



KANSAS CORPORATION COMMISSION 1066618  
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 # 33306  
Name: Blake Exploration, LLC  
Address 1: 201 S MAIN  
Address 2: PO BOX 150  
City: BOGUE State: KS Zip: 67625 +  
Contact Person: MIKE DAVIGNON  
Phone: ( 785 ) 421-2921  
CONTRACTOR: License # 30606  
Name: Murfin Drilling Co., Inc.  
Wellsite Geologist: MIKE DAVIGNON  
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>08/28/2011</u>	<u>09/03/2011</u>	<u>09/03/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-109-21025-00-00

Spot Description: \_\_\_\_\_  
NW SE SW NE Sec. 5 Twp. 14 S. R. 32  East  West  
2033 Feet from  North /  South Line of Section  
1926 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE     NW     SE     SW

County: Logan  
Lease Name: Berkgren Well #: 2  
Field Name: \_\_\_\_\_

Producing Formation: NONE

Elevation: Ground: 2891 Kelly Bushing: 2903

Total Depth: 4575 Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: 223 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: 20000 ppm Fluid volume: 3 bbls

Dewatering method used: Evaporated

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**

Letter of Confidentiality Received

Date: \_\_\_\_\_

Confidential Release Date: \_\_\_\_\_

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT  I  II  III Approved by: Deanna Gantior Date: 11/09/2011



1066618

Operator Name: Blake Exploration, LLC Lease Name: Berggren Well #: 2  
 Sec. 5 Twp. 14 S. R. 32  East  West County: Logan

**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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run:  DUAL DENSITY DUAL INDUCTION	<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>ANHYDRITE</td> <td>2368</td> <td>+535</td> </tr> <tr> <td>HEEBNER</td> <td>3860</td> <td>-957</td> </tr> <tr> <td>LANSING</td> <td>3903</td> <td>-1000</td> </tr> <tr> <td>STARK</td> <td>4144</td> <td>-1242</td> </tr> <tr> <td>JOHNSON ZONE</td> <td>4470</td> <td>-1567</td> </tr> <tr> <td>MISSISSIPPIAN</td> <td>NA</td> <td></td> </tr> </table>	Name	Top	Datum	ANHYDRITE	2368	+535	HEEBNER	3860	-957	LANSING	3903	-1000	STARK	4144	-1242	JOHNSON ZONE	4470	-1567	MISSISSIPPIAN	NA	
Name	Top	Datum																				
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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
SURFACE	10.25	8.675	23	223	COM	175	

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

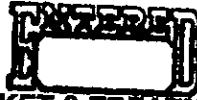
TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. _____		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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**CONSOLIDATED**  
Oil Well Services, LLC

PO Box 884, Chanute, KS 68720  
620-431-9210 or 800-467-8676



TICKET NUMBER 28201  
LOCATION Oakley, ks  
FOREMAN Walt Dunkel

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-27-11	1487	Barkgren #2	5	145	32W	logan
CUSTOMER Blake Exploration LLC		Oakley 29S 2 1/2W 6S				
MAILING ADDRESS						
CITY	STATE	ZIP CODE	TRUCK #	DRIVER	TRUCK #	DRIVER
			463	Josh Gubla		
			439	Damen Miller		

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 226' CASING SIZE & WEIGHT 8 5/8 - 20#  
 CASING DEPTH 226' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 15.2 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT IN CASING \_\_\_\_\_  
 DISPLACEMENT 13 BBL DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting, Pump on Muffin 14" Circ casing  
Mix 175 SKS com, 306cc-2% cal, Displace 13 BBL H<sub>2</sub>O 150#  
Shut in  
Cement Did Cur.

*Thank You  
Walt Dunkel*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1,025.00	1,025.00
5406	10	MILEAGE	5.00	50.00
11043	175 SKS	Class A Cement	16.00	2,940.00
1102	492 #	Calcium Chloride	.84	413.28
11183	330 #	Pontonite	.24	79.20
5407	8.23	Truck Mileage Delivery (min)	158	410.00
				4,917.48
		Less 10% Disc.		- 491.75
				4,425.73
		243828		
		SALES TAX		240.97
		ESTIMATED TOTAL		4,666.70

Rev'n 9737

AUTHORIZATION E. 109 Dunkel TITLE Pumper DATE 11-27-11

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.



**CONSOLIDATED**  
Oil Well Services, LLC



WELL NUMBER 28168

LOCATION Oakley

FOREMAN Kelly Gabe

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

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-2-11	1487	Bealgreen #2	5	145	32W	Logan
CUSTOMER			Oakley			
MAILING ADDRESS			5 to Mustang #2			
CITY			STATE	ZIP CODE		
			5710			
TRUCK #		DRIVER		TRUCK #		DRIVER
399		Miles S				
460		Colin H				COPY D

JOB TYPE PTA HOLE SIZE 2 7/8 HOLE DEPTH 4575 CASING SIZE & WEIGHT \_\_\_\_\_  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: safety meeting. Rigged up on Muffin drilling rig #14.  
mixed cement plugs and displaced down. washed up truck and lines.  
Rigged down and left location.  
255Ks @ 2270  
1005Ks @ 1240  
405Ks @ 323  
10.5Ks @ 40  
30 RH  
10 M #

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	1250 <sup>00</sup>	1250 <sup>00</sup>
5406	10	MILEAGE	5 <sup>00</sup>	50 <sup>00</sup>
1131	2205Ks	60/40 Poz	14 <sup>35</sup>	3157 <sup>00</sup>
1188	75 <sup>#</sup>	Bentonite	124	180 <sup>00</sup>
1107	50 <sup>#</sup>	Flu-seal	2 <sup>66</sup>	133 <sup>00</sup>
5407		Min Bulk delivery		410 <sup>00</sup>
4432	1	8 5/8 wooden plug	96 <sup>00</sup>	96 <sup>00</sup>
				5276 <sup>00</sup>
				527 <sup>00</sup>
				4748 <sup>40</sup>
		244060	7,890	
			SALES TAX	250 <sup>34</sup>
			ESTIMATED TOTAL	4998 <sup>74</sup>

Rev 3737

*[Signature]*

AUTHORIZATION \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 9-2-11

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.