

ORIGINAL

**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

OPERATOR: License # 6804
Name: Lachenmayr Oil LLC.
Address 1: P.O. Box 526
Address 2: _____
City: Newton State: KS Zip: 67114 + _____
Contact Person: John Lachenmayr
Phone: (316) 284-1991
CONTRACTOR: License # _____
Name: _____
Wellsite 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: Lachenmayr Oil LLC

Well Name: Reed # 9

Original Comp. Date: 1986 Original Total Depth: 3650

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 #: D24364
 ENHR Permit #: _____
 GSW Permit #: _____

<u>07/23/07</u>	<u>7/25/07</u>	<u>7/31/07</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 173-20707 · 00 · 01

Spot Description: _____
NE SW SW Sec. 1 Twp. 26 S. R. 1 East West
990 Feet from North / South Line of Section
2,970 Feet from East / West Line of Section

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

County: Sedgwick
Lease Name: REED Well #: 9
Field Name: Valley Center
Producing Formation: Arbuckle
Elevation: Ground: _____ Kelly Bushing: _____
Total Depth: 3875 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: _____ 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: _____ ppm Fluid volume: _____ bbls
Dewatering method used: _____ **RECEIVED**

Location of fluid disposal if hauled offsite: **NOV 07 2011**

Operator Name: _____ **KCC WICHITA**
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: John Lachenmayr
Title: Manager Date: 11/03/04

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: 11/14/11

Operator Name: Lachenmayr Oil LLC. Lease Name: REED Well #: 9
 Sec. 1 Twp. 26 S. R. 1 East West County: Sedgwick

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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample 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
Liner		5 1/2"	15.50	3400	60/40 poz	250	60/40 poz, 10ax gel, 1sx cs
Prod		7"		3511			
surface		10 3/4"		309			

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

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TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input checked="" 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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input 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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United Cementing and Acid Co., Inc.

SERVICE TICKET

Oil Well Cementing & Acidizing
 (316) 321-4680 • 800-794-0187 • FAX (316) 321-4720
 2510 West 6th Street • El Dorado, KS 67042

DATE 11-1-02
 COUNTY SENECA

CHARGE TO HOWARD LAURENSEN
 ADDRESS _____ CITY _____ ST _____ ZIP _____
 LEASE & WELL NO. 111A #9 SEC. 1 TWP. 26S RNG. 10E
 CONTRACTOR SOUTH WELL SERVICE TIME ON LOCATION 1:30pm
 KIND OF JOB LEAD OLD NEW

Quantity	MATERIAL USED	3400	Serv. Charge	995.37
25 CY	60/100 PORT-CEM	10.40		150.00
10 CY	CEM	2.90		99.00
1 CY	C. SPURSE (GL.#)	10.26		13.00
1	5 1/2 HOUL-ARL FLAT SHOE			14.00
2.5 CY	BULK CHARGE			247.50
35	BULK TRK. MILES <u>3.5</u>			315.00
35	PUMP TRK. MILES			71.00
1	PLUGS 5 1/2 TOP BURDER			35.00
	SALES TAX			14.87
	TOTAL			995.37

T.D. 3430'
 SIZE HOLE 7" CSG
 MAX. PRESS. 2700#
 PLUG DEPTH 3400'
 PLUG USED TOP BURDER
 REMARKS: SEE Cement Log

CSG. SET AT 3400' VOLUME _____
 TBG SET AT _____ VOLUME _____
 SIZE PIPE 5 1/2
 PKER DEPTH _____
 TIME FINISHED 5:30pm
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EQUIPMENT USED

NAME	UNIT NO.	NAME	UNIT NO.
<u>TOP BURDER</u>	<u>R-5</u>	<u>60/100 Spurce</u>	<u>R-3</u>

CEMENTER OR TREATER

OWNER'S REP.

United Cementing and Acid Co., Inc.

