



KANSAS CORPORATION COMMISSION 1057850
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 # 34288
Name: Lone Wolf Oil LLC
Address 1: 23580 PLEASANT VALLEY RD
Address 2: _____
City: WELLSVILLE State: KS Zip: 66092 + _____
Contact Person: dan folks
Phone: (785) 248-1781
CONTRACTOR: License # 5682
Name: Hughes Drilling Co, a General Partnership
Wellsite Geologist: none
Purchaser: high sierra crude oil & marketing llc

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 #: _____
10/18/2010 10/19/2010 10/28/2010
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-121-28820-00-00
Spot Description: _____
NW SW SW SW Sec. 35 Twp. 15 S. R. 21 East West
487 Feet from North / South Line of Section
5 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Miami
Lease Name: folks b Well #: 7
Field Name: paola rantoul
Producing Formation: squirrel
Elevation: Ground: 1019 Kelly Bushing: 0
Total Depth: 740 Plug Back Total Depth: 734
Amount of Surface Pipe Set and Cemented at: 2165 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 734
feet depth to: 0 w/ 92 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 0 ppm Fluid volume: 0 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 Garris Date: 07/11/2011



1057850

Operator Name: Lone Wolf Oil LLC Lease Name: folks b Well #: 7
 Sec. 35 Twp. 15 S. R. 21 East West County: Miami

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input checked="" type="checkbox"/> Yes <input 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	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>hertha</td> <td>389</td> <td>693</td> </tr> <tr> <td>squirrel</td> <td>687</td> <td>689</td> </tr> </table>	Name	Top	Datum	hertha	389	693	squirrel	687	689
Name	Top	Datum								
hertha	389	693								
squirrel	687	689								

CASING RECORD <input checked="" 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	11.125	8	15	2165	portland	5	
production	5.625	2.875	7	734	50/50	92	2% gel

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
3	perf 2" dmltrg 31 perfs	fracture 3000lbs sand	687-697

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		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 (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbls. 3	Gas Mcf	Water Bbls. 1
		Gas-Oil Ratio	Gravity 28

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" 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: <u>687-697</u>
--	--	--



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8678
FAX 620/431-0012

INVOICE

Invoice # 237482

Invoice Date: 10/21/2010 Terms:

Page 1

LONE WOLF OIL LLC
DANNY FOLKS
23580 PLASANT VALLEY RD
WELLSVILLE KS 66092
() -

FOLKS UNIT B #7
27203
SW 35-15-21 MI
10/20/2010
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	92.00	9.8400	905.28
1118B	PREMIUM GEL / BENTONITE	258.00	.2000	51.60
4402	2 1/2" RUBBER PLUG	1.00	23.0000	23.00
Description		Hours	Unit Price	Total
370	80 BBL VACUUM TRUCK (CEMENT)	1.50	100.00	150.00
495	CEMENT PUMP	1.00	925.00	925.00
495	EQUIPMENT MILEAGE (ONE WAY)	20.00	3.65	73.00
495	CASING FOOTAGE	734.00	.00	.00
548	MIN. BULK DELIVERY	1.00	315.00	315.00

*Ad CK# 1245
Thank you
Suzanne
A/R*

Parts:	979.88	Freight:	.00	Tax:	73.99	AR	2516.87
Labor:	.00	Misc:	.00	Total:	2516.87		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7864

GILLETTE, WY
307/688-4914

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLDWIDE, WY
307/347-4577



CONSOLIDATED
CEMENT SERVICES, LLC

TICKET NUMBER 27203
LOCATION Ottawa KS
FOREMAN Fred Maden

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-487-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/20/10	4818	Folks Unit B - #7	SW 35	15	21	M1
CUSTOMER Lone Wolf Oil LLC			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 23580 Pleasant Valley Rd			Fred	506	Safety Mfg	
CITY Wellsville			495	Casey		
STATE KS			370	Arden		
ZIP CODE 66092			548	Tim		

JOB TYPE Long string HOLE SIZE 5 3/8 HOLE DEPTH 740' CASING SIZE & WEIGHT 2 3/4" EOE
CASING DEPTH 734' DRILL PIPE Pin in TUBING @ 730' OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
DISPLACEMENT 4.24 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Establish Circulation. Mix + Pump 100# Premium Gel
Flush. Mix + Pump 949ks 50/50 Por Mix Cement 270 Gal
Cement to surface. Flush pump & lines clean. Displace
2 1/2" Rubber plug to pin in casing @ w/ 4.24 BBLs Fresh Water
Pressure to 1700# PSI. Shut & casing.

Hughes Drilling. Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		925 ⁰⁰
5406	20 mi	MILEAGE	73 ⁰⁰	1460 ⁰⁰
5402	734'	Casing footage		N/C
5407	Minimum	Ten Miles		315 ⁰⁰
5522C	15 hr	80 BBL Voe Truck		150 ⁰⁰
1124	925 ks	50/50 Por Mix Cement		905 ²⁸
1180	250 ⁰⁰	Premium Gel		5160 ⁰⁰
4402	1	2 1/2" Rubber Plug		23 ⁰⁰
		<u>Paid Thank You</u>		
		<u>ck @ 1245</u>		
		<u>Less 20. 5034</u>		
		<u>Total 2466⁵³</u>		
		<u>FM WO# 237482</u>		
			7.55%	SALES TAX
				73 ⁸⁹
				ESTIMATED
				TOTAL
				2516 ⁸⁷

Rev'n 8757

AUTHORIZATION Qmy Tolls 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.