



KANSAS CORPORATION COMMISSION 1059729  
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 # 32711  
Name: Becker, Mike  
Address 1: 15135 BROADMOOR  
Address 2: \_\_\_\_\_  
City: STANLEY State: KS Zip: 66223 + 3111  
Contact Person: Mike Becker  
Phone: ( 913 ) 271-7631  
CONTRACTOR: License # 32711  
Name: Becker, Mike  
Wellsite Geologist: N/A  
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>6/13/2011</u>	<u>06/20/2011</u>	<u>07/12/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-121-28908-00-00

Spot Description: \_\_\_\_\_  
SW SW SW NW Sec. 4 Twp. 16 S. R. 22  East  West  
2905 Feet from  North /  South Line of Section  
280 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW  
County: Miami

Lease Name: Crownover Well #: 1

Field Name: \_\_\_\_\_

Producing Formation: Peru

Elevation: Ground: 992 Kelly Bushing: 994

Total Depth: 576 Plug Back Total Depth: \_\_\_\_\_

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: 20

feet depth to: 20 w/ 5 sx cmt.

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

Chloride content: 0 ppm Fluid volume: 10 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	
<input type="checkbox"/> Letter of Confidentiality Received	Date: _____
<input type="checkbox"/> Confidential Release Date: _____	
<input type="checkbox"/> Wireline Log Received	
<input type="checkbox"/> Geologist Report Received	
<input type="checkbox"/> UIC Distribution	
ALT <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III	Approved by: <u>Deanna Garrison</u> Date: <u>07/25/2011</u>



1059729

Operator Name: Becker, Mike Lease Name: Crownover Well #: 1  
 Sec. 4 Twp. 16 S. R. 22  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 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 checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input 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>Peru sand</td> <td>558</td> <td>576</td> </tr> </table>	Name	Top	Datum	Peru sand	558	576
Name	Top	Datum					
Peru sand	558	576					

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	11	7	12	20	Portland	5	none
Pumping string	6	2	7	558	Portland	85	none

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 (Amount and Kind of Material Used)	Depth

<b>TUBING RECORD:</b>		Size: <u>2 3/8 upset</u>	Set At: <u>558</u>	Packer At: <u>rag packer 558</u>	Liner Run: <input type="checkbox"/> Yes <input checked="" 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.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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 (Specify) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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# CMI Gardner

790 E. Warren

Gardner, KS 66030

Phone : 913-856-8122 Fax : 913-856-8439

## Invoice # 67006

Taken On : 06/27/2011 at 03:56 PM

Date Printed: 06/27/2011 at 03:56:51 PM

Sold To CASH ON DELIVERY

ShipTo 24295 BETHEL CHURCH RD.

Tax Category : (11) Taxable Sales (9.025%)

Account Rep : (4) Alma White

Sales Clerk : (18) Fred Kirk

Account # 912

Ordered By :

PO #

Qty Ord	Qty Shp	UOM	Item Number	Description	Unit Price	Extended
80	80	Each	P0000	PORTLAND 94#-TYPE 1 GRAY	10.3900	831.20

Cash :	\$906.22	Check :	\$0.00	Credit Card :	\$0.00	On Account :	\$0.00
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SubTotal :	\$831.20
Tax (9.025%) :	\$75.02
Total :	\$906.22
Tendered :	\$906.22
Change Due :	\$0.00
Amount Due :	\$0.00

All Invoices Are Due And Payable by July 10. Late Payment May Result in a Service Charge of 1.5000% (Min \$0.50)