ACID / CEMENTING LOG

316-321-4680 • 800-794-0187

FAX 316-321-4720

2510 W. 6th Street • El Dorado, KS 67042

Date 11-1-02 District _____ Ticket No. 4269
 Company HOWARD LACHENMYER Rig Scott's
 Lease REEI Well No. 9
 County Sedwick State KS
 Location 1-26.5-1w Field _____

CASING DATA: PTA Squeeze Acid Mini Frac
 Surface Intermediate Production Liner
 Size 5 1/2 Type _____ Weight _____ Collar _____

Casing Depths: Top SURFACE Bottom 3400'

Drill Pipe: Size _____ Weight _____ Collars _____
 Open Hole: Size _____ T.D. _____ ft. P.B. to _____ ft.

CAPACITY FACTORS:

Casing: Bbls/Lin. ft. .0244 Lin. ft./Bbl. _____
 Open Holes: Bbls/Lin. ft. .0383 Lin. ft./Bbl. _____
 Drill Pipe: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Annulus: Bbls/Lin. ft. .0059 Lin. ft./Bbl. _____
 Tubing: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Perforations: From _____ ft. to _____ ft. Amt. _____
 Packer Setting: _____ B-Plug Depth _____

CEMENT DATA:

Spacer Type: _____
 Amt. _____ Sks Yield _____ #/sk Density _____ PPG _____
 LEAD: Pump Time _____ hrs. Type 60/100 400#
 Excess 3101700-SPEC
 Amt. 250 Sks Yield 1.40 #/sk Density 14.1 PPG _____
 TAIL: Pump Time _____ hrs. Type _____
 Excess _____
 Amt. _____ Sks Yield _____ #/sk Density _____ PPG _____
 WATER: Lead _____ gals/sk Tail _____ gals/sk Total _____ Bbls _____
 Acid Type _____
 Pump Truck Used P-15
 Bulk Equipment B-3
 Float Equip: Manufacturer _____
 Shoe: Type N-ARV FLOOR STOP Depth 3400'
 Float: Type _____ Depth _____
 Centralizers: Quantity _____ Plugs Top _____ Btm. _____
 Stage Collars _____
 Special Equip. _____
 Disp. Fluid Type FRESH H2O Amt. 85 Bbls. Weight _____ PPG _____
 Flush Type _____ Weight _____ PPG _____

COMPANY REPRESENTATIVE

CEMENTER/TREATER

TIME AM/PM	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbls Min.	
2:20			79 BBLS	79		LOAD HOLE BREAK CIRCULATION
3:25						SHUT DOWN WASTE FOR H2O
3:43	500#			40		START MIXING CEMENT
3:44						MIXING
3:45						RELEASE PLUG/CLEAR PUMP AND LEAD
3:51	650#			20		START DISPLACEMENT
3:53	850#			34		20 BBLS out 650# Plug at 819'
3:57	900#			45	3 RPM	Plug at 1393'
3:58	1500#			48		Plug at 1844'
4:00	1300#			52		Down SHEET Slow RATE Pumping 1000#
4:05	1750#			59		Plug at 2131'
4:11	2100#			64		Plug at 2622'
4:14	2300#			67		Plug at 2745' CIRCULATE CEMENT to SURFACE
4:18	2400#			71		Plug at 2909'
4:19	2350#			72	3/4 RPM	Slow RATE Down SHEET
4:24	2450#			76		Plug at 3114'
4:31	2500#			80	1/2 RPM	Plug at 3278'
4:40	2600#			82 3/4		Plug at 3391'
4:44	2700#			85		LAND Plug at 2700# 3400' BLEED BACK to 1000# SHUT

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FINAL DISP. PRESS: 2600# PSI BUMP PLUG TO 2700# PSI BLEEDBACK 1000# BBLs. _____
 ISIP 1000# PSI 5 MIN _____ PSI 10 MIN _____ PSI 15 MIN _____ PSI _____