



KANSAS CORPORATION COMMISSION 1068304
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 # 30102
Name: Christenson, Robert dba C & S Oil
Address 1: PO BOX 41
Address 2: _____
City: NEOSHO FALLS State: KS Zip: 66758 + 0041
Contact Person: Robert Christenson
Phone: (620) 963-2342
CONTRACTOR: License # 33900
Name: Leis, Steven A.
Wellsite Geologist: none
Purchaser: _____

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 #: _____
7/11/2011 7/12/2011 7/12/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-207-27879-00-00
Spot Description: _____
SW SW SE NW Sec. 26 Twp. 23 S. R. 16 East West
2930 Feet from North / South Line of Section
3855 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Woodson
Lease Name: Yoho Well #: 17
Field Name: _____
Producing Formation: mississippi
Elevation: Ground: 1002 Kelly Bushing: 1007
Total Depth: 1380 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: 1369
feet depth to: 0 w/ 143 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 40 bbls
Dewatering method used: Hauled to Disposal
Location of fluid disposal if hauled offsite: _____
Operator Name: Robert Christenson dba C & S Oil
Lease Name: Reinhard Krohn License #: 30102
Quarter SW Sec. 3 Twp. 24 S. R. 17 East West
County: Woodson Permit #: D30293

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 Gerriso Date: 11/21/2011



1068304

Operator Name: Christenson, Robert dba C & S Oil Lease Name: Yoho Well #: 17
 Sec. 26 Twp. 23 S. R. 16 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 Wireline 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum mississippi
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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	8.625	18	40	Portland	10	
production	6.75	4.50	11.60	1369	Quick Set	143	

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
2	1336-1344	1100 gal 15% HCL	
2	1346-1356		

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR. 8/01/2011	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. <u>.75</u>	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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Lease Name: Yoho	Spud Date: 7-11-2011	Surface Pipe Size: 8 5/8	Depth: 40'	TD: 1380
Operator: Robert Christenson	Well #17 Yoho	Bit Diameter: 6 3/4"		
Footage taken	Sample type			
0_2	soil			
2_13	clay			
13_102	shale			
102_136	brown lime			
136_141	shale			
141_174	lime			
174_211	shale			
211_214	lime			
214_219	shale			
219_227	lime			
227_234	shale			
234_410	lime			
410_431	shale			
431_432	lime			
432_437	shale			
437_440	lime			
440_450	shale			
450_520	lime			
520_530	shale			
530_549	lime			
549_555	shale			
555_574	lime			
574_748	shale			
748_780	lime			
780_785	shale			
785_788	lime			
788_842	lime/shale			
842_855	lime			
855_862	shale			
862_863	lime			
863_872	shale			
872_875	lime			
875_880	shale			
880_897	lime			
897_911	shale			
911_918	lime			
918_923	black shale			
923_926	lime			
926_931	shale			
931_936	some oil sand			
936_970	shale			
970_976	lime			
976_978	shale			
978_985	oil sand broken			
985_1246	shale			
1246_1248	lime			
1248_1251	shale			
1251_1253	lime			
1253_1311	shale			
1311_1341	mississippian lime			
1341_1363	break with oil			
1363_1380	lime			
1380	T.D.			

MC ID # 165290
 Shop # 620 437-2661
 Cellular # 620 437-7582
 Office # 316 685-5908
 Office Fax # 316-685-5926
 Shop Address: 3613A Y Road
 Madison, KS 68860

Hurricane Services, Inc.
 P.O. Box 782228
 Wichita, KS 67278-2228

Cement, Acid or Tools
 Service Ticket
 4586

DATE 7-12-11

COUNTY Woodson CITY _____

CHARGE TO C/S Oil

ADDRESS _____ CITY _____ ST _____ ZIP _____

LEASE & WELL NO. Yoho #17 CONTRACTOR State Leis

KIND OF JOB Longstring SEC. _____ TWP. _____ RNG. _____

DIR. TO LOC. _____ OLD NEW

Quantity	MATERIAL USED	Serv. Charge	
			750.00
143 SKS	Quick Set cement		2359.50
715 lbs	KOL-SEAL 5" P ⁴ /SK		321.75
400 lbs	Gel > Flush Ahead		100.00
6 Hrs	water Truck		480.00
6 Hrs	water Transport		600.00
	Mileage on Trk #290		45.00
8.52 Tons	BULK TRK. MILES		281.16
30	PUMP TRK. MILES		90.00
	Rental on wireline		50.00
1	PLUGS 4 1/2" Top Rubber		38.00
		7.3% SALES TAX	205.80
		TOTAL	5,321.21

T.D. _____ CSG. SET AT 1369' VOLUME 21.7 Bbls

SIZE HOLE 6 3/4" TBG. SET AT _____ VOLUME _____

MAX. PRESS. _____ SIZE PIPE 4 1/2" - 10-5/16

PLUG DEPTH _____ PKER DEPTH _____

PLUG USED _____ TIME FINISHED _____

REMARKS: Rig up to 4 1/2" casing, Break circulation with pit water, 20 Bbl. Gel Flush, circulated Gel around to condition hole, Pumped 15 Bbl. Dye water Ahead. Mixed 143 SKS Quick Set cement w/ 5" KOL-SEAL. Shutdown - washout Pump lines - Release Plug - Displace Plug with 21 3/4 Bbls. water. Final Pumping at 700 RST - Pumped Plug to 1200 RST - Release Pressure - Float held, close casing w/ 40 RST. Good cement returns w/ 4 Bbls slurry "Thankyou"

EQUIPMENT USED

NAME	UNIT NO.	NAME	UNIT NO.
<u>Kelly Kimberlin</u>	<u>201</u>	<u>Rodger #202, Delbert #105, Mark #141, #152</u>	
<u>Brad Buttr</u>		<u>witnessed by Bob</u>	
HSI REP.		OWNER'S REP.	