

KANSAS CORPORATION COMMISSION
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 # 32709
Name: TIM SPLECHTER
Address 1: 1586 HWY 54
Address 2: _____
City: YATES CENTER State: KS Zip: 66783 + _____
Contact Person: TIM SPLECHTER
Phone: (620) 496 6100
CONTRACTOR: License # 33900
Name: STEVE LEIS/HODOWN DRILLING
Wellsite Geologist: TIM SPLECHTER
Purchaser: MACLASKEY
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 #: _____
1/5/11 1/7/11 1/24/11
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 207-27772-00-00

Spot Description:
 NE SE SE SE Sec. 7 Twp. 25 S. R. 16 East West
610 Feet from North / South Line of Section
165 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: WOODSON
Lease Name: SPLECHTER Well #: 3-11
Field Name: OWL CREEK
Producing Formation: SQUIRREL
Elevation: Ground: 1001 Kelly Bushing: _____
Total Depth: 1060 Plug Back Total Depth: 1050
Amount of Surface Pipe Set and Cemented at: 42 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: TOP 1050
feet depth to: 42 0 w/ DONE BY DRILLER 125 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

Chloride content: NA ppm Fluid volume: NA bbls

Dewatering method used: EVAPORATION

Location of fluid disposal if hauled offsite:

Operator Name: _____

Lease Name: _____ License #: _____

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

County: _____ Permit #: _____

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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: 

Title: 620 Date: 10/14/11

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: DL Date: 10/20/11

Operator Name: TIM SPLECHTERLease Name: SPLECHTERWell #: 3-11Sec. 7 Twp. 25 S. R. 16 East WestCounty: WOODSON

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 Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
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 (If no, Submit Copy)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
List All E. Logs Run:				

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
LONGSTRING	5 7/8	2 7/8	NA	1050	60/40 POZMIX	125	2% GEL 1% CALKOL SEAL 500W
Surface	9.875	7.00		42			

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose: <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives

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	970-980, 982-992	SHOT 38 HOLES, SPOT ACID, FRAC WITH 40 SX SAND	970-992

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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 checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____
Estimated Production Per 24 Hours	Oil Bbls. 4	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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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384, Chanute, KS 66720
31-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-12-11	7888	Solechter 3-11				Wardens
CUSTOMER Solechter Oil		Safety meeting at 3m	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 1526 Hwy 54			520	Cliff		
CITY Yates Center	STATE KS		515	Jim		
ZIP CODE 66783						

JOB TYPE longstring HOLE SIZE 5 1/2" HOLE DEPTH 1000' Casing Size & Weight _____
 Casing Depth 1050' Drill Pipe TUBING 2 1/2" OTHER _____
 Slurry Weight 13.6# Slurry Vol. WATER gal/sk 7.0 CEMENT LEFT IN Casing 0'
 Displacement 6 Bbl Displacement PSI 400 PSI 900 Bump plug RATE

REMARKS: Safety meeting- Rig up to 2 1/2" tubing. Break circulation w/ 5 Bbl fresh water. Pump 300# gel-flush w/ 300# water spacer. Mixed 125 skts 60/40 premix cement w/ 2 1/2" gel, 1 1/2" caulk + 4" Kolt-seal/sk @ 13.6#/gal. about down. Washout pump + lines, shut down, drop 2 plugs. Displace w/ 6 Bbl fresh water. Final pump pressure 400 PSI. Bump plug to 900 PSI. Shut well in @ 500 PSI. Good cement returns to surface = 2 Bbl slurry to pit. Job complete. Up down

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	925.00	925.00
5406	30	MILEAGE	3.65	109.50
1131	125 skts	60/40 Premix cement	11.35	1418.75
1118B	2.5"	2 1/2" gel	.20	.40
1102	107"	1 1/2" caulk	.75	80.25
1116A	500#	4" Kolt-seal/sk	.12	210.00
1118G	300#	gel-flush	.20	.60
5407	5.8	ton mileage bulk truck	m/c	315.00
4402	2	2 1/2" top rubber plugs	23.00	46.00
			RECEIVED	
			OCT 17 2011	
			KCC WICHITA	
			Subtotal	3207.50
			SALES TAX	135.64
			ESTIMATED TOTAL	
			TOTAL	3343.14

Ravin 3737

AUTHORIZATION

Jim Z. Eubank

TITLE

039138

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.