



KANSAS CORPORATION COMMISSION 1068309
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 # 34618
Name: Four Corners Oil, LLC
Address 1: PO BOX 638
Address 2: _____
City: WELLSVILLE State: KS Zip: 66092 + _____
Contact Person: Ray Groshong
Phone: (913) 238-7420
CONTRACTOR: License # 5682
Name: Hughes Drilling Co, a General Partnership
Wellsite Geologist: NA
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 #: _____

10/26/2011	11/02/2011	11/18/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-25771-00-00

Spot Description: _____
NW NE NE SE Sec. 23 Twp. 15 S. R. 20 East West
2475 Feet from North / South Line of Section
595 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Franklin

Lease Name: Groshong Well #: 1

Field Name: _____

Producing Formation: Squirrel

Elevation: Ground: 1087 Kelly Bushing: 0

Total Depth: 915 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 43 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 0

feet depth to: 43 w/ 12 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 1500 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 Garbar Date: 11/22/2011



1068309

Operator Name: Four Corners Oil, LLC Lease Name: Groshong Well #: 1
 Sec. 23 Twp. 15 S. R. 20 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 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: GammaRay/Neutron/CCL	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>GammaRay</td> <td></td> <td></td> </tr> </table>	Name	Top	Datum	GammaRay		
Name	Top	Datum					
GammaRay							

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	9	7	10	43	Portland	12	50/50 POZ
Completion	5.6250	2.8750	8	895	Portland	115	50/50 POZ

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
4	834.0-851.0	2" DML RTG	17

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. _____		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 <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)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Sec. 23, Twp. 15, Rng. 20

Franklin Co., Kansas

2475 FSL 595 FEL

API# 15-059-25771-00-00

HUGHES DRILLING REPORT

Well No. 1
 Farm C. B. Shanks
 SURFACE CASING
 Size 7"
 Feet 42.80
 Circulated 12 sx cement

PERMANENT CSG.
 Size 2 3/8" Bld EUE
 Feet 815 pipe T.D.
 Bolt at 890

OPERATOR Four Corners Oil LLC

T. D. at Completion 915
 Contractor HUGHES DRILLING CO.

STRATA THICKNESS	FORMATION DRILLED	T.D.
2	Soil	2
12	clay	14
7	sand stone	21
2	Lime	23
1	Sandy clay	24
7	sandy shale	31
149	Shale	180
24	Lime	204
8	shale	212
10	Lime	222
6	Shale	228
28	Lime	256
5	Shale	261
21	Lime	282
2	Shale	284
4	Sand	288
22	Shale	310
4	Sand	314
49	Shale	363
21	Lime	384
20	Shale	404
6	Lime	410
31	Shale	441
9	Lime	450
6	Shale	456
2	Lime	458
15	Shale	473
30'	23 Lime	496
9	Shale	505
20'	22 Lime	527
4	Shale	531
3	Lime	534
5	Shale	539
Hertha	16 Lime	545
18	Shale	563
2	Sand	565
151	Shale	716
7	Lime	723
19	Shale	742
10	Lime	752
12	Shale	764

DATE	DRILLED		REMARKS - TYPE WORK - BILLING REF.	PIPE TALLY
	FROM	TO		
24/11	0	2	Soil	(1) 21.5-21.5
	2	14	clay	(2) 22.5-44.0
	14	21	sand stone	(3) 22.5-66.5
4/21	21	23	Lime (Sandy)	(4) 22.5-89.0
10-25-11	23	24	sandy clay	(5) 22.5-111.5
5-28 PDL	24	31	Sandy shale	(6) 22.5-134.0
	31	180	shale	(7) 22.5-156.5
	180	204	Lime (Bk 185-189)	(8) 22.5-179.0
	204	212	Shale (Slate 211-212)	(9) 22.5-201.5
	212	222	Lime	(10) 22.5-224.0
	222	228	Shale	(11) 22.5-246.5
	228	256	Lime	(12) 22.5-269.0
	256	261	shale	(13) 22.5-291.5
	261	282	Lime	(14) 22.5-314.0
	282	284	Shale	(15) 22.5-336.5
	284	288	Sand	(16) 22.5-359.0
	288	310	Shale	(17) 22.5-381.5
	310	314	Sand	(18) 22.5-404.0
	314	363	Shale	(19) 22.5-426.5
	363	384	Lime	(20) 22.5-449.0
	384	404	Shale (Bk 385-389)	(21) 22.5-471.5
	404	410	Lime	(22) 22.5-494.0
	410	441	Shale	(23) 22.5-516.5
	441	450	Lime	(24) 22.5-539.0
	450	456	Shale	(25) 22.5-561.5
	456	458	Lime	(26) 22.5-584.0
	458	473	Shale	(27) 22.5-606.5

