



KANSAS CORPORATION COMMISSION 1056410
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 # 30102

Name: Christenson, Robert dba C & S Oil

Address 1: PO BOX 41

Address 2: _____

City: NEOSHO FALLS State: KS Zip: 66758 + 0041

Contact Person: Robert Christenson

Phone: (620) 963-2342

CONTRACTOR: License # 33217

Name: Three Rivers Exploration, LLC

Wellsite Geologist: none

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>4/7/2011</u>	<u>4/11/2011</u>	<u>4/12/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-207-27792-00-00

Spot Description: _____

SW SW SE NW Sec. 26 Twp. 23 S. R. 16 East West

2845 Feet from North / South Line of Section

3700 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Woodson

Lease Name: Yoho Well #: 16

Field Name: Vernon

Producing Formation: Arbuckle

Elevation: Ground: 994 Kelly Bushing: 999

Total Depth: 1763 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: 1544

feet depth to: 0 w/ 260 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 160 bbls

Dewatering method used: Hauled to Disposal

Location of fluid disposal if hauled offsite: _____

Operator Name: Robert Christenson dba C & S Oil

Lease Name: Reinhard Krohn License #: 30102

Quarter SW Sec. 3 Twp. 24 S. R. 17 East West

County: Woodson Permit #: D30293

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 Garcia Date: 07/15/2011



1056410

Operator Name: Christenson, Robert dba C & S Oil Lease Name: Yoho Well #: 16
 Sec. 26 Twp. 23 S. R. 16 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum arbuckle
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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	10	8.625	20	42	A	35	
production	7.875	4.50	11.6	1544	60/40 Pozmix	210	

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

TUBING RECORD: Size: <u>2.3750</u> Set At: <u>1500</u> Packer At: <u>1500</u> Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 <i>(Explain)</i> _____
Estimated Production Per 24 Hours	Oil Bbbs. Gas Mcf Water Bbbs. 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 checked="" type="checkbox"/> Open Hole <input 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 30402

LOCATION EURKA

FOREMAN Kevin McCoy

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-487-8876

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-207-27792

Ks

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-7-11	2027	YoHo # 16	26	23S	16E	Woodson
CUSTOMER C & S OIL			THREE RIVERS EXPLOR.			
MAILING ADDRESS P.O. Box 41						
CITY Neosho Falls	STATE Ks	ZIP CODE 66758	TRUCK #	DRIVER	TRUCK #	DRIVER
			445	DAVE G.		
			543	ALLEN B		

JOB TYPE SURFACE HOLE SIZE 12 1/4 HOLE DEPTH 45' CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 42' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15" SLURRY VOL 8.5 BU WATER gal/blk 6.5 CEMENT LEFT IN CASING 10'
 DISPLACEMENT 2.0 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting: Rig up to 8 5/8 casing. Break circulation w/ fresh water. Mixed 35 SKS class "A" cement w/ 3% CACL2, 2% Gel @ 15" / gal. Displaced w/ 2.0 BBL fresh water. Shut casing in. Good cement returns to surface. Job complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401 S	1	PUMP CHARGE	775.00	775.00
5406	40	MILEAGE	4.00	160.00
1104 S	35 SKS	Class "A" Cement	14.25	498.75
1102	100 "	CACL2 3%	.70 "	70.00
1118 B	65 "	Gel 2%	.20 "	13.00
5407	1.65 Tons	Ton Mileage Bulk Delv.	M/C	330.00
			Sub Total	1846.75
		THANK YOU	SALES TAX 7.3%	42.47
			ESTIMATED TOTAL	1889.22

Revin 3737

AUTHORIZATION _____

[Signature]

0410693

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



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 30416

LOCATION Evreka KS

FOREMAN Rick Lotford

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT

API # 15-207-27792-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-12-11	80021	Yeba #116	26	235	14E	Woodson
CUSTOMER C+S Oil			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 41			520	John		
CITY Neosho Falls			491 L	Steve (Eldorado)		
STATE KS			479 T	Chris		
ZIP CODE 66758			437	Jim		

JOB TYPE longstring 0 HOLE SIZE 7 7/8" HOLE DEPTH 1763' CASING SIZE & WEIGHT 4 1/2" 11.6"
 CASING DEPTH 1544' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 12.8"-13.9" SLURRY VOL 21.15M WATER gal/sk 8.0-9.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 24 Ob DISPLACEMENT PSI 500 PSI 900 Bump plug RATE _____

