

KANSAS CORPORATION COMMISSION 1057611
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 # 4175
Name: Dvorachek, Harold A. dba Quest Development Co.
Address 1: PO BOX 413
Address 2: _____
City: IOLA State: KS Zip: 66749 + 0413
Contact Person: Hal Dvorachek
Phone: (620) 365-5862
CONTRACTOR: License # 33900
Name: Leis, Steven A.
Wellsite Geologist: none
Purchaser: High Sierra

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>01/27/2011</u>	<u>01/28/2011</u>	<u>05/02/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-031-22816-00-00
Spot Description: _____
SE SW NE NE Sec. 32 Twp. 22 S. R. 17 East West
1160 Feet from North / South Line of Section
750 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Coffey
Lease Name: Mannschreck Well #: 5
Field Name: _____
Producing Formation: Squirrel Sand
Elevation: Ground: 1041 Kelly Bushing: 1045
Total Depth: 1032 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: 1029
feet depth to: 0 w/ 135 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 1000 ppm Fluid volume: 200 bbls
Dewatering method used: Hauled to Disposal
Location of fluid disposal if hauled offsite:
Operator Name: Owen, Matthew
Lease Name: Pike License #: 33662
Quarter SE Sec. 5 Twp. 27 S. R. 10 East West
County: Greenwood Permit #: CD-21961

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	
<input type="checkbox"/> Letter of Confidentiality Received	Date: _____
<input type="checkbox"/> Confidential Release Date:	_____
<input checked="" type="checkbox"/> Wireline Log Received	
<input type="checkbox"/> Geologist Report Received	
<input type="checkbox"/> UIC Distribution	
ALT <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III	Approved by: _____ Date: <u>06/16/2011</u>



1057611

Operator Name: Dvorachek, Harold A. dba Quest Development Co. Lease Name: Manschreck Well #: 5
 Sec. 32 Twp. 22 S. R. 17 East West County: Coffey

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 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 Neutron	<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>Cherokee Shale</td> <td>932</td> <td>+109</td> </tr> </table>	Name	Top	Datum	Cherokee Shale	932	+109
Name	Top	Datum					
Cherokee Shale	932	+109					

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	10	7	17	40	Portland	10	
Production Casing	5.87	2.87	7.7	1029	OWC	135	

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	971 Ft to 981 Ft		

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. <u>05/02/2011</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 Bbls. <u>0.0</u>	Gas Mcf	Water Bbls. <u>25</u>
		Gas-Oil Ratio	Gravity <u>28</u>

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" 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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Hodown Drilling

INVOICE

P.O. Box 92
 Yates Center, KS 66783
 (719) 210-8806 (620) 330-6328

DATE: February 9, 2011
 INVOICE #

Andrew King & Steven Leis (Owners)

FOR: Well # Mannschreck 5
 API#15-031-22816

BILL TO:
 Hal Dvorachek
 Quest Development Co.
 P.O. Box 413
 Iola, KS 66749

DESCRIPTION	HOURS	RATE	AMOUNT
Drilled 1032' 5 7/8" hole		6.00	\$ 6,192.00
10 sacks cement		11.00	\$ 110.00
SUBTOTAL			\$ 6,302.00
TAX RATE			
SALES TAX			
OTHER			
TOTAL			\$ 6,302.00

Make checks payable to Hodown Drilling
 Total due in 15 days. Overdue accounts subject to a service charge of 1% per month.

THANK YOU FOR YOUR BUSINESS!

UNCONSOLIDATED
Oil Well Services, LLC

 **ENTERED**

TICKET NUMBER 30217

LOCATION Eureka KS

FOREMAN Rick Ledford

884, Chanute, KS 66720
1-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-28-11	1605	Maanschreck #5	32	22	17E	Coffey
CUSTOMER			TRUCK #			
Grest Development			DRIVER			
MAILING ADDRESS			TRUCK #			
P.O. Box 413			DRIVER			
CITY			TRUCK #			
Iola			DRIVER			
STATE			TRUCK #			
KS			DRIVER			
ZIP CODE			TRUCK #			
66749			DRIVER			

JOB TYPE longstring HOLE SIZE 5 7/8" HOLE DEPTH 1032' CASING SIZE & WEIGHT _____
 CASING DEPTH 1028' DRILL PIPE _____ TUBING 2 7/8" OTHER _____
 SLURRY WEIGHT 11" SLURRY VOL 35 bbl WATER gal/sk 8.0 CEMENT LEFT In CASING 0'
 DISPLACEMENT 6 bbl DISPLACEMENT PSI less PSI 1100 Pump plugs RATE _____

REMARKS: Safety marking- Rig up to 2 7/8" tubing. Break circulation w/ 6 bbl fresh water. Pump to see gel-flush. 5 bbl water spacer. Mixed 135 sacks OWC cement w/ 1/2" phenomol / sk @ 11" / gal. shut down, washout pump + lines, drop 2 plugs. Displace w/ 6 bbl fresh water. Final pump pressure 1000 PSI. Pump plugs to 1100 PSI. release pressure, float + plugs held. Shut well in @ 0 PSI. Good cement returns to surface = 5 bbl slurry to pit. Job complete. Rig down.

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	925.00	925.00
5406	40	MILEAGE	3.65	146.00
1126	135 sacks	OWC cement	17.00	2295.00
1102A	68"	1/2" phenomol / sk	1.15	78.20
1118B	300"	gel-flush	.20	60.00
5407A	7.02	tax mileage bulk trk	1.20	336.96
5508C	3.5 hrs	80 bbl vac. TRK	85.00	297.50
1123	3000 gals	city water	14.90/1000	44.70
4402	2	2 7/8" top rubber plugs	23.00	46.00
			Subtotal	4227.36
			SALES TAX 6.5%	159.02
			ESTIMATED TOTAL	4388.38

AUTHORIZATION J. Small

TITLE 039399

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.