

**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 # 33065
Name: HOEHN OIL, LLC
Address 1: 40971 W 247TH RD
Address 2: _____
City: WELLSVILLE State: KS Zip: 66092 + _____
Contact Person: JIM HOEHN
Phone: (913) 244-1482
CONTRACTOR: License # 8509
Name: EEDI
Wellsite Geologist: _____
Purchaser: PLAIN MARKETING LP

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>MAY 7, 2011</u>	<u>MAY 9, 2011</u>	<u>MAY 09, 2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 059-25,558 · 00 · 00
Spot Description: _____
SW SW SW NE Sec. 20 Twp. 16 S. R. 21 East West
2,840 Feet from North / South Line of Section
2,360 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: FRANKLIN
Lease Name: HOEHN Well #: 12
Field Name: PAOL-RANTOUL
Producing Formation: SQUIRREL
Elevation: Ground: EST 991 Kelly Bushing: _____
Total Depth: 760 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 22.5 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 750
feet depth to: 0 w/ 113 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 #: KCC WICHITA
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

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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: _____
Title: President 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: Dlg Date: 11/15/11

Operator Name: HOEHN OIL, LLC Lease Name: HOEHN Well #: 12
 Sec. 20 Twp. 16 S. R. 21 East West County: FRANKLIN

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 checked="" type="checkbox"/> Yes <input 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: GAMMA RAY/NEUTRON/CCL	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input checked="" 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	9 7/8	7" CASING		22.5'	PZ 50/50	113	
PRODUCTION	5 5/8	2 7/8		760'			

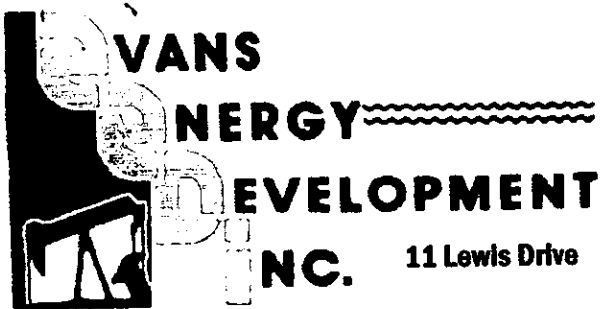
ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

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	654.0'-694.0' 84 PERFS		

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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. 09/27/2011		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. 5	Gas Mcf	Water Bbls. 5
		Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" 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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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11 Lewis Drive

Paola, KS 66071

**Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation**

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG
Hoehn Oil LLC
Hoehn #12
API#15-059-25,558
May 7 - May 9, 2011

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
12	soil & clay	12
6	lime	18
2	shale	20
11	lime	31
6	shale	37
12	lime	49
5	shale	54
16	lime	70
35	shale	105
17	lime	122
4	sand	126 grey, no oil, wet
79	shale	205
21	lime	226
28	shale	254
5	lime	259
32	shale	291
5	lime	296
5	shale	301
2	lime	303
16	shale	319
9	lime	328
2	shale	330
12	lime	342
2	shale	344
1	coal	345
5	shale	350
22	lime	372
4	shale	376
13	lime	389
149	shale	538
6	lime	544
6	shale	550
16	sand	566 green, good bleeding
16	shale	582

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1	coal	583
3	shale	586
10	lime	596
13	shale	609
3	lime	612
6	shale	618
16	lime	634 oil show, few shale seams
4	shale	638
7	lime	645 brown, good oil show
9	shale	654
11.5	broken oil sand	665.5 brown & green sand, 50% bleeding
0.5	shale	666 brown, good bleeding
2.3	oil sand	668.3 brown, good bleeding
2.7	limey sand	671
17.4	broken sand	688.4 shale & brown sand, 60% bleeding
19.6	oil sand	708 black, ok bleeding, good sand
52	shale	760 TD

Drilled a 9 7/8" hole to 22.5'

Drilled a 5 5/8" hole to 760'

Set 22.5' of 7" surface casing cemented with 5 sacks of cement.

Set 750' of 2 7/8" threaded and coupled 8 round upset tubing including 3 centralizers, 1 float shoe, 1 clamp.

