1059155

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

CONFIDENTIAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5225
Name: Quinque Operating Company
Address 1: 908 NW 71ST ST
Address 2:
City: OKLAHOMA CITY State: OK Zip: 73116 + 7402
Contact Person: Catherine Smith
Phone: (405) 840-9876
CONTRACTOR: License # 34199
Name: Rawhide Well Service, LLC
Wellsite Geologist: Blaine Flaming
Purchaser: National Cooperative Refining

Designate Type of Completion:

- [ ] New Well
- [ ] Re-Entry
- [x] Workover

- [x] 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: Quinque Opoeraing Company
Well Name: Koehn #2-19
Original Comp. Date: 4/9/2005 Original Total Depth: 5800

- [ ] Deepening
- [x] 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 #:

5/10/2011		5/18/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-119-21146-00-01
Spot Description:
_ - NE - NW - SE Sec. 19 Twp. 30 S. R. 30 [ ] East [x] West
2310 Feet from [ ] North / [x] South Line of Section
1650 Feet from [x] East / [ ] West Line of Section
Footages Calculated from Nearest Outside Section Corner:
[ ] NE [ ] NW [x] SE [ ] SW
County: Meade
Lease Name: KOEHN Well #: 2-19
Field Name: Mertilla South
Producing Formation: Swope
Elevation: Ground: 2816 Kelly Bushing: 2825
Total Depth: 5800 Plug Back Total Depth: 5250
Amount of Surface Pipe Set and Cemented at: 1722 Feet
Multiple Stage Cementing Collar Used? [ ] Yes [x] No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from:
feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls
Dewatering method used:
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

- [x] Letter of Confidentiality Received
  Date: 07/08/2011
- [ ] Confidential Release Date:
- [x] Wireline Log Received
- [ ] Geologist Report Received
- [ ] UIC Distribution

ALT [x] I [ ] II [ ] III Approved by: NAOMI JAMES Date: 07/08/2011