



KANSAS CORPORATION COMMISSION 1061505
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 # 33973
Name: Guinotte Company LLC
Address 1: 1526 S WILLOW
Address 2: _____
City: OTTAWA State: KS Zip: 66067 + 3818
Contact Person: Lesli Stuteville
Phone: (913) 980-8207
CONTRACTOR: License # 34223
Name: Utah Oil LLC
Wellsite Geologist: NA
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 #: _____
07/12/2011 07/18/2011 07/22/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-059-25649-00-00
Spot Description: N. 38.56710 W. 95.12224
SW NE SE SE Sec. 18 Twp. 17 S. R. 21 East West
951 Feet from North / South Line of Section
340 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Franklin
Lease Name: BLUNK Well #: 24
Field Name: _____
Producing Formation: squirrel
Elevation: Ground: 878 Kelly Bushing: 0
Total Depth: 543 Plug Back Total Depth: 532
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: 0
feet depth to: 42 w/ 25 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 1500 ppm Fluid volume: 80 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 Garrsor Date: 08/16/2011



1061505

Operator Name: Guinotte Company LLC Lease Name: BLUNK Well #: 24
 Sec. 18 Twp. 17 S. R. 21 East West County: Franklin

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 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 open hole
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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	9	6.2500	10	42	portland	25	50/50 poz
completion	5.625	2.8750	8	532	portland	79	50/50 poz

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: _____ 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.	Gas Mcf	Water Bbls. 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 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) _____	PRODUCTION INTERVAL: _____ _____
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LEASE NAME Blunk OPERATOR _____ START DATE: July 12, 2011
 WELL # 24 LOCATION: _____ API # _____
 SURFACE PIPE: 7" Ft 42' Cement(#bags) 25 Bags
 PRODUCTION: 2 1/2 PIPE: _____ SIZE: _____ #FT 332

Thickness	Formation	Comment	Depth	Thickness	Formation	Comment	Depth
6	TOPSOIL		6	2	SHALE	CIRCULATE	496
30	CLAY		36	2	SAND, SHALE	OIL SHOW	498
3	GRAVEL		39	3	SAND	Bleeding some oil	501
18	LIME		57	1	SAND		502
22	SHALE		79	6	SAND	GOOD BLEEDING SAND	508
7	LIME		86	7	SHALE	CORED	515
34	SHALE		120	28	SHALE	T.D	543
14	LIME		134				
3	SHALE		137				
3	LIME		140				
10	SHALE		150				
15	LIME		125				
8	SHALE		183				
12	LIME		195				
7	SHALE		202				
2	LIME		204				
1	SHALE		205				
17	LIME	00770m f.w.c.	222				
156	SHALE		328				
18	LIME		396				
2	SHALE		398				
10	LIME		408				
28	SHALE		436				
7	LIME		443				
13	SHALE		456				
3	LIME		459				
11	SHALE		470				
3	LIME		473				
5	SHALE		478				
3	LIME		481				
2	SHALE		483				
5	LIME	BLEEDING	488				
2	SHALE	CIRCULATE	490				
2	SHALE	" "	492				
2	"	" "	494				



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 32675
LOCATION Ottawa KS
FOREMAN Fred Maden

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY				
2/18/11	3132	Blank # 24	SE 18	17	21	FR,				
CUSTOMER		TRUCK #		DRIVER		TRUCK #		DRIVER		
Gwinette Company LLC		506		Fred		506		Safety		
MAILING ADDRESS			368		Casey		CK		D	
1526 S. Willow			369		Devt		DM			
CITY	STATE	ZIP CODE	510		Gary		GM			
Ottawa	KS	66067								

JOB TYPE Logging HOLE SIZE 5 7/8 HOLE DEPTH 560' CASING SIZE & WEIGHT _____
 CASING DEPTH 543' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 3.1 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Establish Circulation - Mix + Pump - 100# Premium Gel
Flush. Mix + Pump 79 sks 50/50 Por Mix Cement 270 gal
Cement to Surface. Flush pump + lines clean. Displace
2 1/2" Rubber plug to casing TD w/ 3.1 BBL Fresh water.
Pressure to 950# PSI. Release pressure to set float
Value. Shut in casing.

Brad Leach Drilling Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975 ⁰⁰
5406	10 mi	MILEAGE		40 ⁰⁰
5402	543	Casing Footage		N/C
5407	1/2 minimum	Ton Miles.		165 ⁰⁰
5502c	1 1/2 hrs	50 BBL Vac Truck		135 ⁰⁰
1124	79 sks	50/50 Por Mix Cement		825 ⁵⁸
1118B	583#	Premium Gel - (350# to Pump house)		116 ⁶⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
<u>WD# 212757</u>				
<u>PD CK# 1785</u>				
		2360.81		
		45.70	7.8%	75 ⁹⁸
		2313.60		2360 ⁸¹

Revin 3737

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.