

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

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 # 31486
Name: Jack Horton
Address 1: PO box 97
Address 2: _____
City: Sedan State: Ks Zip: 67361 + _____
Contact Person: Jack Horton
Phone: (620) 249 4476
CONTRACTOR: License # 31486
Name: Jack Horton
Wellsite Geologist: _____
Purchaser: Coffeyville Resources

API No. 15 - 125-31572-0000r
Spot Description: _____
_____ne_sw Sec. 1 Twp. 34 S. R. 14 East West
2,220 Feet from North / South Line of Section
3,220 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Montgomery
Lease Name: Kurtis Well #: 2
Field Name: wayside havana
Producing Formation: wayside
Elevation: Ground: 815 est Kelly Bushing: _____
Total Depth: 693 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: 687
feet depth to: surface w/ 70 sx cmt.

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 #: _____
3-27-08 4/16/08 4-23-08
Spud Date or Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: _____ ppm Fluid volume: _____ bbls
Dewatering method used: fresh water evaporate
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

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.

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.

Signature: [Signature]
Title: operator Date: 7/18/11

KCC Office Use ONLY

Letter of Confidentiality Received **RECEIVED**
Date: _____
 Confidential Release Date: JUL 22 2011
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
KCC WICHITA
ALT I II III Approved by: Dlg Date: 7/22/11

CONSOLIDATED OIL WELL SERVICES, INC.
 P.O. BOX 884, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

TICKET NUMBER 11400
 LOCATION Bartlesville
 FOREMAN Tracy Williams

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-16-08	3546	Kurtis #2	1	34S	14E	MG
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Jack Harten			398	John W		
MAILING ADDRESS			486	Willie		
			400 T-35	Tom S		
CITY	STATE	ZIP CODE				

JOB TYPE LS HOLE SIZE 5 7/8 HOLE DEPTH 693 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 687 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 3.99 DISPLACEMENT PSI 400 MIX PSI 100 RATE 4

REMARKS: Washed down 1 joint of tubing & rigged up to cement. Broke circulation & ran 20 sks of Thicket cement. Shut down & washed up behind plug. Pumped plug to bottom & set plug. Released pressure down to 400psi & shut in.

Circulated cement to surface

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE Production Casing		875.00
5406	30	MILEAGE		103.50
5408	687	Footage		130.53
5407	min	Ton Mileage		300.00
5501C	3 hrs	Transport		312.00
1107A	40#	Phenoseal		48.60
110	350#	Gulsonite		175.00
1103	5000 gal	City Water		66.50
1126A	20 sks	Thicket Cement		1139.00
4402	1	2 7/8" Rubber Plug		21.00
			5.3%	SALES TAX
				ESTIMATED TOTAL
				26.32
				3237.45

08/11/08 # 221289

AUTHORIZATION _____

TITLE _____

DATE _____

RECEIVED
 JUL 22 2011
 KCC WICHITA