

KANSAS CORPORATION COMMISSION 1061499
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

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: (785) 229-2653
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 #: _____

6/20/2011	6/22/2011	7/15/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-25647-00-00
Spot Description: N 38.57078 W. 95.12965
SW NW NW SE Sec. 18 Twp. 17 S. R. 21 ☒ East ☐ West
2276 Feet from ☐ North / ☒ South Line of Section
2460 Feet from ☒ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☒ SE ☐ SW
County: Franklin
Lease Name: BLUNK Well #: 22
Field Name: _____
Producing Formation: squirrel
Elevation: Ground: 878 Kelly Bushing: 0
Total Depth: 582 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 41 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: 41 w/ 12 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 Gantso Date: 08/18/2011



1061499

Operator Name: Guinotte Company LLC Lease Name: BLUNK Well #: 22
 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 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	41.6	portland	12	50/50 poz
completion	5.6250	2.8750	8	562	portland	82	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 Penetrated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	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 Bbbls.	Gas Mcf	Water Bbbls. 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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
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LEASE NAME BLUNK OPERATOR _____ START DATE: _____
 WELL # 22 LOCATION: _____ API # _____
 SURFACE PIPE: 41.6 Ft 7" Cement(#bags) 12
 PRODUCTION: 562.6 PIPE: 2 3/8 SIZE: _____ #FT 562.6

Thickness	Formation	Comment	Depth	Thickness	Formation	Comment	Depth
38	CLAY		38	1	SHALE	WHITE	517
2	GRAVEL		40	1	SHALE	WHITE	518
27	SHALE		67	1	SAND	Bleed oil	519
17	Lime		84	9'	SAND	Solid corad	528
1	SHALE		85	5	SAND	Broken corad	533
1	Lime		86	2	SHALE	corad	535
12	SHALE		98	47	SHALE	T.D.	582
1	Lime		99				
25	SHALE		124				
7	Lime		131				
14	SHALE		145				
15	Lime		160				
14	SHALE		174				
7	Lime		181				
7	SHALE		188				
35	Lime		223				
6	SHALE		229				
12	Lime	BASE H.C.	241				
140	SHALE		381				
10	Lime		391				
5	SHALE		396				
2	Lime		398				
60	SHALE	WHITE	458				
10	Lime		468				
8	SHALE		476				
3	Lime		479				
5	SHALE		484				
3	Lime		487				
7	SHALE		494				
3	Lime		497				
6	SHALE		503				
5	Lime	Bleed OIL	508				
4	SHALE	CIRCULATE	512				
3	SHALE	" "	515				
1	SHALE	" "	516				

UTAH OIL

BRAD LEACH
785-214-9472

DEAN SPRATT
785-241-3923

CORE LOG

[illegible]



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

FIELD TICKET & TREATMENT REPORT CEMENT

TICKET NUMBER 32645

LOCATION Ottawa KS

FOREMAN Fred Mader

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/1/11	3132	Blunk 22	NW 18	17	21	FR
CUSTOMER						
Goins Co. LLC						
MAILING ADDRESS						
1526 Willow						
STATE		ZIP CODE				
KS		66067				

JOB TYPE <u>Log, Struck</u>	HOLE SIZE <u>5 3/8</u>	HOLE DEPTH <u>502'</u>	CASING SIZE & WEIGHT <u>2 1/8 EUE</u>
CASING DEPTH <u>5627</u>	DRILL PIPE _____	TUBING _____	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING <u>2 1/2" plug</u>
DISPLACEMENT <u>3.27</u>	DISPLACEMENT PSI _____	MIX PSI _____	RATE <u>4 BPM</u>

REMARKS: Establish Circulation - Mix & Pump 100th Premium Gel Flush. Mix & Pump 82 SKS 50/50 Poz Mix Cement 2% Gel. Cement to Surface. Flush. Pump & lines clean. Displace 2 3/4" Rubber plug to casing. TD w/ 3.27 BBL Fresh Water. Pressure to 600th PSI. Release pressure to set float valve. Shut in casing.

Bred Leach Drills,

Fred Mader

[illegible]

Rayon 9737

AUTHORIZATION

TITLE

Prez

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.