



KANSAS CORPORATION COMMISSION 1064954
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: _____

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 #: _____
1/19/2011 1/20/2011 5/03/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-031-22806-00-00
Spot Description: _____
SW NW SE NW Sec. 33 Twp. 22 S. R. 17 East West
1752 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 #: 10
Field Name: _____
Producing Formation: Squirrel Sand
Elevation: Ground: 1034 Kelly Bushing: 1047
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: 1024
feet depth to: 0 w/ 135 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 00 ppm Fluid volume: 160 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 Garrisor Date: 10/11/2011



1064954

Operator Name: Dvorachek, Harold A. dba Quest Development Co. Lease Name: Lehmann Well #: 10
 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 Yes No
 (Attach Additional Sheets)
 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)

Log Formation (Top), Depth and Datum Sample
 Name Top Datum
 Squirrel Sand 964 +60

List All E. Logs Run:

Gamma Neutron

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 Casing	10.0	7.0	17	40	Portland	10	
Prod. Casing	5.875	2.875	6.5	1024	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 (Amount and Kind of Material Used)	Depth
2	963.5-973.5	6 saxs 20-40, 25 sax12/20	

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other (Explain) _____
 Estimated Production Per 24 Hours Oil Bbls. 0 Gas Mcf _____ Water Bbls. 25 Gas-Oil Ratio _____ Gravity _____

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>963.5-973.5</u>
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ENTERED

TICKET NUMBER 30172
LOCATION Eureka KS
FOREMAN Rick Ledford

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
1-20-11	6605	Lehmann # 10				Coffey
CUSTOMER Quest Development			TRUCK # DRIVER TRUCK # DRIVER 520 Cliff 479 Colin 78 Rudy (McCoy Bus)			
MAILING ADDRESS P.O. Box 413						
CITY STATE ZIP CODE Iola KS 66749						
Safety meeting out of RM						

JOB TYPE logstring 0 HOLE SIZE 5 7/8" HOLE DEPTH 1030' CASING SIZE & WEIGHT _____
 CASING DEPTH 1025' DRILL PIPE _____ TUBING 2 7/8" OTHER _____
 SLURRY WEIGHT 14" SLURRY VOL 35 Bbl WATER gal/sk 8.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 5.9 Bbl DISPLACEMENT PSI 500 ~~PSI~~ PSI Bump plug @ 1000 RATE _____

REMARKS: Safety meeting. Rig up to 2 7/8" tubing. Break circulation w/ 5 Bbl fresh water. Pump 6 sks gel-flush, 5 Bbl water spacer. Mixed 135 sks OWC cement w/ 1/2" phenosan/sk @ 14"/gal. Shut down, washout pump & lines, drop 2 plugs. Displace w/ 5.9 Bbl fresh water. Final pump pressure 500 PSI. Bump plugs to 1000 PSI. wait 2 mins. release pressure, float & plugs held. Shut well in @ 0 PSI. Good cement returns to surface = 5 Bbl slurry to pit. Job complete. Rig down.

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	925.00	925.00
5406	40	MILEAGE	3.65	146.00
1126	135 sks	OWC cement	17.00	2295.00
1107A	68#	1/2" phenosan/sk	1.15	78.20
1118B	300#	gel-flush	.20	60.00
5407A	7.02	tan mileage bulk trk	1.20	336.96
5502C	3.5 hrs	80 Bbl VAL-TRK	85.00	297.50
1123	3000 gals	city water	14.90/1000	44.70
4402	2	2 7/8" top rubber plugs	23.00	46.00
			Subtotal	4229.36
			SALES TAX 6.3%	159.02
			ESTIMATED TOTAL	4388.38

Ravin 3737

[Signature]

039059

AUTHORIZATION _____ 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.

Hodown Drilling

INVOICE

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

DATE: February 8, 2011
 INVOICE #

BILL TO:
 Hal Dvorachek
 Quest Development Co
 P.O. Box 413
 Iola, KS 66749

FOR: Lehmann
 well #10
 API#15-031-22806

DESCRIPTION	HOURS	RATE	AMOUNT
1030' 5 7/8" hole		6.00	\$ 6,180.00
10 sacks cement		11.00	120.00
SUBTOTAL			\$ 6,300.00
TAX RATE			
SALES TAX			
OTHER			
TOTAL			\$ 6,300.00

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!