



KANSAS CORPORATION COMMISSION 1065825
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 # 34543
Name: Donke Oil & Gas, LLC
Address 1: 4637 E. 91st ST
Address 2: _____
City: TULSA State: OK Zip: 74137 + _____
Contact Person: Ryan Hess
Phone: (918) 743-8060
CONTRACTOR: License # 5831
Name: M.O.K.A.T.
Wellsite Geologist: Tom Oast
Purchaser: Plains Marketing

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>10/4/2011</u>	<u>10/4/2011</u>	<u>10/14/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-019-27080-00-00

Spot Description: _____
NE SE SE SE Sec. 4 Twp. 34 S. R. 13 East West
495 Feet from North / South Line of Section
205 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Chautauqua
Lease Name: West Ball Well #: G4-23

Field Name: _____

Producing Formation: Redd Sands

Elevation: Ground: 861 Kelly Bushing: 7

Total Depth: 845 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: 21 Feet

If Alternate II completion, cement circulated from: 845

feet depth to: 0 w/ 200 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 60000 ppm Fluid volume: 80 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: 11/21/2011



1065825

Operator Name: Donke Oil & Gas, LLC Lease Name: West Ball Well #: G4-23
 Sec. 4 Twp. 34 S. R. 13 East West County: Chautauqua

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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: density-neutron 5" porosities	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>redd sands</td> <td>670</td> <td>697</td> </tr> </table>	Name	Top	Datum	redd sands	670	697
Name	Top	Datum					
redd sands	670	697					

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
casing	6.75	4.5	10.5	842	1	98	
surface pipe	9.5	8.625	24	42.6	1	11	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	0-845			
	-			

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
4	40 shots		680'-690'

TUBING RECORD: Size: <u>2 3/8'</u> Set At: <u>705'</u> Packer At: _____	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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>3</u> Gas Mcf <u>0</u> Water Bbls. <u>80</u> 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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

Paid 10/4/11 64-23
check # 1111

TICKET NUMBER 33239
LOCATION Furska K
FOREMAN Steve McNeil

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

FIELD TICKET & TREATMENT REPORT

CEMENT API 15-019-27080

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-4-11		West Ball #64-23	4	24S	13E	Chautauque
CUSTOMER <u>Donke Oil & Gas, LLC</u>			TRUCK #			
MAILING ADDRESS <u>4637 E. 91st St.</u>			DRIVER			
CITY <u>Tulsa</u>			TRUCK #			
STATE <u>OK</u>			DRIVER			
ZIP CODE <u>74137</u>			TRUCK #			
			DRIVER			

JOB TYPE Long string HOLE SIZE 6 3/4 HOLE DEPTH 847 CASING SIZE & WEIGHT 4 1/2 9.5"
CASING DEPTH 840' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 13.6[#] SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 13.6 bbls DISPLACEMENT PSI 600[#] MIX PSI Bump by 1100[#] RATE _____

REMARKS: Safety Meeting: Rig up to 4 1/2 casing. Pump 13 bbls Fresh water shut down
2-7 set 5 min. Get Air out. Mix 90 sks Thick set Cement w/ 5" Kal-Seal per 15k
shut down wash out pump & lines. Release plug. Displace with 13.6 bbls Fresh
Water. Final pumping Pressure 600[#] Bump P.W. to 1100[#]. Wait 2 min Release
Pressure Plug held. Job complete Rig down
(NOTE Good Cement Returns to surface 5 bbls slurry to pit) AP#

(Pump 1000[#] Gel to Gel up hole on Drilling R.O.)

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE AP# 985	975.00	975.00
5406	60	MILEAGE	4.00	240.00
5609	3 bbls		200.00	600.00
1118B	#	Gel (Gel up Hole)	.20	200.00
1126A	90 sks	Thick set Cement	18.30	1647.00
1110A	450 [#]	Kal-Seal 5" per 15ks	.44	199.00
5407A	4.95 ton	Ton mileage Bulk Truck	1.26	374.22
5507E	9 hrs	8000 Vacuum Truck	90.00	810.00
1123	9000 gallons	City Water	15.66/1000	140.94
4400	1	4 1/2" Top Rubber Plug	45.00	45.00
Total		5144.74		
5% Discount		- 270.74		
		5144.00		
			Sub Total	5229.62
			SALES TAX	185.12
			ESTIMATED TOTAL	5414.74

Ravin 3737

AUTHORIZATION Don Petro TITLE Mudup hole to 106 DATE _____
in Perm P.D.C.

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