

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 # 6227
Name: Kraft Oil LLC
Address 1: 434 Iris Rd Sw
Address 2: _____
City: Grdley State: KS Zip: 66852 + _____
Contact Person: Thomas A. Kraft
Phone: (620) 836-2091
CONTRACTOR: License # 33557
Name: Skyy Drilling
Wellsite Geologist: John Haas
Purchaser: High Sierra Crude Purchasing

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SLOW
 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 #: _____

9/29/11 10-3-11 10-3-11
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

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API No. 15 - 207-27938-0000
Spot Description: _____
NW SE SW SW Sec. 31 Twp. 23 S. R. 15 East West
600 Feet from North / South Line of Section
930 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Woodson
Lease Name: Browne Well #: 9
Field Name: Winterschied
Producing Formation: Mississippi
Elevation: Ground: 1070 Kelly Bushing: _____
Total Depth: 1575 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 40 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 1572
feet depth to: surface w/ 210 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 #: _____

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: Thomas A. Kraft
Title: Owner Date: 10/31/2011

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: DLS Date: 11/10/11

Operator Name: Kraft Oil LLC Lease Name: Browne Well #: 9
 Sec. 31 Twp. 23 S. R. 15 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 <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input 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: Cornish-Gamma Ray Neutron Completion Log	<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>Squirrel</td> <td>1158</td> <td>-88</td> </tr> <tr> <td>Mississippi</td> <td>1544</td> <td>-474</td> </tr> </table>	Name	Top	Datum	Squirrel	1158	-88	Mississippi	1544	-474
Name	Top	Datum								
Squirrel	1158	-88								
Mississippi	1544	-474								

CASING RECORD <input 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	11"	8 5/8"		40	Portland		
Long String	6 3/4"	4 1/2"	11.6	1572	60/40 Poxmix	210	

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
1	8 shots (1553-1560) 3 1/8" slick gun	1500 gal 15% acid 80 bbl water	

TUBING RECORD: Size: <u>2 3/8"</u> Set At: <u>1550'</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>10/14/2011</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>2</u>	Gas Mcf <u>30</u>	Water Bbls. Gas-Oil Ratio Gravity <u>30</u> <u> </u> <u>38</u>

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-1B.)</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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>1553-1560</u>
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CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 33308

LOCATION Eureka

FOREMAN Steve Mead

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-487-8876

FIELD TICKET & TREATMENT REPORT

CEMENT APL 15-207-27951

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-20-11	4478	Watts (Rich B) # 2	26	235	N1E	Woodson
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Kraft Oil LLC			485	Alan		
MAILING ADDRESS			515	Jim		
434 Iris Rd SW						
CITY	STATE	ZIP CODE				
Gridley	Ks	66852				

JOB TYPE RTA 0 HOLE SIZE 6 3/4 HOLE DEPTH 1650' CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/stk _____ CEMENT LEFT IN CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting Plug well as Follow
20 SKS AT 1650'
20 SKS AT 1434'
65 SKS 200' Surface
15 SKS Ret. hole
120 SKS 60/40 Poz mix Cement 4% Gel

Job complete R3 down Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5406N	1	PUMP CHARGE	975.00	975.00
5406	35	MILEAGE	4.00	140.00
1131	120 SKS	60/40 Poz mix Cement	11.95	1434.00
1118B	415 #	4% Gel	20	83.00
5407	5.16	Ten mile age Bulk Truck	m/s	330.00
			RECEIVED	
			NOV 01 2011	
			KCC WICHITA	
			Subtotal	
			2962.00	
			SALES TAX	
			7.3%	
			110.74	
			ESTIMATED TOTAL	
			3072.74	

Rev'n 3737

045201

AUTHORIZATION [Signature] TITLE Toolpusher 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 for



CONSOLIDATED
OIL WELL SERVICES, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 244865

Invoice Date: 10/17/2011 Terms:

Page 1

KRAFT OIL LLC
434 IRIS ROAD SW
GRIDLEY KS 66852
() -

BROWNE 9
33236
31-23S-15E
10-3-2011
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	210.00	11.9500	2509.50
1110A	KOL SEAL (50# BAG)	1050.00	.4400	462.00
1118B	PREMIUM GEL / BENTONITE	720.00	.2000	144.00
1102	CALCIUM CHLORIDE (50#)	180.00	.7000	126.00
1107A	PHENOSEAL (M) 40# BAG)	50.00	1.2200	61.00
4161	FLOAT SHOE 4 1/2" AFU	1.00	286.0000	286.00
4453	4 1/2" LATCH DOWN PLUG	1.00	232.0000	232.00

Description	Hours	Unit Price	Total
445 CEMENT PUMP	1.00	975.00	975.00
445 EQUIPMENT MILEAGE (ONE WAY)	40.00	4.00	160.00
515 TON MILEAGE DELIVERY	361.20	1.26	455.11

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Parts:	3820.50	Freight:	.00	Tax:	278.90	AR	5689.51
Labor:	.00	Misc:	.00	Total:	5689.51		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
S T A T E M E N T
Consolidated Oil Well Services, LLC
Dept. 970 Page
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

KRAFT OIL LLC
434 IRIS ROAD SW
GRIDLEY KS 66852

Account No.
4418

Statement
Date
09/30/2011

Terms
C.O.D.

Trans Date	Invoice	Type	Check #	Charges	Credits	Amount Due
09/30/11	244724	IN		1949.04		1949.04

PD.
10/17/11
ck # 18259

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KCC WICHITA

YTD Finance Charges added to your account: .00
Activity after 09/30/2011 will be reflected on your next statement.

UNPD F/C	CURRENT	31-60	61-90	OVER 90	NEW F/C	NEW BALANCE
.00	1949.04	.00	.00	.00	.00	1949.04

To avoid additional finance charges, pay by 10/31/2011