



KANSAS CORPORATION COMMISSION 1056762
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 # 32079
Name: Leis, John E.
Address 1: 1188 Nighthawk Rd.
Address 2: _____
City: YATES CENTER State: KS Zip: 66783 + _____
Contact Person: John E. Leis
Phone: (620) 625-3676
CONTRACTOR: License # 33900
Name: Leis, Steven A.
Wellsite Geologist: NA
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>11/12/2010</u>	<u>11/12/2010</u>	<u>3/1/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-207-27723-00-00

Spot Description: _____

NE NE NE SE Sec. 33 Twp. 25 S. R. 15 East West
2805 Feet from North / South Line of Section
165 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Woodson

Lease Name: Eggers Well #: 3-10

Field Name: _____

Producing Formation: Squirrel

Elevation: Ground: 1094 Kelly Bushing: 1097

Total Depth: 1232 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 42 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: 42 w/ 12 sx cmt.

Drilling Fluid Management Plan

(Date must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 250 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: Deanna Garbar Date: 06/28/2011



1056762

Operator Name: Leis, John E. Lease Name: Eggers Well #: 3-10
 Sec. 33 Twp. 25 S. R. 15 East West County: Woodson

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 Wireline 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/ccl	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum see attached log
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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 casing	10	7	23	42	Portland	12	
longstring	5.625	2.875	8	1228	60/40 Pozmix	150	4%gel 1%calc

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 (Amount and Kind of Material Used)	Depth
2	1184-1190	Have not yet fractured.	

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. 3/1/2011	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain) <u>The well is not fractured yet</u>
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)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 29926

LOCATION Eureka KS

FOREMAN Eric Ledford

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
11-16-10	4923	3-10				Woodsen
CUSTOMER <u>Leis Oil Services</u>			Safety meeting 11/16/10			
MAILING ADDRESS <u>507 S. State</u>						
CITY <u>Yates Center</u>	STATE <u>KS</u>	ZIP CODE <u>66783</u>				
TRUCK # DRIVER TRUCK # DRIVER						
			<u>520</u>	<u>John</u>		
			<u>513</u>	<u>Dave</u>		

JOB TYPE Longstring 0 HOLE SIZE 5 7/8 HOLE DEPTH 1232' CASING SIZE & WEIGHT _____
 CASING DEPTH 1222' DRILL PIPE _____ TUBING 2 7/8" OTHER _____
 SLURRY WEIGHT 13.7" SLURRY VOL 37 Bbl WATER gal/sk 7.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 7' Bbl DISPLACEMENT PSI 300 MHP PSI 200 Shut in RATE _____

REMARKS: Safety meeting - Rig up to 2 7/8" tubing. Break circulation w/ 10 Bbl fresh water. Pump 4 sacks gel-flush, 3 Bbl dye water. Mixed 150 sacks 60/40 Premix cement w/ 4 7/8" gel, 1 7/8" cacl2 + 1/2" phenoxal/sk @ 13.7"/gal. Washout pump + lines, shut down, drop 2 plugs. Displace w/ 7' Bbl fresh water. Final pump pressure 300 PSI. Bump plugs to 200 PSI. shut casing in. Good cement returns to surface. 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
5402	0	MILEAGE in field	n/c	n/c
1131	150 Sks	60/40 Premix cement	11.35	1702.50
1186	515"	4 7/8" gel	.20	103.00
1102	130"	1 7/8" cacl2	.75	97.50
1102A	75"	1/2" phenoxal/sk	1.15	86.25
1181A	200"	gel-flush	.20	40.00
5402	6.96	tax mileage bulk tol	n/c	315.00
4402	2	2 7/8" top water plugs	23.00	46.00
		59% Discount @ 173.35		
		① 329840		
		pd ck # 1931 7.32		
		238184		
		Subtotal		3315.25
		SALES TAX		151.50
		ESTIMATED TOTAL		3466.75

Rev'n 3737

AUTHORIZATION Matt Lis 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.