



KANSAS CORPORATION COMMISSION 1057781
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: H. Dvorachek
Phone: (620) 365-5862
CONTRACTOR: License # 33900
Name: Lels, Steven A.
Wellsite Geologist: None
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>01/29/2011</u>	<u>01/30/2011</u>	<u>05/11/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-031-22817-00-00

Spot Description: _____

NW NW SE NE Sec. 32 Twp. 22 S. R. 17 East West

1404 Feet from North / South Line of Section

1190 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Coffey

Lease Name: Mannschreck Well #: 6

Field Name: Parmely

Producing Formation: Squirrel Sand

Elevation: Ground: 1046 Kelly Bushing: 1050

Total Depth: 1042 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: 1038

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

- 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: 06/16/2011



1057781

Operator Name: Dvorachek, Harold A. dba Quest Development Co. Lease Name: Mannschreck Well #: 6
 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:	<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>943</td> <td>+104</td> </tr> </table>	Name	Top	Datum	Cherokee Shale	943	+104
Name	Top	Datum					
Cherokee Shale	943	+104					

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	1040	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 <i>(Amount and Kind of Material Used)</i>	Depth
2	984' to 994'		

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. 0.0	Gas Mcf	Water Bbls. 25 Gas-Oil Ratio Gravity 29

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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CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 30218

LOCATION Euclid, KS

FOREMAN Rick Lottford

Russell McCloy

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
1-27-11	6605	Manshreck #6				Coffey
CUSTOMER Quest Development			Safety meeting SF ES AM			
MAILING ADDRESS P.O. Box 413			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Tola			445	Shannon		
STATE KS			479	Ed		
ZIP CODE 66749			83	Rudy (McCloy Tex)		

JOB TYPE longstring 0 HOLE SIZE 5 7/8" HOLE DEPTH 1051' CASING SIZE & WEIGHT _____
 CASING DEPTH 1040' DRILL PIPE _____ TUBING 2 7/8" OTHER _____
 SLURRY WEIGHT 14° SLURRY VOL 35 bbl WATER gal/sk 8.0 CEMENT LEFT IN CASING 0'
 DISPLACEMENT 6 bbl DISPLACEMENT PSI 600 PSI 1100 Bump plugs RATE _____

REMARKS: Safety meeting. Rig up to 2 7/8" tubing. Break circulation w/ 3 bbl fresh water. Pump 6 sacks gel-flush. Circulated gel to surface. Mixed 135 sacks OWC cement w/ 1/2" phenosan /sk @ 11° /gal. Shut down, washout pump + 1145 drop 2 plugs. Displace w/ 6 bbl fresh water. Final pump pressure 600 PSI. Bump plugs to 1100 PSI. release pressure, float + plugs held. Good cement returns to surface = 6 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" phenosan /sk	.42	28.20
1118B	300°	gel-flush	.20	60.00
5407A	2.02	tan mileage bulk truck	1.20	336.96
5502C	3.5 hrs	80 bbl WAG. TRK	85.00	297.50
1123	3000 gals	city water	14.96/1000	44.70
4402	2	2 7/8" top rubber plugs	23.00	46.00
			Subtotal	4229.36
			SALES TAX 6.3%	159.02
			ESTIMATED TOTAL	4388.38

Revin 3737

[Signature]

239-408

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.

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 6

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

API#15-031-22817

DESCRIPTION	HOURS	RATE	AMOUNT
Drilled 1042' 5 7/8" hole		6.00	\$ 6,252.00
10 sacks cement		11.00	\$ 110.00
SUBTOTAL			\$ 6,362.00
TAX RATE			
SALES TAX			
OTHER			
TOTAL			\$ 6,362.00

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!

