u>500</u>	BREAKDOWN <u>800</u>
<u>20-40</u>		<u>15</u>	<u>1.5</u>		<u>700</u>	START PRESSURE <u>300</u>
<u>20-40</u>		<u>14.5</u>	<u>1.0</u>		<u>900</u>	END PRESSURE <u>500</u>
<u>20-40</u>		<u>14.5</u>	<u>1.0</u>		<u>900</u>	BALL OFF PRESS <u>500</u>
<u>20-40</u>		<u>14.5</u>	<u>1.5</u>		<u>900</u>	ROCK SALT PRESS <u>1150</u>
<u>20-40</u>		<u>15</u>	<u>1.5</u>	<u>4,000#</u>	<u>950</u>	ISIP <u>275</u> <u>200-250</u>
<u>12-20 + (5) + (5)</u>		<u>15</u>	<u>1.0</u>		<u>1100</u>	5 MIN <u>VACUUM</u>
<u>12-20 + (5) ballsealers</u>		<u>15</u>	<u>1.5</u>		<u>1200</u>	10 MIN
<u>12-20</u>		<u>15</u>	<u>1.5</u>		<u>1300</u>	15 MIN
<u>12-20</u>		<u>15</u>	<u>2.0</u>			MIN RATE <u>3.5</u>
<u>12-20</u>		<u>15</u>	<u>2.0</u>	<u>3,000#</u>		MAX RATE <u>15</u>
<u>FLUSH CASING</u>	<u>4</u>	<u>15</u>			<u>1200</u>	DISPLACEMENT <u>3.8</u>
<u>OVERFLUSH</u>	<u>5</u>					
<u>TOTAL BBL'S</u>	<u>188</u>		<u>TOTAL SAND</u>	<u>7,000#</u>	<u>1200</u>	

REMARKS: ** held safety/ppp/procedure meeting - dump spot 50 gal-15% HCL acid on perfs - bleed casing + breakdown - stage acid w/ acidize @ 4 bpm w/ 350 gal-15% HCL acid + (50) ballsealers - flush till max ball-off. psi achieved 300-500 - release balls + overflush casing 5 bbls - bleed well psi down + knock balls off w/ sandline. TOTAL BBL'S AFD 31 location 9:45 AM - 11:55 AM 40 miles*

AUTHORIZATION Kyler Finney TITLE _____ DATE 4-12-11

Terms and Conditions are printed on reverse side.



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER **27392**

LOCATION 04+ W3 K5

FOREMAN Fred M. Moden

RECORDED ON FILE

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5/15/11	2520	M. M. M. # B2-11	2	34	14	GIS

CUSTOMER
Finn O. I.

MAILING ADDRESS
P.O. Box 57

CITY
Wanna

STATE
OK

ZIP CODE
74083

TRUCK #	DRIVER	TRUCK #	DRIVER
506	F. d	507	L. H. G.
368	Ken	411	
503	D. ...	DM	

JOB TYPE key slide HOLE SIZE 5 5/8 HOLE DEPTH 715 CASING SIZE & WEIGHT 2 1/2" FUF

CASING DEPTH 520 DRILL PIPE _____ TUBING _____ OTHER _____

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug

DISPLACEMENT 4.12 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 9.13 P.M

REMARKS: Establish circulation. Mix & Pump 100# Premium Gel & flush. Mix & Pump 105 SKS 50/50 Prem Mix Cement 270 Gal 5% Salt. 5# K-1 Seal sk. Cement to surface. Flush pumps lines clean. Displace 2 1/2" Rubber Plug to casing TD w/ 4.12 BBLs Fresh Water. Pressure to 700# PSI. Release pressure to set fluid volume. Shut in casing.

Fred M. Moden

Customer Supplied Water.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		775 ²⁰
5406	-0-	MILEAGE Trucks or Lease		N/C
5407	710'	Casing footage		N/C
5407	1/2 Minimum	Tax Miles		165 ²⁰
1124	105 SKS.	50/50 Prem Mix cement		1197 ²⁵
1118B	277#	Premium Gel		5540
1111	223#	Granulated Salt		7125
1110H	525#	K-1 Seal		231 ⁰⁰
4402	1	2 1/2" Rubber Plug		25 ⁰⁰
		Less 5% 135.81		
		Total		2580 ³⁰
		1.3%	SALES TAX	7341
			ESTIMATED TOTAL	2716 ¹¹

Rev'n 3737

AUTHORIZATION _____ 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.