

ORIGINAL

NO DRILLERS

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

LOG

AVAILABLE

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

27550.00.00

OPERATOR: License # 5983
Name: Victor J. Leis
Address 1: P.O. Box 223
Address 2: _____
City: Yates Center State: KS Zip: 66783
Contact Person: Ryan M. Leis
Phone: (785) 313-2567
CONTRACTOR: License # 33900
Name: Steve Leis
Wellsite Geologist: n/a
Purchaser: Pacer

API No. 15 - 207-27545

Spot Description: _____
NE NE Sec. 20 Twp. 24 S. R. 16 East West
2,420 Feet from North / South Line of Section
2,420 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Woodson

Lease Name: Hash Well #: 3

Field Name: Vernon

Producing Formation: Squirrel

Elevation: Ground: 1082 est. Kelly Bushing: n/a

Total Depth: 1170 Plug Back Total Depth: n/a

Amount of Surface Pipe Set and Cemented at: 40 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: n/a Feet

If Alternate II completion, cement circulated from: 1170
feet depth to: surface w/ 138 sx cmt.

Designate Type of Completion:

New Well Re-Entry Workover

Oil WSW SWD SIOW

Gas D&A ENHR SIGW

OG GSW

CM (Coal Bed Methane)

Cathodic Other (Corr, Expl., etc.): _____

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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 #: _____

12/12/2009 12/16/2009 1/6/2010
Spud Date or Date Reached TD Completion Date or Recompletion Date

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 #: _____

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: Ryan M. Leis

Title: Agent Date: 2/3/11

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: 11/23/11

Operator Name: Victor J. Leis Lease Name: Hash Well #: 3
 Sec. 20 Twp. 24 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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Gamma ray/ neutron	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum see attached
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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	10"	7"	23.5	40	portland	11	n/a
Production	5 7/8"	2 7/8"	6	1148	50/50 poz.	138	n/a

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	20 SHOTS 1000-1010	Frac. w/ 7,000# sand and gelled water	1000

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. 4/1/2010		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. 10	Gas Mcf 0	Water Bbls. 0	Gas-Oil Ratio n/a	Gravity 28.0		

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)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 22509

LOCATION Ottawa KS

FOREMAN Fred Mader

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8876

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12/16/09	5353	Hask #3	SW 20	24	16	WO
CUSTOMER Midway Oil Company			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 1000			503	Fred	548	Arden
CITY Miami			368	Ken		
STATE OK			369	Chuck		
ZIP CODE 74354			510	Jason		

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 1170' CASING SIZE & WEIGHT 2 1/2" EUE
 CASING DEPTH 1148' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 2 1/2" Plug
 DISPLACEMENT 6.7 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Establish circulation Mix + Pump 200# Premium Gel Flush.
 Mix + Pump 11 BBL Telltale dye. Mix + Pump 102 sks 50/50 Poz
 Mix cement 4% Premium Gel. Follow w/ 40 sks OWC Cement.
 Flush pump + lines clean. Displace 2 1/2" Rubber Plug to
 casing TD w/ 6.7 BBL Fresh water. Pressure to _____ PSI
 Release pressure to set float valve

Steve Leis Drilling Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE Cement Pump		870 ⁰⁰
5406	65mi	MILEAGE Pump Truck		224 ²⁵
5402	1148'	Casing footage		N/C
5407	1/2 minimum	Ton Miles #548		148 ⁰⁰
5407	278.46	Ton Miles #510		323 ⁰¹
5502	2 1/2 hrs	50 BBL Vac Truck		235 ⁰⁰
1124	98 sks	50/50 Poz Mix Cement		906 ⁵⁰
1126	40 sks	OWC Cement		640 ⁰⁰
118B	543#	Premium Gel		86 ⁹⁸
4402	1	2 1/2" Rubber Plug		22 ⁰⁰
				6.32
SALES TAX				104 ²⁹
ESTIMATED TOTAL				2559 ⁹³

RAVIN 3737
 AUTHORIZATION [Signature] TITLE _____ DATE _____

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WO 232441