

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

ORIGINAL

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

OPERATOR: License # 32679
Name: AAS Oil Company, Inc.
Address 1: 2508 Edgemont Dr. Suite #4
Address 2: _____
City: Arkansas City State: KS Zip: 67005 + _____
Contact Person: Dennis K. Shurtz
Phone: (620) 442 7940
CONTRACTOR: License # 32854
Name: Gulick Drilling Company
Wellsite Geologist: Mike Engelbretch
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 #: _____

4-27-11	5-3-11	5-8-11
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 035-24413-00-00

Spot Description: _____
_____ ^{W1/2} ^{NE1/4} Sec. 29 Twp. 34 S. R. 3 East West

1,320 Feet from North / South Line of Section

1,980 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Cowley

Lease Name: Grainland Farms Well #: A2

Field Name: Gibson

Producing Formation: Bartlesville

Elevation: Ground: 1126 Kelly Bushing: 1134

Total Depth: 3443 Plug Back Total Depth: 3394

Amount of Surface Pipe Set and Cemented at: 318 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: 3300 ppm Fluid volume: 500 bbls

Dewatering method used: Natural

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. East West

County: _____ Permit #: _____

RECEIVED
OCT 17 2011

KCC WICHITA

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: [Signature]
Title: President Date: 10-12-11

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: DG Date: 10/19/11

Operator Name: AAS Oil Company, Inc. Lease Name: Grainland Farms Well #: A2
 Sec. 29 Twp. 34 S. R. 3 East West County: Cowley

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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Bartlesville</td> <td>3371</td> <td>•2245</td> </tr> <tr> <td>Mississippi</td> <td>3389</td> <td>•2263</td> </tr> </table>	Name	Top	Datum	Bartlesville	3371	•2245	Mississippi	3389	•2263
Name	Top	Datum								
Bartlesville	3371	•2245								
Mississippi	3389	•2263								

CASING RECORD <input 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	12 1/4	8 5/8	23	318	Common	200	
Product	7 7/8	4 1/2	10.5	3443	Class A	180	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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
2	Perforated Mississippi 3389- 3394	300 gal. 15% MCA	3389-3394
4	Perforated Bartlesville 3371 - 3378	250 gal. 15% MCA	3371-3378

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
	100		20		

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" 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 checked="" 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: _____ _____
--	--	--



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 29910
LOCATION El Dorado #80
FOREMAN Larry Storm

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

FIELD TICKET & TREATMENT REPORT

CEMENT API-15-035-24413-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-4-11	1091	GRANDLAND A-2	29	343	3E	Lincoln
CUSTOMER HAS OPI Co.			Sally McLaughlin			
MAILING ADDRESS 2508 Edgemont Dr STE #4			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Arkansas City			539	Larry		
STATE KS			491	Steve		
ZIP CODE 67005			485	Alan M.		

JOB TYPE Reed HOLE SIZE 7 7/8 HOLE DEPTH 3445 CASING SIZE & WEIGHT 7 5/8 11.8 lb
 CASING DEPTH 3444 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15.5 SLURRY VOL 48 WATER gal/sk 6.85 CEMENT LEFT in CASING 2 ft
 DISPLACEMENT 53.39 DISPLACEMENT PSI 900 MIX PSI _____ RATE _____

REMARKS: Sally McLaughlin - Ripped up to 4 1/2 Csg - broke (Pre-circulation)
Pumped 5 bbls Fresh water - Mixed 200 lbs Thick Jet + 5 lbs
gel-seal per sk + 1/2 lb Poly-Flake - Flashed Pump & PIPES.
Displacement plug with fresh water. Pumped 24.07 bbls to land
plug at 1400 lbs. - Released float - float held

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	63	MILEAGE	4.00	252.00
5402	945	Footage	.21	198.45
1126A	2010	skts Thick Jet	18.30	3660.00
1110A	1000	lbs Gel-Seal	.44	440.00
1107	100	lbs Poly-Flake	2.22	222.00
5407A	63	Bulk Delivery by x 11 tons X	1.26	873.18
4161	1	4 1/2 AFU Float Shoe	286.00	286.00
4453	1	4 1/2 Latch down	232.00	232.00
4403	2	4 1/2 Baskets	218.00	436.00
4129	9	4 1/2 Centerizers	42.00	378.00
KCC WICHITA				
Subtotal				7952.63
SALES TAX				384.48
ESTIMATED TOTAL				8337.11

AUTHORIZATION [Signature] TITLE Prod Supt DATE 5-4-11
 241217

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.



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 30987
LOCATION # 80 Eldorado
FOREMAN Jacob Storm

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

FIELD TICKET & TREATMENT REPORT

CEMENT Adi 035-24413-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-30-11	1091	Grainland Farms A #2	29	34S	3E	Rowly
CUSTOMER <u>AAS oil CO</u>						
MAILING ADDRESS <u>2508 Edgemount dr Ste 4</u>						
CITY <u>Arkansas city</u>		STATE <u>KS</u>	ZIP CODE <u>67005</u>			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			<u>446</u>	<u>Jeff</u>		
			<u>442</u>	<u>Steve</u>		
			<u>511</u>	<u>Jacob</u>		

JOB TYPE Surface B HOLE SIZE 12 1/4 HOLE DEPTH 324 CASING SIZE & WEIGHT 8 5/8
CASING DEPTH 311 DRILL PIPE 4 1/2 TUBING N/A OTHER _____
SLURRY WEIGHT 14.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 16 ft
DISPLACEMENT 19.38 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: Safety meeting, Break circulation, pumped 10 bbl flush water, mixed 180 sks class A 3/4cc 2kgal 1/2 lb poly per sack, displaced 18.5 bbl and shut in circulated cement to surface with 10 bbl displacement

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE	775.00	775.00
5406	63	MILEAGE	4.00	252.00
5407A	63	ton mileage x 8.46 ton x	1.26	671.55
1104S	180 sks	class A	14.25	2565.00
1102	480 lbs	calcium chloride	0.70	336.00
1118B	350 lbs	gal	0.20	70.00
1107	100 lbs	Poly-Flake	2.22	222.00
4432	1	8 5/8 wooden plug	80.00	80.00
RECEIVED				
OCT 17 2011				
KCC WICHITA				
Subtotal				4971.55
SALES TAX				222.51
ESTIMATED TOTAL				5194.12

Ravin 3737

041053

AUTHORIZATION Mal J

TITLE Tool Pusher

DATE 4-30-11

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