



KANSAS CORPORATION COMMISSION 1064978
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 # 4175
Name: Dvorachek, Harold A. dba Quest Development Co.
Address 1: PO BOX 413
Address 2: _____
City: IOLA State: KS Zip: 66749 + 0413
Contact Person: Hal Dvorachek
Phone: (620) 365-5862
CONTRACTOR: License # 33900
Name: Leis, Steven A.
Wellsite Geologist: none
Purchaser: High Sierra

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 #: _____

<u>1/21/2011</u>	<u>1/22/2011</u>	<u>1/26/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-031-22904-00-00
Spot Description: _____
NW SW SE NW Sec. 33 Twp. 22 S. R. 17 East West
2227 Feet from North / South Line of Section
1565 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Coffey
Lease Name: Lehmann Well #: 11
Field Name: _____
Producing Formation: Squirrel Sand
Elevation: Ground: 1025 Kelly Bushing: 1028
Total Depth: 1030 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 40 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 1016
feet depth to: 0 w/ 135 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 000 ppm Fluid volume: 80 bbls
Dewatering method used: Hauled to Disposal
Location of fluid disposal if hauled offsite:
Operator Name: Owen, Matthew
Lease Name: Pike License #: 33662
Quarter SE Sec. 5 Twp. 27 S. R. 10 East West
County: Greenwood Permit #: 15-073-22787

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 Garrison Date: 10/11/2011



1064978

Operator Name: Dvorachek, Harold A. dba Quest Development Co. Lease Name: Lehmann Well #: 11
 Sec. 33 Twp. 22 S. R. 17 East West County: Coffey

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Gamma Neutron	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Cherokee Shale</td> <td>915</td> <td>+115</td> </tr> </table>	Name	Top	Datum	Cherokee Shale	915	+115
Name	Top	Datum					
Cherokee Shale	915	+115					

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	10.0	7.0	17	40	Portland	10	
Production	5.875	2.875	6.5	1016	OWC	135	

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
000	none		

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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

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



ENTERED

TICKET NUMBER 30174

LOCATION Eureka, KS

FOREMAN Rick Ledford

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE <u>1-26-10</u>	CUSTOMER # <u>6605</u>	WELL NAME & NUMBER <u>Lehman #11</u>		SECTION	TOWNSHIP	RANGE	COUNTY <u>Coffey</u>
CUSTOMER <u>Quest Development</u>				TRUCK #			
MAILING ADDRESS <u>P.O. Box 413</u>				DRIVER <u>Cliff</u>			
CITY <u>Tole</u>				TRUCK # <u>520</u>			
STATE <u>KS</u>		ZIP CODE <u>66749</u>		DRIVER <u>Jim</u>			
				TRUCK # <u>83</u>			
				DRIVER <u>Scott (Murray Tex)</u>			

Safety meeting
GL JM
SL

JOB TYPE logstring 0 HOLE SIZE 5 7/8" HOLE DEPTH 1025' CASING SIZE & WEIGHT _____
 CASING DEPTH 1020' DRILL PIPE _____ TUBING 2 7/8" OTHER _____
 SLURRY WEIGHT 14" SLURRY VOL 35 bbl WATER gal/sk 2' CEMENT LEFT in CASING 0'
 DISPLACEMENT 5.9 BW DISPLACEMENT PSI 500 MIX PSI _____ RATE _____

REMARKS: Safety meeting - Rig up to 2 7/8" tubing. Break circulation w/ 5 bbl water. Pump 6 ses gel-flush, 5 bbl water spacer. Mixed 135 ses OWC cement w/ 1/2" phenol / sk @ 14" / gal. Washout pump + lines, shut down, release 2 plugs. Displace w/ 5.9 bbl fresh water. Final pump pressure 500 PSI. Displaced 1 1/2 bbl over displacement. Plug never hit. Good cement to surface. Job complete. Rig down.

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		
5406	40	MILEAGE	925.00	925.00
			3.65	146.00
1126	135 ses	OWC cement		
1127A	68"	1/2" phenol / sk	17.00	2295.00
			1.15	78.20
1128B	300"	gel-flush		
			.20	60.00
5407A	7.02	tan mileage bulk tax		
5502C	3.5 hrs	80 bbl vac. tax	1.20	336.96
1123	3000 gals	city water	85.00	255.00
			14.90 / 1000	44.70
4402	2	2 7/8" tap cutter plugs		
			23.00	46.00
NO CHARGE				
			Subtotal	4229.36
			SALES TAX	159.01
			ESTIMATED TOTAL	4388.37

Rev'n 3737

AUTHORIZATION [Signature]

TITLE 039453

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.

Hodown Drilling

INVOICE

P.O. Box 92
 Yates Center, KS 66783
 (719) 210-8806 (620) 330-6328

Andrew King & Steven Leis (Owners)

BILL TO:
 Consolidated Oil Well Services, LLC

DATE: June 17, 2011
INVOICE #

FOR: Well # Lehmann 11
 API#15-031-22814

DESCRIPTION	HOURS	RATE	AMOUNT
Drilled 1030' 5 7/8" hole		6.00	\$ 6,180.00
run long string 2 7/8"		250.00	250.00
set surface (10 sacks cement)		included	
SUBTOTAL			\$ 6,430.00
TAX RATE			
SALES TAX			
OTHER			
TOTAL			\$ 6,430.00

Make checks payable to Hodown Drilling
 Total due in 15 days. Overdue accounts subject to a service charge of 1% per month.

THANK YOU FOR YOUR BUSINESS!

own Drilling

Yates Center, KS

Lease Name: lehmann	Spud Date: 1-21-2011	Surface Pipe Size: 7"	Depth: 40'	T.D.:1030'
Operator: Quest Development	Well # 11	Bit Diameter: 5 7/8"		
Footage taken	Sample type			
0_3	soil			
3_18	clay/gravel			
18_117	shale			
117_122	lime			
122_130	shale			
130_158	lime			
158_171	shale			
171_233	lime			
233_335	shale			
335_393	lime			
393_414	shale			
414_417	lime			
417_435	brown shale			
435_490	lime			
490_495	shale			
495_499	shale			
499_510	lime			
510_517	shale			
517_533	lime			
533_540	shale			
540_560	lime			
560_730	shale			
730_735	lime			
735_750	shale			
750_758	lime			
758_830	shale			
830_838	lime			
838_854	shale			
854_858	lime			
858_873	shale			
873_881	lime			
881_885	shale			
885_887	lime			
887_896	shale			
896_897	lime			
897_900	shale			
900_904	lime			
904_910	shale			
910_915	lime			
915_949	shale			
949_950	cap rock			
950_956	shale			
956_958	cap rock			
958_967	oil sand			
967_971	broken			
971_1030	shale			
	1030 T.D.			