

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

ORIGINAL

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 Recompletion Date	Date Reached TD	Completion Date or 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 #: _____

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: Owner 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: Dlg Date: 10/20/11

Operator Name: TIM SPLECHTER Lease Name: SPLECHTER Well #: 3-11
 Sec. 7 Twp. 25 S. R. 16 ☒ East ☐ West County: 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 Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets) 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 (If no, Submit Copy) List All E. Logs Run:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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%CAL.KOL SEAL 500#
Surface	9.875	7.00		42			

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 (Amount and Kind of Material Used)	Depth
2	970-980, 982-992	SHOT 38 HOLES, SPOT ACID, FRAC WITH 40 SX SAND	970-992
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. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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ENTERED

 TICKET NUMBER 30168
 LOCATION Euena KS
 FOREMAN Rick Laddford

 884, 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	Splechter 3-11				Woodsen																
CUSTOMER <u>Splechter Oil</u>			<table border="1"> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> <tr> <td>520</td> <td>CHIEF</td> <td></td> <td></td> </tr> <tr> <td>515</td> <td>Jim</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	520	CHIEF			515	Jim						
TRUCK #	DRIVER	TRUCK #					DRIVER															
520	CHIEF																					
515	Jim																					
MAILING ADDRESS <u>1526 Hwy 54</u>																						
CITY <u>Yates Center</u>	STATE <u>KS</u>	ZIP CODE <u>66783</u>																				
JOB TYPE <u>longstring 0</u> HOLE SIZE <u>5 7/8"</u> HOLE DEPTH <u>1810'</u> CASING SIZE & WEIGHT _____ CASING DEPTH <u>1050'</u> DRILL PIPE _____ TUBING <u>2 7/8"</u> OTHER _____ SLURRY WEIGHT <u>13.6"</u> SLURRY VOL _____ WATER gal/sk <u>7.0</u> CEMENT LEFT in CASING <u>0'</u> DISPLACEMENT <u>6 Bbl</u> DISPLACEMENT PSI <u>400</u> <input checked="" type="checkbox"/> PSI 900 Pump plug RATE _____																						

REMARKS: Safety meeting. Rig up to 2 7/8" tubing. Break circulation w/ 5 Bbl fresh water. Pump 300" gel-flush, 5 Bbl water spacer. Mixed 125 sacks 60/40 Pozmix cement w/ 27 1/2 gal, 10% cacl2 + 4" Kol-seal/sk @ 13.6"/gal. Shut down, washout pump + lines, shut down, drop 2 plugs. Displace w/ 6 Bbl fresh water. Final pump pressure 400 PSI. Pump plugs to 900 PSI. Shut well in @ 500 PSI. Good cement returns to surface = 2 Bbl slurry to pit. Job complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		
5406	30	MILEAGE	925.00	925.00
			3.65	109.50
1131	125 SACS	60/40 Pozmix cement		
1118B	215"	27 1/2 gal	11.35	1418.75
1102	107"	10% cacl2	.20	43.00
1110A	500"	4" Kol-seal/sk	.75	80.25
			.42	210.00
1118B	300"	gel-flush		
5407	5.8	ton mileage bulk truck	.20	60.00
			m/c	315.00
4402	2	2 7/8" top rubber plugs		
			23.00	46.00
			RECEIVED OCT 17 2011 KCC WICHITA	
			Subtotal	3207.50
			SALES TAX	135.64
			ESTIMATED TOTAL	3343.14

Ravin 3737

 AUTHORIZATION Jim T. Schum

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.