

KANSAS CORPORATION COMMISSION      1061964  
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 # 33245  
Name: Cross Bar Energy, LLC  
Address 1: 100 S MAIN  
Address 2: STE 400  
City: WICHITA State: KS Zip: 67202 + 3737  
Contact Person: ALBERT BRENSING  
Phone: ( 316 ) 239-6151  
CONTRACTOR: License # 34059  
Name: Hurricane Services, Inc.  
Wellsite Geologist: ALBERT BRENSING  
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: FRANKLIN D. GAINES OIL TRUST  
Well Name: CW-1

Original Comp. Date: 6/8/1942 Original Total Depth: 2130  
☐ 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 #: E-749  
☐ GSW      Permit #: \_\_\_\_\_

8/19/2011      8/19/2011  
Spud Date or      Date Reached TD      Completion Date or  
Recompletion Date           Recompletion Date

API No. 15 - 15-073-01112-00-01  
Spot Description: \_\_\_\_\_  
NE SW NW NW Sec. 24 Twp. 23 S. R. 10 ☒ East ☐ West  
4615 Feet from ☐ North / ☒ South Line of Section  
4631 Feet from ☒ East / ☐ West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
☐ NE ☐ NW ☒ SE ☐ SW  
County: Greenwood  
Lease Name: BURKETT C Well #: W 1  
Field Name: \_\_\_\_\_  
Producing Formation: Bartlesville  
Elevation: Ground: 1258 Kelly Bushing: 1258  
Total Depth: 2130 Plug Back Total Depth: 2130  
Amount of Surface Pipe Set and Cemented at: 124 Feet  
Multiple Stage Cementing Collar Used? ☐ Yes ☒ No  
If yes, show depth set: \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from: \_\_\_\_\_  
feet depth to: \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls  
Dewatering method used: \_\_\_\_\_

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 Gormez Date: 09/09/2011

1061964

Operator Name: Cross Bar Energy, LLCLease Name: BURKETT CWell #: W 1Sec. 24 Twp. 23 S. R. 10 ☒ East ☐ WestCounty: Greenwood

**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

(Attach Additional Sheets)

☐ Yes ☒ No

Samples Sent to Geological Survey

☐ Yes ☒ No

Cores Taken

☐ Yes ☒ No

Electric Log Run

☐ Yes ☒ No

Electric Log Submitted Electronically

☐ Yes ☐ No

(If no, Submit Copy)

List All E. Logs Run:

☐ Log

Formation (Top), Depth and Datum

☐ Sample

Name

Top

Datum

Bartlesville

2050

-792

## CASING RECORD

☐ New ☐ 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	12	8.625	0	124	Portland	60	
Production	7.875	5.5	0	2050	Portland	100	
Liner	5.5	4.5	10.5	2025	60/40 Poz Mix	75	4% gel

## 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

TUBING RECORD:		Size: 2.375	Set At: 2000	Packer At: 2000	Liner Run: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. 8/26/2011			Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain) <u>injection of SW</u>		
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 (If vented, Submit ACO-18.)		METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____		PRODUCTION INTERVAL: _____ _____
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202



**CONSOLIDATED**  
Oil Well Services, LLC

**REMIT TO**  
Consolidated Oil Well Services, LLC  
Dept. 970  
P.O. Box 4346  
Houston, TX 77210-4346

MAIN OFFICE  
P.O. Box 884  
Chanute, KS 66720  
620/431-9210 • 1-800/467-8676  
FAX 620/431-0012

**INVOICE**

Invoice # 243543

Invoice Date: 08/19/2011 Terms:

Page 1

CROSS BAR ENERGY LLC  
100 S. MAIN, SUITE 400  
WICHITA KS 67202  
(316)239-6151

BURKETT C #CW1  
31459  
08-18-11  
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	75.00	11.9500	896.25
1118B	PREMIUM GEL / BENTONITE	260.00	.2000	52.00
1137	CDI-26	16.00	7.6200	121.92
1123	CITY WATER	3000.00	.0156	46.80
4404	4 1/2" RUBBER PLUG	1.00	45.0000	45.00
4156	FLOAT SHOE 4 1/2"	1.00	238.0000	238.00

Description	Hours	Unit Price	Total
436 80 BBL VACUUM TRUCK (CEMENT)	3.00	90.00	270.00
437 80 BBL VACUUM TRUCK (CEMENT)	3.00	90.00	270.00
445 CEMENT PUMP	1.00	975.00	975.00
445 EQUIPMENT MILEAGE (ONE WAY)	20.00	4.00	80.00
611 MIN. BULK DELIVERY	1.00	330.00	330.00

Parts: 1399.97 Freight: .00 Tax: 102.21 AR 3427.18  
Labor: .00 Misc: .00 Total: 3427.18  
Sublt: .00 Supplies: .00 Change: .00

Signed \_\_\_\_\_

Date \_\_\_\_\_

BARTLESVILLE, OK  
918/338-0808

ELDORADO, KS  
316/322-7022

EUREKA, KS  
620/583-7664

GILLETTE, WY  
307/686-4914

OAKLEY, KS  
785/672-2227

OTTAWA, KS  
785/242-4044

THAYER, KS  
620/839-5269

WORLAND, WY  
307/347-4577

**CONSOLIDATED**  
**Oil Well Services, LLC**

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



**ENTERED**

TICKET NUMBER 31459

LOCATION *EUREKA*

FOREMAN Kevin McCoy

## FIELD TICKET & TREATMENT REPORT

DATE	CUSTOMER #	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
8-18-11	2598	BURNETT C CW1					Gw	
CUSTOMER CROSSBAR ENERGY LLC				HURRICANE WELL SERVICE				
MAILING ADDRESS 100 S. MAIN STE 400					TRUCK #	DRIVER	TRUCK #	DRIVER
					445	DAVE G.		
					611	CHRIS B.		
					436	SHAWN F.		
					437	JOEY K.		
CITY	STATE	ZIP CODE						
WICHITA	KS	67202						

JOB TYPE <u>4 1/2" Liner</u>	HOLE SIZE <u>10.5"</u>	HOLE DEPTH _____	CASING SIZE & WEIGHT <u>5 1/2"</u>
CASING DEPTH <u>2025'</u>	DRILL PIPE _____	TUBING _____	OTHER <u>BP @ 2030'</u>
SLURRY WEIGHT <u>13.3 #</u>	SLURRY VOL <u>21</u>	WATER gal/sk <u>7.5</u>	CEMENT LEFT in CASING <u>0'</u>
DISPLACEMENT <u>32.7 bbl</u>	DISPLACEMENT PSI <u>1350</u>	MAX PSI <u>1700 Bump Alr</u>	RATE _____

REMARKS: Safety Meeting: 4 1/2 Liner Set @ 2025'. Rig up to 4 1/2 Liner. Load Casing w/ 32.7 Bbl water. Good Fluid Returns to Surface. Pump 10 Additional Bbl water. Mixed 75 skr 60/40 Pozmix Cement w/ 4% Gel, 1/4% CDI-26 @ 13.2<sup>3</sup>/gal = 21 Bbl Slurry. Shut down. Wash out Pump & Lines. Release Plug. Displace Plug to Seat w/ 32.7 Bbl Fresh water. Final Pumping Pressure 1350 PSI. Bump Plug to 1700 PSI. Release Pressure Float Held. Shut Casing in @ 0 PSI. Good Cement Returns to Surface = 8 Bbl Slurry to Pit. Job Complete. Rig down.

[illegible]

Rayn 3737

### AUTHORIZATION

TITLE *Cross Bar Co. Rep.*

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.**