

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 # 33543
Name: Mark L. Morrison
Address 1: 1651 50th Road
Address 2: _____
City: Yates Center State: KS Zip: 66783 + 5141
Contact Person: Mark L. Morrison
Phone: (620) 496-7874
CONTRACTOR: License # 33977
Name: E.K. Energy, LLC
Wellsite Geologist: n/a
Purchaser: n/a

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 #: _____

March 4, 2011	March 17, 2011	March 21, 2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 001-30146-00-00
Spot Description: _____
NE_NW_NE_NW Sec. 28 Twp. 26 S. R. 21 East West
5,210 Feet from North / South Line of Section
3,388 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Allen
Lease Name: Nelson Well #: M2-11
Field Name: Savonburg
Producing Formation: Bartlesville
Elevation: Ground: 1055 ft. Kelly Bushing: n/a
Total Depth: 738 ft. Plug Back Total Depth: 728.45 ft.
Amount of Surface Pipe Set and Cemented at: 20 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: surface
feet depth to: 728.45 ft. w/ 95 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls
Dewatering method used: Drilled with fresh water - air dry
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: Donna Manda
Title: Agent Date: June 8, 2011

KCC Office Use RECEIVED

Letter of Confidentiality Received Date: JUN 08 2011

Confidential Release Date: _____

Wireline Log Received **KCC WICHITA**

Geologist Report Received

UIC Distribution

ALT I II III Approved by: DG Date: 6/13/11

Operator Name: Mark L. Morrison Lease Name: Nelson Well #: M2-11
 Sec. 28 Twp. 26 S. R. 21 East West County: Allen

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 type="checkbox"/> Yes <input checked="" 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 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	← 12-1/4"	8.225		20	50/50 pozmix	95	
production	← 5-5/8"	2.875		728.45 ft.			

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 (Amount and Kind of Material Used)	Depth
13	664.0 - 671.0		
13	682.0 - 688.0		
21	693.0 - 703.0		

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____
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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 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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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 27389

LOCATION Atchewa KS

FOREMAN Fred Maden

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
3/17/11	5127	Nelson # M 2.11	NW 28	26	21	AL
CUSTOMER Mark Morrison			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 1650 50th Rd			506	Fred	Safety 111kg	
CITY Yates Center			495	Cosmo	CK	
STATE KS			549	Cecil	CHB	
ZIP CODE 66783						

JOB TYPE Log study HOLE SIZE 5 7/8 HOLE DEPTH 7.34 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 728' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING 2 1/2' Plug
 DISPLACEMENT 4.23 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BBL/HR

REMARKS: Establish circulation. Mix Pump 100# Premium Gel
 Flush 1 Mix Pump 94 sks 50/50 Per Mix Cement
 2 1/2" Gel Cement to surface. Flush pump & lines clean
 Displace 2 1/2" Rubber plug to casing TD w/ 4.23 BBLs
 Fresh water. Pressure to 700# PSI. Release pressure
 to set Flood Valve. Shut in Casing

D. Kinsey Drilling
Rig Supplied Water

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975 ⁰⁰
5406	65	MILEAGE		260 ⁰⁰
5402	728'	Casing footage		n/c.
5407A	267.73	Ton Miles		331.04
1124	94	50/50 Per Mix Cement		982 ³⁰
111813	258#	Premium Gel		516 ⁰⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
Paid 3/17/11 \$364.00		4 you less 2 1/2" 54"		
		Total		2651 ³⁵
				RECEIVED
				JUN 08 2011
				KCC WICHITA
			7.3%	SALES TAX
				ESTIMATED
				TOTAL
				77 ⁵²
				2705 ⁴⁶

Revin 3737

AUTHORIZATION _____ 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.