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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 # 241938

Invoice Date: 06/15/2011 Terms: 0/0/30,n/30

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HOEHN OIL, LLC
40971 WEST 247TH
WELLSVILLE KS 66092
(913) 244-1482

HOEHN 12,13
45104
20-16-21
6-10-11
KS

Part Number	Description	Qty	Unit Price	Total
1275	15% HCL	600.00	1.7000	1020.00
1202	ACID INHIBITOR	2.00	46.0000	92.00
1219B	STIMOIL FBA	5.00	50.0000	250.00
1268	CITY WATER	14000.00	.0156	218.40
1215	KCL SUB MB6875 CC3107	12.00	36.5000	438.00
1231	FRAC GEL	250.00	5.5000	1375.00
1208	BREAKER LEB4-ESA 14-GB10	.75	187.0000	140.25
1205A	BIOCIDE (AMA-35-D-P) (DR	6.00	30.0000	180.00
4326	7/8" RUBBER BALL SEALERS	315.00	3.0000	945.00
2101A	20-40 BROWN SAND	400.00	.2600	104.00
2102	12/20 BROWN SAND	9600.00	.2700	2592.00

Description	Hours	Unit Price	Total
424 ACID PUMP CHARGE(1500 GALLON)	1.00	200.00	200.00
424 ACID PUMP CHARGE(1500 GALLON)	1.00	200.00	200.00
424 MILEAGE CHARGE (ONE WAY)	1.00	200.00	200.00
T-91 WATER TRANSPORT (FRAC)	2.50	112.00	280.00
VALVE FRAC VALVES (2" OR 3")	2.00	100.00	200.00
BALLI BALL INJECTOR	2.00	.00	.00
478 PROPANT DELIVERY	1.00	315.00	315.00
T-102 WATER TRANSPORT (FRAC)	3.00	112.00	336.00
T-103 WATER TRANSPORT (FRAC)	2.50	112.00	280.00
524 MINIMUM COMBO CHARGE 1000 HP UNIT	1.00	2300.00	2300.00
524 MINIMUM COMBO CHARGE 1000 HP UNIT	1.00	2070.00	2070.00
524 MILEAGE CHARGE (ONE WAY)	1.00	200.00	200.00
582 MINIMUM ACID SPOTTING CHARGE	1.00	375.00	375.00
582 MINIMUM ACID SPOTTING CHARGE	1.00	375.00	375.00

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CONSOLIDATED
Oil Well Services, LLC



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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 # 241276

Invoice Date: 05/11/2011 Terms:

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HOEHN OIL, LLC
40971 WEST 247TH
WELLSVILLE KS 66092
(913)244-1482

HOEHN 12
31874
NW 20-16-21 FR
05/09/2011
KS

Part Number	Description	Qty	Unit Price	Total
1118B	PREMIUM GEL / BENTONITE	290.00	.2000	58.00
1124	50/50 POZ CEMENT MIX	113.00	10.4500	1180.85
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
368 CEMENT PUMP	1.00	975.00	975.00
368 EQUIPMENT MILEAGE (ONE WAY)	15.00	4.00	60.00
368 CASING FOOTAGE	750.00	.00	.00
369 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
510 MIN. BULK DELIVERY	1.00	330.00	330.00

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Parts:	1266.85	Freight:	.00	Tax:	98.81	AR	2910.66
Labor:	.00	Misc:	.00	Total:	2910.66		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____

Date _____

CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 31874
LOCATION Ottawa
FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-9-11	3602	Hoehn 12	NW 20	16	21	Fr
CUSTOMER Hoehn Oil & Farm LLC			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 40971 W 247th			516 Alan M Safety Meeting			
CITY STATE ZIP CODE Wellsville KS 66092			368 Harold B HOB			
			369 Derek M DM			
			510 Cecil P CHP			
JOB TYPE <u>long string</u>	HOLE SIZE <u>6"</u>	HOLE DEPTH	CASING SIZE & WEIGHT <u>2 7/8</u>			
CASING DEPTH <u>750</u>	DRILL PIPE	TUBING	OTHER			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>yes</u>			
DISPLACEMENT <u>4.4</u>	DISPLACEMENT PSI <u>800</u>	MIX PSI <u>200</u>	RATE <u>5 bpm</u>			
REMARKS: <u>Held crew meeting. Mixed & pumped 100 gal to flush hole followed by 113 sk 50150 poz 272 gal. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float. Closed valve.</u>						

Evans Energy, Travis

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975.00
5406	15	MILEAGE		60.00
5402	750'	Casing footage		330.00
5407	min	ton miles		170.00
5502C	2	BD use		
118B	290#	grl		58.00
11241	113	50150 poz		1180.85
4402	1	2 1/2 plug		28.00
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				KCC WICHITA
				7.8%
				SALES TAX ESTIMATED TOTAL
				98.81
				2910.60

AUTHORIZATION _____

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.

Ravin 3737