

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

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 31486
Name: Jack Horton
Address 1: PO 97
Address 2: _____
City: Sedan State: ks Zip: 67361 + _____
Contact Person: Jack Horton
Phone: (620) 249 4476
CONTRACTOR: License # 31486
Name: Jack Horton
Wellsite Geologist: _____
Purchaser: Coffeyville Resources

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 #: _____
12-20-10 12-24-10 12-24-10
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-125-32024-00-00

Spot Description: _____
ne nw sw se Sec. 2 Twp. 34 S. R. 14 East West
2,360 Feet from North / South Line of Section
2,240 Feet from East / West Line of Section

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

County: Montgomery

Lease Name: Melander Well #: 6

Field Name: Wayside havana

Producing Formation: wayside

Elevation: Ground: 817 Kelly Bushing: _____

Total Depth: 715 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: 0

feet depth to: 710 w/ 75 sx cmt.

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

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: evaporate

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: Jack Horton
Title: operator Date: 7/25/11

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: DJG Date: 8/2/11

Operator Name: Jack Horton Lease Name: Melander Well #: 6
 Sec. 2 Twp. 34 S. R. 14 East West County: Montgomery

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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: gamma ray neutron	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum wayside 652-576 165
--	---

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 casing	9 7/8	7 in	16	20 ft	portland	8	
production casing	5 5/8	2 7/8	6.5	710	portland	75	2 % gel

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
2	652-662 672-676	70 gal acid 6000 lb sand 160 gel water	652-676

TUBING RECORD: Size: <u>1 in</u> Set At: <u>695</u> Packer At: _____ Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>1/05/2011</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____
Estimated Production Per 24 Hours	Oil Bbls. <u>4</u> Gas Mcf <u>trace</u> Water Bbls. <u>30 bl</u> Gas-Oil Ratio _____ Gravity <u>29</u>

DISPOSITION OF GAS: <input checked="" type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-1B.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dualty Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>652-676</u>
--	---	--



CONSOLIDATED
Oil Well Services, LLC

238871

TICKET NUMBER 29497

LOCATION Bassville

FOREMAN Jason Bell

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-487-8678

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-23-10	4567	Melander #2				Mea
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Kettis Oil			492	Tom		
MAILING ADDRESS			531	Tony		
Jack Horton Operator			Wimley TP			
CITY	STATE	ZIP CODE				

JOB TYPE L.S. HOLE SIZE 5 7/8 HOLE DEPTH 715 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 710 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 4 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Established circulation on 75 sec thickset class II with 6# Kolsmac
107 salt 4 phos. Knocked loose cement bars and treated back on
pumped 2 plugs to bottom plugs land and shut in.
- Cement circulated to surface -

[Handwritten signature]
[Handwritten signature]
[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		925.00
5406	45	MILEAGE		164.25
5407	1	bulk cement		315.00
5402	710	footage		142.00
55016	2.5 hrs	transport 20 vac		250.00
1126 A	75 SLS	thickset		1275.00
110A	40#	Phos		46.00
110A	450#	Kolsmac		189.00
111	350#	Salt		115.50
1123	3360 ft gal	City Water	50.00	168.00
4402	2	2 7/8 plugs		46.00
		Paid check # 1915		102 amount if paid in 30 days = 562.63
				3263.65
			6.3	SALES TAX ESTIMATED TOTAL 108.47
				3626.08

AUTHORIZATION [Signature] 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.