



KANSAS CORPORATION COMMISSION 1065645
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 # 33551
Name: S & K Oil Production, Inc.
Address 1: PO BOX 184
Address 2: _____
City: BLUE MOUND State: KS Zip: 66010 + 0184
Contact Person: Steve Jackson
Phone: (913) 756-2622
CONTRACTOR: License # 33551
Name: S & K Oil Production, Inc.
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 #: _____

<u>9/2/2011</u>	<u>9/5/2011</u>	<u>10/4/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-011-23836-00-00
Spot Description: _____
SW NE NW SE Sec. 18 Twp. 25 S. R. 22 East West
2145 Feet from North / South Line of Section
1815 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Bourbon
Lease Name: Page Well #: 5
Field Name: _____
Producing Formation: Bartlesville
Elevation: Ground: 1043 Kelly Bushing: 0
Total Depth: 742 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 21 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	
<input type="checkbox"/> Letter of Confidentiality Received	Date: _____
<input type="checkbox"/> Confidential Release Date: _____	
<input checked="" type="checkbox"/> Wireline Log Received	
<input type="checkbox"/> Geologist Report Received	
<input type="checkbox"/> UIC Distribution	
ALT <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III	Approved by: <u>Deanna Gantico</u> Date: <u>10/24/2011</u>



1065645

Operator Name: S & K Oil Production, Inc. Lease Name: Page Well #: 5
 Sec. 18 Twp. 25 S. R. 22 East West County: Bourbon

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Gamma Ray/Neutron/CCL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border: none;"> <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>677</td> <td>710</td> </tr> </table>	Name	Top	Datum	Bartlesville	677	710
Name	Top	Datum					
Bartlesville	677	710					

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	8.750	6.2500	6	21	One	5	None
Casing	5.6250	2.8750	6	737	One	85	None

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	677-687		687
4	708-710		710

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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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S & K Oil Production, Inc.
 Blue Mound, Kansas
 1-193-756-2622

Lease Page Operator S & K Oil Production API # 15-011-23836-00-00
 Contractor S & K Oil Production Started 9-2-11 Completed 9-5-11
 Total Depth 742 Well # 5 Hole Size 5 5/8
 Surface Pipe 21' 6 1/4 Surface Bit 8 7/8 Sacks of Cement 5
 Dept of Seat Nipple None Rag Packer At None
 Length And Size of Casing 737' 2 7/8 Sacks of Cement 85
 Legal Description N2NWSE 1/4 Sec 18 TWP 25 Range 22E County Bourbon

Thick	Depth	Type of Formation	Thick	Depth	Type of Formation
1	1	Top Soil	45	565	Shale
1	2	Rock	1	566	Coal
1	3	Clay	27	593	Shale & Lime Streak
4	7	Shale	20	613	Shale
	42	Lime	1	614	Coal
2	44	Black Shale	46	660	Shale & Sand
4	48	Lime	10	670	Sand Dry Some Shale Some
2	50	Shale	6	676	Sand & Shale Strong Odor
34	84	Lime w/ Shale Streak	2	678	Oil Sand Some Shale Good Bleed
20	104	Shale	4	682	Oil Sand Little Shale Heavy Bleed
2	106	Lime	4	686	Oil Sand Some Shale Fair Bleed
2	108	Black Shale	2	688	Oil Sand Little Shale Good Bleed
25	133	Shale	2	690	Sand & Shale Poor Bleed
2	135	Lime	4	694	Sand Shale Streak
109	244	Shale w/ Lime Streak	2	696	Dry Sand Shaly Good Odor
6	250	Lime	6	702	Sand Shale Good Odor
21	271	Shale & Lime	4	706	Sand Shale Little Shows
5	276	Red Bed	2	708	Sandy Shale Odor
12	288	Shale Limery	2	710	Oil Sand Fair Bleed
17	305	Sand Dry	8	718	Sandy Shale
30	335	Shale & Sand	2	720	Light brown sand little shows
6	341	Shale	22	742	Sandy Shale
19	360	Lime		742	TD
19	379	Dark Shale			
1	380	Lime			
20	400	Dark Shale			
5	405	Light Shale			
24	429	Lime			
5	434	Black Shale			
5	439	Lime			
2	441	Light Shale			
4	445	Shale & Sand Odor			
5	450	Oil Sand Good Bleed			
1	451	Dry Sand			
36	487	Sand & Shale			
22	509	Shale			
11	520	Dark Shale			