HUGHES DRILLING REPORT

Well No. I SURFACE CASING PERMANENT CSG.
 Size 2 1/2" 8.21 EVE
 Farm Grashew Feet 815 pipe T.O.
 Bolt at 810

OPERATOR Fair Colinas Oil LLC T. D. at Completion 915
 Contractor HUGHES DRILLING CO.

STRATA THICKNESS	FORMATION DRILLED	T.D.
3	Lime	767
4	Shale	771
4	Lime	775
6	Shale	781
9	Lime	790
15	Shale	805
3	Lime	808
21	Shale	829
22	oil sand	851
14	Shale	865
1	Sdy Lime	866
6	Shale	872
4	Bl. sand	876
	Shale	915
		T.D.

DATE	DRILLED		REMARKS - TYPE WORK - BILLING REF.	PIPE TALLY
	FROM	TO		
	473	496	Lime	20225-629.0
	496	505	Shale (497-500 Slate)	29225-651.5
30'	505	527	Lime	30225-674.0
	527	531	Shale (Slate 528-529)	31225-696.5
	531	534	Lime	32225-719.0
	534	537	Shale	33225-741.5
"Hertho"	537	545	Lime	34225-764.0
	545	563	Shale (BKK 550-554)	35225-786.5
	563	565	Sand (Gray)	36225-809.0
	565	716	Shale (Sdy 662-665) (BKN 706-710)	37225-831.5
	716	723	Lime	38225-854.0
	723	742	Shale (BKN 730-735)	39225-876.5
	742	752	Lime (BKN 748-752)	40225-899.0
	752	764	Shale	
	764	767	Lime (Brown)	
	767	771	Shale (Slate 768-769)	
	771	775	Lime (BKN)	
	775	781	Shale	
	781	790	Lime	
	790	805	Shale (Lime Break 800) (Slate 801-802)	
829'	805	808	Lime	
	808	829	Shale	
10-26-11	829	851	oil sand (Remarks pg 4)	
	851	865	Shale	
	865	866	Sandy Lime	
	866	872	Shale	
	872	876	Black sand	

putted



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 33019
LOCATION Ottawa KS
FOREMAN Fred Mader

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
10/27/11		Ginsburg #1	SE 23	15	20	FR
CUSTOMER Four Corners Oil LLC			TRUCK #			
MAILING ADDRESS 4764 Tennessee Rd. P.O. Box 638			DRIVER			
CITY Wallsville			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 66092			TRUCK #			
JOB TYPE <u>Longstring</u>			DRIVER			
HOLE SIZE <u>5 7/8</u>			TRUCK #			
HOLE DEPTH <u>915'</u>			DRIVER			
CASING DEPTH <u>895'</u>			TRUCK #			
SLURRY WEIGHT			DRIVER			
DISPLACEMENT <u>5.17</u>			TRUCK #			
REMARKS: Establish circulation. Mix Pump 100# Premium Gel Flush			DRIVER			
Mix Pump SKs 50/50 Poz Mix Cement 2790 Gal.			TRUCK #			
Cement to surface. Flush pump & lines clean. Displace			DRIVER			
2 1/2" Rubber plug to pin in casing. Pressure to 600# PSI			TRUCK #			
Shut in casing			DRIVER			
Hughes Drilling			Fred Mader			

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975	975 ⁰⁰
5406	15 mi	MILEAGE	495	600 ⁰⁰
5402	895	Casing Footage		N/C
5407	Minimum	Ten Miles	570	330 ⁰⁰
55020	1 1/2 hr	80 BBL Voo Truck	369	1350 ⁰⁰
1124	1153 SKs	50/50 Poz Mix Cement		120175
1118B	294#	Premium Gel		5880
4402		2 1/2" Rubber Plug		2800
		P.O. check # ?	Less 2% - 57.78	
		Thank You	Total 2,831.28	
			7.8%	

SALES TAX 100.21
ESTIMATED TOTAL 2889.06
AUTHORIZATION Randy 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.