



KANSAS CORPORATION COMMISSION 1065013
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 # 33372
Name: Future Petroleum Company LLC
Address 1: 1455 W LOOP S
Address 2: PO BOX 540225
City: HOUSTON State: TX Zip: 77254 + 0225
Contact Person: Ashley Webb
Phone: (713) 993-0774
CONTRACTOR: License # 5822
Name: Val Energy, Inc.
Wellsite Geologist: No geologist
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>06/21/2011</u>	<u>06/26/2011</u>	<u>09/16/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-035-24421-00-00
Spot Description: NE/4
SW NE SW NE Sec. 10 Twp. 33 S. R. 5 East West
1962 Feet from North / South Line of Section
1803 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Cowley
Lease Name: West Maddix Unit Well #: 3
Field Name: West Maddix Unit
Producing Formation: Mississippian Chert
Elevation: Ground: 1275 Kelly Bushing: 1277
Total Depth: 3204 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 213 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: 800 ppm Fluid volume: 400 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 Garrison Date: 10/17/2011



1065013

Operator Name: Future Petroleum Company LLC Lease Name: West Maddix Unit Well #: 3
 Sec. 10 Twp. 33 S. R. 5 East West County: Cowley

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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	KC	2457 -1180
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	OSWEGO	2721 -1444
Electric Log Submitted Electronically (If no, Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	CHEROKEE	2835 -1558
		MISS CHERT	3097 -1820
List All E. Logs Run:			
Array Induction Log			

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	12.2500	8.6250	24	213	Class A	130	3% CC, 2% gel
Production	7.8750	4.500	11.6	3204	Thick Set	225	5# kolseal per sk

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
6	3095-3100, 3106-10, 3114-18	Acidize w/ 1500g 15% HCL	3095-3118
		Frac w/ 37.2K # 20/40 & 904 BBLs Slick Water	

TUBING RECORD:	Size: <u>2.3750</u>	Set At: <u>3100</u>	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>9/16/2011</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>3</u>	Gas Mcf	Water Bbls. <u>150</u>	Gas-Oil Ratio <u>37</u>

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: <u>3095-3100</u> <u>3106-10, 3114-18</u>
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CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 31075

LOCATION # 80 510 roads

FOREMAN Jacob Storm

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																
6-21-11	2871	west maddix unit #3	10	33S	SE	Cowley																
CUSTOMER Future Petroleum			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>290</td> <td>Terild</td> <td></td> <td></td> </tr> <tr> <td>502</td> <td>Clay</td> <td></td> <td></td> </tr> <tr> <td>511</td> <td>Jacob</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	290	Terild			502	Clay			511	Jacob		
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290	Terild																					
502	Clay																					
511	Jacob																					
MAILING ADDRESS Po. Box 540225																						
CITY Houston	STATE TX	ZIP CODE 77254																				

Safety meeting
J.S.
J.D.
C.C.

JOB TYPE <u>Surface B</u>	HOLE SIZE <u>12 1/4</u>	HOLE DEPTH <u>213</u>	CASING SIZE & WEIGHT <u>95 1/2</u>
CASING DEPTH <u>213.40</u>	DRILL PIPE <u>N/A</u>	TUBING <u>N/A</u>	OTHER _____
SLURRY WEIGHT <u>14.5</u>	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING _____
DISPLACEMENT <u>13.31</u>	DISPLACEMENT PSI <u>200</u>	MIX PSI <u>100</u>	RATE <u>3bpm</u>

REMARKS: Safety meeting, awarded to break circulation, mixed 150 sks class A 3YCC 2Y gel 1/2 lb poly-flake, displaced with 12.6 bbl Fresh water behind wooden plug circulating cement to surface, shut in.

Circ 7 Bbl LMT (rw)
AFE# 175D189

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE	725.00	725.00
5406	45	MILEAGE	4.00	180.00
5407A	45 mile	ton mileage X 7.05 ton X	1.26	399.73
1104S	120 SRS	Class A	14.25	1852.50
1102	400 lbs	Calcium chloride	0.70	280.00
1118 B	300 lbs	gel	0.20	60.00
1107	75 lbs	poly-flake	2.22	166.50
4432	1	85/8 wooden plug	80.00	N/C
<i>No Charge</i>				
<i>Robert Storm</i>				
			Subtotal	3622.73
			SALES TAX	193.01
			ESTIMATED TOTAL	3856.74

Revin 3737

AUTHORIZATION

TERRY L. MADDER

240260
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.



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 31046
LOCATION 180
FOREMAN Larry Storm

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

FIELD TICKET & TREATMENT REPORT

CEMENT # 15-035-24421-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
6-26-71	2871	West Muddy Unit #3	10	33S	5E	Cowley	
CUSTOMER		MAILING ADDRESS		TRUCK #	DRIVER	TRUCK #	DRIVER
Future Petro Co LLC		P.O. Box 540225 1455 Wilcocks		539	LARRY		
CITY		STATE	ZIP CODE	469	JEFF		
Houston		TX	77254	491	STAN		
					CHRIS		

JOB TYPE Perm B HOLE SIZE 7 7/8 HOLE DEPTH 3204 CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 3902 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.85 SLURRY VOL 37 WATER gal/sk 7.25 CEMENT LEFT in CASING 40 lbs. Shrink
 DISPLACEMENT 50.46 DISPLACEMENT PSI 800 MIX PSI 0 RATE 5.62 bbls

REMARKS: Broke Circulation - Pumped 5 bbls water then 500 gals
Mud Flush + 5 bbls water - Started 22.5 sks Thick set + 2 lbs
Kol-Seal down sk - Flushed pump & pipes - Displaced plug with
5.3 bbls water - Landed plug at 1452 lbs - Mort - held 0

AFE # 175D189

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	45	MILEAGE	4.00	180.00
5402	700	Footage	.21	147.00
1126 H	225	Track-set	18.130	4117.50
1110H	1125	lbs Kol-seal	.44	495.00
5407A	45	Bulk Depoventy K 11.81 tons	1.026	461.63
11446	500	gals Mud Flush	1.05	525.00
4161	1	4 1/2 APU Flat shoe	286.00	286.00
4453	1	4 1/2 Latch down Plug	232.00	232.00
4103	2	4 1/2 Cement Baskets	218.00	436.00
4129	4	4 1/2 x 1 1/2 Centrifuges	42.00	168.00
Subtotal				8231.13
			SALES TAX	425.65
			ESTIMATED TOTAL	8656.78

Revin 3737

AUTHORIZATION Terry L. Madden TERRY L. MADDEN TITLE 242267

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.