

ORIGINAL
KANSAS CORPORATION COMMISSION
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 # 32638
 Name: Nadel and Gussman LLC
 Address 1: 15 E 5th St., Suite 3200
 Address 2: _____
 City: Tulsa State: OK Zip: 74103 + _____
 Contact Person: Dennis Webb
 Phone: (918) 583-3333
 CONTRACTOR: License # _____
 Name: Outlaw Well Service
 Wellsite Geologist: Daune Stecklein
 Purchaser: NCRA

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: Nadel and Gussman
 Well Name: Hinkhouse #5
 Original Comp. Date: 9-6-48 Original Total Depth: 3839
 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 #: _____

8-16-10	8-26-10	9-21-10
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 163-01737-00-01

Spot Description: _____
C1N2 N2 SE Sec. 27 Twp. 9 S. R. 20 East West
2,310 Feet from North / South Line of Section
1,320 Feet from East / West Line of Section

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

County: ROOKS
 Lease Name: HINKHOUSE Well #: 5
 Field Name: NORTHHAMPTON
 Producing Formation: ARBUCKLE
 Elevation: Ground: 2285 Kelly Bushing: 2290
 Total Depth: 3908 Plug Back Total Depth: 3907
 Amount of Surface Pipe Set and Cemented at: 135 (already set) Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set: _____ Feet
 If Alternate II completion, cement circulated from: 3908
 feet depth to: SURFACE w/ 285 sx cmt.

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

Chloride content: 1100 ppm Fluid volume: 100 bbls
 Dewatering method used: Haul off

Location of fluid disposal if hauled offsite:
 Operator Name: Nadel and Gussman
 Lease Name: Hinkhouse 16A License #: 32638
 Quarter _____ Sec. 27 Twp. 9 S. R. 20 East West
 County: Rooks Permit #: D-02,675

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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: *Dennis Webb*
 Title: Regional Production Manager Date: 10-20-11

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: 11/21/11

Operator Name: Nadel and Gussman LLC Lease Name: HINKHOUSE Well #: 5
 Sec. 27 Twp. 9 S. R. 20 East West County: ROOKS

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: GR-Neutron	<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>Arbuckle</td> <td>3836</td> <td>-1546</td> </tr> </table>	Name	Top	Datum	Arbuckle	3836	-1546
Name	Top	Datum					
Arbuckle	3836	-1546					

CASING RECORD <input checked="" 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
Production csg	4.75	4.5	10.5	3856	60/40Pozmix	250	4% gel
Production liner	4.75	3.5	7.58	3818-3908	Class A	35	

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 spf	3856-60	500 gal 15% NEFE	3860
2 spf	3839-42	4000 gal 15% NEFE	3842

TUBING RECORD: Size: <u>2.875</u> Set At: <u>3810</u> Packer At:		Liner Run: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>9-21-10</u>		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. <u>71</u>	Gas Mcf <u>116</u> 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: <u>3839-3856</u>
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FIELD ORDER N° C 35106

BOX 438 • HAYSVILLE, KANSAS 67080
318-624-1225

DATE 4-10-10 20

IS AUTHORIZED BY: Nedel & Gussner
NAME OF CUSTOMER
 Address _____ City _____ State _____
 To Treat Well _____
 As Follows: Lease Hinkhouse Well No. 5 Customer Order No. _____
 Sec. Twp. _____
 Range _____ County Rooks State Ks

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the heretofore mentioned well and is not to be held liable for any damage that may occur in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 8% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED

Well Owner or Operator

Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	50	mileage pump truck	3.00	150.00
	50	mileage pickup	1.00	50.00
	1	Pump Chassis (Line)		900.00
	200	60% acid, 2% sol.	4.00	2312.50
	5	2% add. sol.	16.00	80.00
	1	4 1/2" misc. plus		65.00
	10	C-37 L	25.00	250.00
	255	Bulk Charge	1.00	318.75
		Bulk Truck Miles 11.22 T x 50m = 561 T x 1.00	1.00	617.00
		Process License Fee on _____ Gallons		
TOTAL BILLING				4743.25

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative Nathan W.
 Station G.B.
 Remarks _____

Dwayne W.
Well Owner, Operator or Agent

NET 30 DAYS

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TREATMENT REPORT

Acid Stage No. _____

Date 9-10-10 Drill G.B. P.O. No. C35106
Company Nedra & Guesen
Well Name & No. Hinkhouse #5
Location _____
County Rock State KS

Casing Size 5 1/2" Type & Wt. _____
Perforation: _____
Perforation: _____
Perforation: _____
Liner Size 4 1/2" Type & Wt. _____
Cemented: Yes/No Perforated From _____
Tubing Size & Wt. _____
Perforated From _____

Type Treatment: Acid Type Fluid _____
Sulfuric _____
HCl _____
HF _____
Other _____
Fluor _____
Treated From _____
To _____
From _____
Actual Volume of Oil/Water in Load Tub _____
Pump Trains No. Used: 300
Auxiliary Equipment: 317/200
Packer _____
Additive Type _____
Quantity of Additive Material: Type _____

Company Representative Duane W. Tracy Nathan W.

TIME	PERCENTAGE		Total Fluid Pumped	REMARKS
	Water	Acid		
9:00	-	4%		On location.
				Break circulation w/ water.
				Mix 250 lbs. 5% acid. 4% salt.
				w/ 7.4% C-376 @ 12.4 lbs/cu ft
				tailed @ 140 lbs/gal
				Displace w/ 62 bbls. water.
				@ 5 1/2 bbls./min @ 1600#
				Plus landed @ 2000#
9:40				Shut in w/ 500#
				Thank You!
				Nedra Wood.

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Att Dennis Webb



FIELD ORDER # C 35110

BOX 438 • HAYSVILLE, KANSAS 67080
316-624-1225

DATE 9-14-10 20

IS AUTHORIZED BY: Nadel & Gussner
 Address _____ City _____ State _____
 To Treat Well _____ Well No. 5 Customer Order No. _____
 As Follows: Lease Hinkhouse
 Sec. Twp. _____ County Rooks State ks
 Range _____

CONDITIONS: As a part of the consideration herein it is agreed that Copeland Acid Service is to service or treat all owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to each date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.
 The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED _____ By _____
 Well Owner or Operator Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	70	mileage pump truck	3. ⁰⁰	210. ⁰⁰
	70	mileage pickup	1. ⁰⁰	70. ⁰⁰
	1	Pump Choke (liner)		900. ⁰⁰
	35	Common	11. ²⁵	393. ⁷⁵
	1	3 1/2" Liner Shoe		900. ⁰⁰
	1	Liner Back-off tool rental		250. ⁰⁰
	1	Operator Choke		250. ⁰⁰
	35	Bulk Charge	n/a.	150. ⁰⁰
		Bulk Truck Miles 1.75 x 70 = 122.50	n/a.	150. ⁰⁰
		Process License Fee on Gallons		
TOTAL BILLING				3273. ⁷⁵

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative Nathan W.

Station G.B.

Remarks _____

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Duane W.
 Well Owner, Operator or Agent

NET 30 DAYS

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