



KANSAS CORPORATION COMMISSION 1056761
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 #: _____
11/22/2010 11/22/2010 12/2/2010
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-207-27722-00-00
Spot Description: _____
NW NW NE SE Sec. 33 Twp. 25 S. R. 15 East West
2805 Feet from North / South Line of Section
1200 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Woodson
Lease Name: Eggers Well #: 2-10
Field Name: Yates Center
Producing Formation: Squirrel
Elevation: Ground: 1098 Kelly Bushing: 1101
Total Depth: 1253 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

(Data 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 Gantzer Date: 06/28/2011



1056761

Operator Name: Leis, John E. Lease Name: Eggers Well #: 2-10
 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 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/ccl	<input checked="" 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	1248	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	1188-1196	15%HCL Acid	1188-1196
		100lbs 20-40 Sand	1188-1196
		7400lbs 12/20 Sand	1188-1196

TUBING RECORD: Size: <u>2.875</u> Set At: <u>1248</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>3/1/2011</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>1</u>	Gas Mcf <u>12</u>	Water Bbls. <u>23</u> Gas-Oil Ratio _____ Gravity <u>23</u>

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 checked="" 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

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TICKET NUMBER 29995

LOCATION EUREKA

FOREMAN Kevin McCoy

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-457-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-23-10	4823	Eggers 2-10	33	255	15E	Woodson
CUSTOMER <u>Leis Oil Services, LLC</u>			SAFETY Meeting			
MAILING ADDRESS <u>507 S. State</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY <u>Yates Center</u>			445	John S.		
STATE <u>Ks</u>	ZIP CODE <u>66783</u>		543	Dave		
			437	Jim		

JOB TYPE Longstring 0 HOLE SIZE 5 7/8" HOLE DEPTH 1253' CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 7/8 Set @ 1246' OTHER _____
 SLURRY WEIGHT 13.9" SLURRY VOL 40 BBL WATER gal/sk _____ CEMENT LEFT in CASING 0'
 DISPLACEMENT 7.2 BBL DISPLACEMENT PSI 400 RR PSI 900 Shut in RATE _____

REMARKS: Safety Meeting: Rig up to 2 7/8 Tubing. BREAK Circulation w/ 5 BBL Fresh water. Pump 4 SKS Gel Flush, 5 BBL water SPACER, mixed 150 SKS 60/40 Pozmix Cement w/ 4% Gel, 1% CaCl2, 1/2" Pheno Seal /SK @ 13.9"/gal. Shut down. Wash out Pump & Lines. Drop 2 Plugs. Displace w/ 7.2 BBL Fresh water. FINAL Pumping Pressure 400 psi. Bump Plugs to 1200 psi. Shut Tubing in @ 900 psi. 3 BBL Cement Slurry to Pit. Job Complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	925.00	925.00
5406	30	MILEAGE	3.65	109.50
1131	150 SKS	60/40 Pozmix Cement	11.35	1702.50
1118 B	515"	Gel 4%	.20	103.00
1102	130"	CaCl2 1%	.75	97.50
1107 A	75"	Pheno Seal 1/2"/SK	1.15	86.25
1118 B	200"	Gel Flush	.20	40.00
5407	6.45 TONS	Ton Mileage BULK Delv.	MIC	315.00
5502 C	2.5	80 BBL VAC TRUCK	85.00	212.50
4402	2	2 7/8 Top Rubber Plugs	23.00	46.00
			Sub Total	3637.25
			SALES TAX 7.3%	151.50
			ESTIMATED TOTAL	3788.75

Kevin 5737

THANK YOU

208324

AUTHORIZATION Marty

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