



KANSAS CORPORATION COMMISSION 1056730
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: _____

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 #: _____

<u>03/12/2011</u>	<u>03/16/2011</u>	<u>03/16/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-125-32049-00-00
Spot Description: _____
N2 S2 S2 N2 Sec. 2 Twp. 34 S. R. 14 East West
2145 Feet from North / South Line of Section
2640 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 #: A3-11
Field Name: _____
Producing Formation: Wayside
Elevation: Ground: 883 Kelly Bushing: 721
Total Depth: 717 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: 709
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 Gantoni Date: 06/09/2011



1056730

Operator Name: Finney, Kyler dba Finney Oil Company Lease Name: M Melander Well #: A3-11
 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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input checked="" type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Wayside Sand	662	674
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Core	655	675
Electric Log Submitted Electronically (If no, Submit Copy)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
List All E. Logs Run:				
Gamma Ray Neutron CCL				

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	19	21.45	I	10	Service Company
Production	5.8750	2.8750	6.5	710.10	S	82	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 (Amount and Kind of Material Used)	Depth
2	2" DML RTG 180 degree- 32 total	Acid dump spot +ABO +Frac	659' - 674'

TUBING RECORD:	Size: 1"	Set At: 707	Packer At: none	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. 04/15/2011	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 Bbbs. 2	Gas Mcf 0	Water Bbbs. 25	Gas-Oil Ratio 02 Gravity 30

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER **27391**

LOCATION Ottawa KS

FOREMAN Fred Under

Recorded on file

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3/15/11	2033	W. 21st well # H5-11	2	34	14	115

CUSTOMER
Finney Oil

MAILING ADDRESS
P.O. Box 87

CITY Wann STATE OK ZIP CODE 74083

TRUCK #	DRIVER	TRUCK #	DRIVER
506	Fred	507	...
368	Kenn	K11	...
503

JOB TYPE ... HOLE SIZE 5 7/8 HOLE DEPTH 715' CASING SIZE & WEIGHT 2 3/4" EUE

CASING DEPTH 709' DRILL PIPE ... TUBING ... OTHER ...

SLURRY WEIGHT ... SLURRY VOL ... WATER gal/sk ... CEMENT LEFT in CASING 2 3/4" EUE

DISPLACEMENT 4.17 Bbl DISPLACEMENT PSI ... MIX PSI ... RATE 4 Bbl/min

REMARKS: Establish circulation. Mixo Pump 100' Premium Gel flush
Mixo Pump 105 SKS 50/50 Premium Cement. 2 3/4" EUE
5" K15 set back cement to surface flush pump & lines
clean. Replace 2 3/4" Rubber plug to casing. TD of 417 SKS
Final water pressure to 200' Pile Released, pressure to set
Final value - 200' casing.

Finney Drilling
Customer supplied water.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1 of 2	PUMP CHARGE		775 ⁰⁰
5426	30 mi	MILEAGE (from Drilling office)		120 ⁰⁰
5402	709'	Casing to 709'		N/C
5407	709'	Ten valves		165 ⁰⁰
1124	105	50/50 Premium Cement		1077 ²⁵
1118	277#	Premium Gel		55 ⁰⁰
1111	203#	Granulated Silt		71 ⁰⁵
1110H	525#	K15 Seal		231 ⁰⁰
11102	1	2 3/4" Rubber Plug		25 ⁰⁰
		Less 5% - 141.51		
		Your Total		2694.30
		6.2%	SALES TAX	99 ⁴⁴
			ESTIMATED TOTAL	2793 ⁷⁴

Revin 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.



CONSOLIDATED
Oil Well Services, LLC

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

2nd well

TICKET NUMBER 52161
FIELD TICKET REF # 49911
LOCATION Thayer
FOREMAN Scott Burk

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-12-11		M. Meekinder A3-11				MG

CUSTOMER
Finney Oil & Kyle Finney

MAILING ADDRESS

CITY STATE ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
476	Josh		
490	Wes		
472T86	Mark		
453T91	Marvin		

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <u>2 1/2 8EUC</u>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>659-74 (3D)</u>	<u>Wayside sand</u>

TYPE OF TREATMENT
Acid dump spot + ABO + FRAC

CHEMICALS

<u>Biocide</u>	<u>Acid-</u>
<u>StimOil</u>	<u>inhibitor</u>
<u>Friction reducer</u>	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
PAD	35	15			1000	BREAKDOWN 950
20-40		15	1.5			START PRESSURE 300
20-40		15	1.0		1200	END PRESSURE 3000
20-40		15	1.0			BALL OFF PRESS 3000
20-40			1.5			ROCK SALT PRESS 750
20-40			1.5			ISIP 175
20-40			2.0	4,000#	1200	5 MIN VACUUM
12-20 (5) + (5)			1.0		1225	10 MIN
12-20 (5)			1.5		1250	15 MIN
12-20			1.5		1325	MIN RATE
12-20		15	2.0	2,000#		MAX RATE
FLUSH CASING	4	15			1300	DISPLACEMENT 3.8
OVERFLUSH	5	15	TOTAL	7,000#	1300	
TOTAL BBL'S	183		SAND			

REMARKS: dump spot 50 gal. 15% HCl acid - back casing & breakdown - stage acid 1 - acidite @ 4 bpm w/ 350 gal. 15% HCl acid + (50) ballheadless - pump fill max ball off psi achieved - 3000 release balls to T.D. - overflush casing 5 bbls - release well psi to pit - Run in w/ 5 in. line to knuck balls off perfs.

TOTAL ABO BBL'S 30

Location 12:00 PM - 2:00 PM : 40 miles

AUTHORIZATION Kyle Finney TITLE _____ DATE 4-12-11

Terms and Conditions are printed on reverse side.