



KANSAS CORPORATION COMMISSION 1058202
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 # 9313
Name: Lorenz, James D.
Address 1: 543A 22000 RD
Address 2: _____
City: CHERRYVALE State: KS Zip: 67335 + _____
Contact Person: James D. Lorenz
Phone: (620) 423-9360
CONTRACTOR: License # 9313
Name: Lorenz, James D.
Wellsite Geologist: N/A
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 #: _____

<u>03/23/2011</u>	<u>03/24/2011</u>	<u>04/06/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-037-22163-00-00
Spot Description: _____
SE SE NE NW Sec. 19 Twp. 30 S. R. 22 East West
4125 Feet from North / South Line of Section
2805 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Crawford
Lease Name: AMERSHEK II Well #: 4A
Field Name: McCune
Producing Formation: Bartlesville
Elevation: Ground: 924 Kelly Bushing: 929
Total Depth: 370 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 22 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 0
feet depth to: 354 w/ 54 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 0 ppm Fluid volume: 0 bbls
Dewatering method used: Evaporated
Location of fluid disposal if hauled offsite:
Operator Name: _____
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

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: Doranne Gerber Date: 06/28/2011



1058202

Operator Name: Lorenz, James D. Lease Name: AMERSHEK II Well #: 4A
 Sec. 19 Twp. 30 S. R. 22 East West County: Crawford

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 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:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>Driller's Log</td> <td>0</td> <td>370</td> </tr> </table>	Name	Top	Datum	Driller's Log	0	370
Name	Top	Datum					
Driller's Log	0	370					

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	12.2500	8.6260	18	22	Portland	4	
Production	6.7500	2.8750	6.500	354	OWC	54	

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	2" DML-RTG	Sand frac 12-20,20-40 15%HCL acid, KCL Sub Bioside	300-310
2	2" DML-RTG	Sand frac 12-20,20-40 15%HCL acid, KCL Sub Bioside	290-300

TUBING RECORD: Size: <u>1</u> Set At: <u>330</u> Packer At: <u>0</u> Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>06/21/2011</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>2</u> Gas Mcf _____ Water Bbls. _____ Gas-Oil Ratio _____ Gravity _____

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" 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 INTERVAL: _____ _____
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Well Refined Drilling Company, Inc.

4230 Douglas Road - Thayer, KS 66776

Contractor License # 33072 -

Office - 620-839-5581; Jeff Pocket - 620-432-6170; Fax - 620-839-5582

**HAVE RIG
Rig # 2
WELL DIG!**

Rig #:	2	License #	9313
API #:	15-037-22163-0000		
Operator:	James D. Lorenz		
Address:	543A 22000 Road		
	Cherryvale, KS 67335 - 8515		

S19	T30S	R22E
Location:	SE, SE, NE, NW	
County	Crawford - KS	

				Gas Tests		
Well #:	Lease Name:	Amershek II	Depth	Oz.	Orifice	flow - MCF
Location: 4125	FSL		105		No Flow	
2805	FEL		130		No Flow	
Spud Date:	3/23/2011		230		No Flow	
Date Completed:	3/24/2011	TD: 370'	280		No Flow	
Geologist:			305		No Flow	
Driller:	Josiah Kephart		330		No Flow	
Casing Record	Surface	Production	370		No Flow	
Hole Size	12 1/4"	6 3/4"				
Casing Size	8 5/8"					
Weight						
Setting Depth	22'					
Cement Type	Portland					
Sacks	4					
Feet of Casing						

11LC-032411-R2-010-Amershek II.4A - James D. Lorenz

Well Log

Top	Bottom	Formation	Top	Bottom	Formation	Top	Bottom	Formation
0	1	overburden	222	223	blk shale	370		Total Depth
1	4	clay	223	227	shale			
4	6	shale	227	228.5	coal			
6	8	blk shale	228.5	239	shale			
		wet	239	241	blk shale			
0	61	shale	241	243	coal			
61	62.5	coal	243	277	shale			
62.5	77	shale	277	281	sandy shale			
77	90	lime			odor			
90	91	shale	281	313	sand			
91	93	blk shale			strong odor			
93	100	shale	291	294	less odor			
100	112	lime	294	302	strong odor			
112	113	shale			bleeding			
113	115	blk shale	302		less odor			
115	218	shale	313	314	shale			
218	219	lime	314	315.5	coal			
219	222	shale	315.5	370	shale			

Kepley Well Service, LLC

19245 Ford Road
Chanute, KS 66720

Date	Invoice #
4/6/2011	45349

Cement Treatment Report

Lorotta Oil, LLC
543A 22000 Road
Cherryvale, KS 67335

(x) Landed Plug on Bottom at 500 PSI
 () Shut in Pressure
 (x) Good Cement Returns
 () Topped off well with _____ sacks
 (x) Set Flocc Shoe

TYPE OF TREATMENT: Production Casing
 HOLE SIZE: 6 1/2"
 TOTAL DEPTH: 360

Well Name	Terms	Due Date		
	Net 15 days	4/6/2011		
Service or Product	Qty	Per Foot Pricing/Unit Pricing	Amount	
Run and cement 2 7/8"	354	4.00	1,416.00	
Sales Tax		7.30%	0.00	

Amershack A-4
Crawford County
Section:
Township:
Range:

Hooked onto 2 7/8" casing. Established circulation with 2.5 barrels of water, 1 GEL, 1 METSO, COTTONSEED ahead, blended 54 sacks of OWC, dropped rubber plug, and pumped 2 barrels of water

Total	\$1,416.00
Payments/Credits	\$0.00
Balance Due	\$1,416.00

pd 4/11/11
 CB# 1014
 \$13492.