REMARKS: Safety meeting - Rig up to 4 1/2" casing. Set packer shoe @ 1000 PSI. Pump 5 bbl water ahead. Mixed 210 sks 60/40 Permox cement w/ 6% gel + 1/2" phenosan/sk @ 12.8"/gal. Tail in w/ 50 sks O.W.C. cement w/ 5" Katsow/sk + 1/2" phenosan/sk @ 13.9"/gal. Washout pump + lines. Shut down, release rubber plug. Displace w/ 24 bbl fresh water. Final pump pressure 500 PSI. Bump plug to 900 PSI wait 2 minutes, release pressure, float & plug held. Good cement returns to surface = 3 bbl slurry to pit. Job complete. Rig down.

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	40	MILEAGE	4.00	160.00
1131	210 sks	60/40 Permox cement	11.95	2509.50
11188	1080*	6% gel	.20	216.00
1107A	105*	1/2" phenosan/sk	1.22	128.10
1126	50 sks	O.W.C. cement	17.90	895.00
1116A	250*	5" Katsow/sk	.44	110.00
1107A	25*	1/2" phenosan/sk	1.22	30.50
5402A	11.63	ten mileage bulk trucks	1.26	586.16
55026	4 hrs	80 bbl HAC 702	98.00	360.00
1123	3000 gals	city water	15.00/1000	46.80
4404	1	4 1/2" top rubber plug	42.00	42.00
4306	1	thread lock kit	25.00	25.00
4251	1	4 1/2" packer shoe Type A	1323.00	1323.00
4129	2	4 1/2" centralizers	42.00	84.00
4103	2	4 1/2" baskets	218.00	436.00
			Subtotal	7727.06
			SALES TAX	426.77
			ESTIMATED TOTAL	8353.83

Revin 3737

AUTHORIZATION Rick Lotford

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.

DRILLERS LOG

DRILLING CONTRACTOR:
THREE RIVERS EXPLORATION LLC
#33217

ROBERT CHRIESTENSON DBA
C & S OIL
PO BOX 41
NEOSHO FALLS, KS 66758

API NO: 15-207-27792-00-00
YOHO 16
SEC. 26, T23S, R16E
WOODSON CO. KS

SOIL & CLAY 0-25
SHALE 25-108
LIME 108-150
SHALE 150-156
LIME 156-178
SHALE 178-212
LIME 212-398
SHALE W/LIME 398-464
LIME 464-525
BLACK SHALE 525-527
LIME 527-553
BLACK SHALE 553-555
LIME 555-575
SHALE 575-643
LIME 643-667
SHALE 667-719
LIME 719-723
SHALE 723-743
LIME 743-750
SHALE 750-773
LIME 773-782
SHALE 782-812
LIME 812-818
SHALE 818-829
LIME 829-832
SHALE 832-842
LIME 842-856
SHALE 856-872
LIME 872-876
BLACK SHALE 876-878
LIME 878-900
SHALE 900-910
LIME 910-918
BLACK SHALE 918-920
LIME 920-927
SHALE 927-930
LIME 930-940
SHALE 940-972
LIME 972-975
SHALE 975-1020
LIME 1020-1022
SHALE 1022-1033
BLACK SHALE 1033-1034
SHALE 1034-1086
LIME 1086-1091
SHALE 1091-1097

4-7-11 DRILLED 10" HOLE AND SET 42 '
8 5/8" SURFACE CASING.
4-7-11 HURRICANE CEMENTED SURFACE CASING
WITH 35 SACKS OF QUICK SET
4-8-11 STARTED DRILLING 5 5/8" HOLE,
4-11-11 FINISHED DRILLING T.D 1763'

LIME 1097-1104
SHALE 1104-1190
LIME 1190-1192
SHALE 1192-1248
LIME 1248-1250
SHALE 1250-1280
LIME 1280-1285
SHALE 1285-1292
LIME 1292-1294
SHALE 1294-1302
LIME 1302-1304
SHALE 1304-1330
LIME 1330-1450
DOLOMITE 1450-1520
SHALE 1520-1530
LIME 1530-1570
LIME 1570-1650
DOLOMITE 1650-1680
LIME 1680-1715
LIME 1715-1763

TOTAL DEPTH 1763'