



KANSAS CORPORATION COMMISSION 1061506
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 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 #: _____

<u>07/22/2011</u>	<u>07/28/2011</u>	<u>08/01/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-25650-00-00

Spot Description: N 38.56688 W. 95.12442

SE_NW_SE_SE Sec. 18 Twp. 17 S. R. 21 East West

866 Feet from North / South Line of Section

963 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Franklin

Lease Name: BLUNK Well #: 25

Field Name: _____

Producing Formation: squirrel

Elevation: Ground: 879 Kelly Bushing: 0

Total Depth: 537 Plug Back Total Depth: 526

Amount of Surface Pipe Set and Cemented at: 43 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: 43 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 Garrisor Date: 08/16/2011



1061506

Operator Name: Guinotte Company LLC Lease Name: BLUNK Well #: 25
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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top Datum
Cores Taken	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	open hole	
Electric Log Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
List All E. Logs Run:			

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	43	portland	25	50/50 poz
completion	5.6250	2.8750	8	526	portland	80	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 <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 type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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LEASE NAME Blunk OPERATOR _____ START DATE July 22, 2001
 WELL # 25 LOCATION: _____ API # _____
 SURFACE PIPE: 43 Ft 7" Cement(#bags) 25
 PRODUCTION: PIPE: 2 1/2 SIZE: 526 #FT _____

Thickness	Formation	Comment	Depth	Thickness	Formation	Comment	Depth
36	CLAY	Top Soil CLAY	36	3	?	Shale CIRCULATE	513
5	GRAVEL		41	3	"	"	516
21	LIME		62	21		Shale	537
27	SHALE		89			TD 537	
2	LIME		91				
31	SHALE		122				
23	LIME		145				
12	SHALE		157				
25	LIME		182				
11	SHALE		193				
19	LIME		212				
3	SHALE		215				
14	LIME	HERTHA	229				
1	SHALE		380				
11	LIME		391				
2	SHALE		393				
1	LIME		394				
38	SHALE		432				
8	LIME		440				
19	SHALE		459				
4	LIME		463				
9	SHALE		472				
3	LIME		475				
3	SHALE		478				
3	LIME		481				
8	SHALE		489				
2	LIME		491				
2	SHALE		493				
5	LIME	Bleed OIL	498				
2	SHALE	CIRCULATE	500				
2	SAND	OIL	502				
2	" "	" "	504				
2	" "	Solid OIL	506				
1	" "	A Little Shale	508				
2	" "	SAND	510				



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 32708
LOCATION Ottawa, KS
FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/22/11	3132	Blunk # 25	NW 18	17	21	FR
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Guinotte Company			506	Fred	Safety	WNY
MAILING ADDRESS			495	Casey	CR	
1526 S. Willow			370	Arler	AMM	
CITY	STATE	ZIP CODE	503	Cecil	CHP	
Ottawa	KS	66067	HOLE DEPTH <u>535</u> CASING SIZE & WEIGHT <u>2 7/8 EUE</u>			

JOB TYPE Logistics HOLE SIZE 5 7/8 TUBING _____ OTHER _____
 CASING DEPTH 527' DRILL PIPE _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2' Plug
 SLURRY WEIGHT _____ SLURRY VOL _____ MIX PSI _____ RATE 4 BPM
 DISPLACEMENT 3.06 DISPLACEMENT PSI _____

REMARKS: Establish circulation. Mix + Pump 100# Premium Gel
Flush. Mix + Pump 80 SKS 50/50 Por Mix Cement
2570 Gal Cement to surface. Flush pump + lines clean.
Displace 2 1/2" Rubber plug to casing TD w/ 3.06 BBL
Flush water. Pressure to 750# PSI. Release pressure
to set float valve shut in casing. Fred Mader

Davey Brad Drilling

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
				975 ⁰⁰
5401	1	PUMP CHARGE		40 ⁰⁰
5406	10	MILEAGE		N/C
5402	527'	Casing footage		330 ⁰⁰
5407	Minimum	Ten Miles		180 ⁰⁰
5502C	2 hrs	80 BBL Vac Truck		
-1124	80 SKS	50/50 Por Mix Cement		836 ⁰⁰
1118B	235#	Premium Gel		47 ⁰⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
<p><u>less 2%</u> <u>NO # 242990</u></p>				
				7.00 ⁰⁰
SALES TAX ESTIMATED TOTAL			71 ⁰⁰	2507 ⁰⁰

Revin 9737

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.