

KANSAS CORPORATION COMMISSION
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

well not completed
ORIGINAL

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

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 #: _____

8-4-08 8-29-08 8-29-08
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 125-31728-0000

Spot Description: _____
_____ ne sw ne Sec. 2 Twp. 34 S. R. 14 East West
3,780 Feet from North / South Line of Section
1,800 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Montgomery

Lease Name: melander Well #: 2-708

Field Name: wayside havana

Producing Formation: wayside

Elevation: Ground: 871 est Kelly Bushing: _____

Total Depth: 1470 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: 1450

feet depth to: surface w/ 150 sx cm.

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: Jack Horton

Title: operator Date: 7/18/11

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: Dg

RECEIVED

JUL 22 2011

Date: 7/27/11

KCC WICHITA

Operator Name: Jack Horton Lease Name: melander Well #: 2-708
 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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	12 5/8	8 5/8	22	20	portland	10	
production	6 3/4	4.5	10.5	1450	portland	150	2 % gel gilsonite

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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

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.	Gas Mcf	Water Bbls. Gas-Oil Ratio Gravity

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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <div style="text-align: center; border: 1px solid black; padding: 5px; font-weight: bold;">RECEIVED</div>
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JUL 22 2011
KCC WICHITA



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 18180
LOCATION Barksville Ok
FOREMAN Donnie Tate

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-29-08	3546	MULANDER 2 nd -08				Mont. KS.
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
JACK HORTON			419	ANDY		
MAILING ADDRESS			486	JAMES H.		
CITY			G+J.	TP		
STATE						
ZIP CODE						

JOB TYPE LS HOLE SIZE 6 3/4 HOLE DEPTH 1450+ CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 1450 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.8 SLURRY VOL. 1.75 WATER gal/sk _____ CEMENT LEFT IN CASING 0
 DISPLACEMENT 23.4 DISPLACEMENT PSI 600# MIX PSI 200# RATE 4 1/2 10.5#

REMARKS: ESTABLISH RATE AND CIRC. WITH WATER, GEL, AND LCM. RUN 150SK THICK SET. SHUT DOWN CLEAN OUT HOSES, PUMP, AND LINKS. RELEASE PLUG. DISPLACE PLUG 23.4 BBL TO SET SHAPE. KNOCK OFF WASH UP

CMT TO SURFACE

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		925.00
5406	35	MILEAGE		127.75
5402	1450'	FOOTAGE		270.00
5407	MIN	BUCK TRUCK		315.00
5621	1	4 1/2 PLUG CONTAINER		200.00
5501c	3 x HR	TRANSPORT		
1126A	150sk / 14,100	THICK SET		2550.00
1110	155sk / 750#	GILSONITE		487.50
1107A	35sk / 120#	PHEND		138.00
1118B	35sk / 150#	GEL		25.50
4404	1	4 1/2 RUBBER PLUG		45.00
1123	5,000 gallons	CITY WATER		70.00
		THANK YOU		
			5.3%	SALES TAX ESTIMATED TOTAL
				173.76
				5310.01

Rayn 3737

AUTHORIZATION

[Signature]

TITLE

225315

DATE

RECEIVED
JUL 22 2011

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