

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 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 - 125-31679-0000
Spot Description: _____
nw nw ne Sec. 2 Twp. 34 S. R. 14 East West
3,760 Feet from North / South Line of Section
2,240 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Montgomery
Lease Name: Melander Well #: 1-608
Field Name: wayside havana
Producing Formation: wayside
Elevation: Ground: 872 est Kelly Bushing: _____
Total Depth: 712 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 20 ft Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 705
feet depth to: surface w/ 80 sx cmt.

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SLOW
 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 #: _____
6-30-10 8-1-08 9-16-08
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
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: [Signature]
RECEIVED
JUL 22 2011
KCC WICHITA
7/27/11

Operator Name: Jack Horton Lease Name: Melander Well #: 1-608
 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Gamma Ray 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:50%;">Name</td> <td style="width:25%;">Top</td> <td style="width:25%;">Datum</td> </tr> <tr> <td>wayside</td> <td>650-668</td> <td>222</td> </tr> </table>	Name	Top	Datum	wayside	650-668	222
Name	Top	Datum					
wayside	650-668	222					

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	6 1/4	9 7/8	17 lb	20 ft	portland	8	
production casing	5 5/8	2 7/8	6.5	705	portland	80	2 % gel

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 <i>(Amount and Kind of Material Used)</i>	Depth
2 per ft	37 shots 650 -668	70 gal acid, 6000 lb sand, 160 bl gel water	650-668

TUBING RECORD: Size: <u>1 in</u> Set At: <u>670</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>09/20/2008</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>5 bl</u>	Gas Mcf <u>trace</u>	Water Bbls. <u>35 bl</u> Gas-Oil Ratio <u>29.6</u>

DISPOSITION OF GAS: <input checked="" 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 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 RECEIVED <u>650-668</u> JUL 22 2011
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PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8876

TICKET NUMBER 17898
LOCATION Bealsville
FOREMAN Jason Bell

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-108	35410	Melander 1-608	2	325	14 E	Mo
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Mailing Address <u>Jack Horton</u>			492	Tom		
CITY			538	John		
STATE			<u>Shady TX</u>			
ZIP CODE						

JOB TYPE L.S. HOLE SIZE 5 1/2 HOLE DEPTH 712 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 705 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.8 SLURRY VOL _____ WATER gal/ek _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 3.5 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Established circulation. Ran 80 sbs of Blue Star cement. Shut down and put 2 2 7/8 plug in and displaced to bottom. Knocked loose and washed up.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		925.00
5406	9.5	MILEAGE		164.25
5407	1	bul truck		300.00
5402	705	footage		141.00
5501	2 hrs	Transport		224.00
1101A	80 sbs	Blue Star	*	1360.00
1107A	80#	Plum	*	92.00
1123	5460	City Water	*	76.44
4402	2	2 7/8 Plug	*	46.00
			5.3 *	SALES TAX
				ESTIMATED TOTAL
				3412.44

Revin 3737

AUTHORIZATION

AK

224354

TITLE

DATE

RECEIVED

JUL 22 2011

KCC WICHITA