



KANSAS CORPORATION COMMISSION 1056739
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 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>11/13/2010</u>	<u>11/14/2010</u>	<u>12/2/2010</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-207-27721-00-00

Spot Description: _____

NE NE NW SE Sec. 33 Twp. 25 S. R. 15 East West

2805 Feet from North / South Line of Section

1640 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Woodson

Lease Name: Eggers Well #: 1-10

Field Name: _____

Producing Formation: Squirrel

Elevation: Ground: 1080 Kelly Bushing: 1083

Total Depth: 1242 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 1238 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: 1242 w/ 150 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 Garbar Date: 06/28/2011



1056739

Operator Name: Lels, John E. Lease Name: Eggers Well #: 1-10
 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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	See	Attached Log
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
List All E. Logs Run: Gamma Ray/ Neutron/ CCL			

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	10.000	7.000	23	42.000	Portland	12	
Longstring	5.625	2.875	8	1238	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 <i>(Amount and Kind of Material Used)</i>	Depth
2	1180-1189	15% HCL Acid 150 gal.	1180-1189
		200lbs 20/40 sand	1180-1189
		14800 lbs 12/20 sand	1180-1189

TUBING RECORD:		Size: <u>2.875</u>	Set At: <u>1238</u>	Packer At: <u>NA</u>	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 <i>(Explain)</i> _____		
Estimated Production Per 24 Hours	Oil Bbls. <u>1</u>	Gas Mcf	Water Bbls. <u>14</u>	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 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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 29925

LOCATION Eureka KS

FOREMAN Rick 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
11-16-11	4883	1-10				Woodson
CUSTOMER Leis Oil Services LLC			Safety meeting 7:00			
MAILING ADDRESS 507 S. State						
CITY Yates Center	STATE KS	ZIP CODE 66783	TRUCK #	DRIVER	TRUCK #	DRIVER
			520	John		
			543	Oare		

JOB TYPE Logging O HOLE SIZE 5 7/8" HOLE DEPTH 1212' CASING SIZE & WEIGHT _____
 CASING DEPTH 1238' DRILL PIPE _____ TUBING 2 7/8" OTHER _____
 SLURRY WEIGHT 13.4" SLURRY VOL 37 bbl WATER gal/sk 7.0 CEMENT LEFT IN CASING 0'
 DISPLACEMENT 7.2 bbl DISPLACEMENT PSI 400 MIX PSI 700 shut in RATE _____

REMARKS: Safety meeting- Rig up to 2 7/8" tubing. Break circulation w/ 10 bbl fresh water. Pump 4 sec gel-flush. 3 bbl dye water. Mixed 5Ks 60/40 Permix cement w/ 4 7/8 gal, 170 ccs 12 + 1/2" phenosan / sk @ 13.4" / gal shut down, washout pump & lines, drop 2 plugs Displace w/ 7.2 bbl fresh water. Final pump pressure 400 psi. Pump plug to 700 psi. Shut casing in. Good cement returns to surface. Job complete. Rig down.

Thank u

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	925.00	925.00
5406	0	MILEAGE in field	n/c	n/c
1131	150 sks	60/40 Permix cement	11.35	1702.50
11186	515"	4 7/8 gal	.20	103.00
1102	130"	170 ccs 12	.75	97.50
1102A	75"	1/2" phenosan / sk	1.15	86.25
5407	6.45	tax mileage bulk tax	n/c	315.00
9402	2	2 7/8" top rubber plugs	23.00	46.00
11186	200"	gel-flush	.20	40.00
		5% Discount \$173.35		
		# 3293.40		
		pl. cr. # 1981		
		7.37%	Subtotal	3315.25
			SALES TAX	151.50
			ESTIMATED TOTAL	3466.75

AUTHORIZATION [Signature] 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.