

ORIGINAL

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 # 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: Steven A. Leis
Wellsite Geologist: n/a
Purchaser: Pacer

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 #: _____

7/1/2010	7/2/2010	12/17/2010
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 207-27636 · 00 · 00
Spot Description: _____
S2 S2 SE NW Sec. 20 Twp. 24 S. R. 16 East West
2,420 Feet from North / South Line of Section
1,980 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Woodson
Lease Name: Goebel Well #: 7
Field Name: Vernon
Producing Formation: Squirrel
Elevation: Ground: 1078 est. Kelly Bushing: n/a
Total Depth: 1080 Plug Back Total Depth: n/a
Amount of Surface Pipe Set and Cemented at: 41 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: n/a Feet
If Alternate II completion, cement circulated from: 1080
feet depth to: surface w/ 155 sx crnt.

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: n/a
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: Goebel Well #: 7
 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 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. / FL	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	10"	7"	23.5	41'	portland	10	n/a
Casing	5 7/8"	2 7/8"	6.5	1076'	50/50 pos	155	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 1009-1019'	with 5500# gelled water and sand	1009'

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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. 12/22/2010		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 26.0

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 & GAS, U.S.A.

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-487-8876

TICKET NUMBER 27284
LOCATION Ottawa KS
FOREMAN Fred Moder

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	WELP	DATE	TIME
12/1/10	5353	Goebel # 7	NV 20	24	10	50
CUSTOMER			[REDACTED]			
MAILING ADDRESS			[REDACTED]			
CITY			506	Fred	Safety	10/1
STATE			495	Casey		
ZIP CODE			505/106	Alan		
MIDWAY OIL CO.			503	Cecil	SIC	10/1
P.O. Box 1000						
MIAMI						
OK						
74354						

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 1080 CASING SIZE & WEIGHT 2 1/2 EUE
 CASING DEPTH 1076 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 2 1/2" Plug
 DISPLACEMENT 6.26 DISPLACEMENT PSI _____ MIX PSI _____ RATE 50PM

REMARKS: Wash down 4 JTs 2 1/2" casing. Check casing depth w/
wireline. Mix + Pump 100* Premium Gal Flush Mix + Pump
98L Gallons dye. Mix + Pump 120 SKS 50/50 Por Mix Cement
6% Gal. Follow w/ 35 SKS OWC Cement Flush pump + lines
clean. Displace 2 1/2" Rubber plug to casing TD w/ 6.26
88L Fresh water pressure to 400* PSI. Release pressure
to set float valve. Shut in casing

Fred Moder

ACCOUNT CODE	QUANTITY OF UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL
5401	1 of 2	PUMP CHARGE		925 ⁰⁰
5406	1/2 of 65 mi.	MILEAGE		118 ⁶³
5402	1076	Casing Footage		N/C
5407A	333.06	Ten Miles *570		399 ⁶⁷
547A	1/2 Minimum	Ten Miles *503		157 ⁵⁰
550K	3 hrs	Transport		336 ⁰⁰
1124	113 SKS	50/50 Por Mix Cement		1171 ⁷²
1126	35 SKS	OWC Cement		595 ⁰⁰
1118A	705 ⁰⁰	Premium Gal		141 ⁰⁰
4402	1	2 1/2" Rubber Plug		23 ⁰⁰
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W/O # 238424				
7.32				
SALES TAX				136 ⁵⁸
ESTIMATED TOTAL				3944 ³⁰

Form 8787

AUTHORIZATION [Signature] 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.

Hodown Drilling
 Steven Leis and Andrew King
 Yates Center, KS 66783
 (620) 537-2653 or (620) 625-3679
 Wk (620)330-6328 or (719)210-8806

7-1-10

Operator License #:		API:	
Operator: <i>Pin Oak</i>		Lease Name: <i>Geibel</i>	
Address:		Well #: <i>7</i>	
Phone #:		Spud date: _____ Completed: _____	
Contractor License #:		Location: Twp. _____ Rg. _____	
T.D.: <i>108L</i> T.D. of Pipe:		Ft. from _____ Line	
Surface Pipe Size: _____ Depth		Ft. from _____ Line	
Kind of Well (Oil, Gas, Water, Dry): _____			

DRILLER'S LOG

Thickness	Strata	From	To
	SOIL	0	4
	Clay	4	8
	Lime	8	11
	Shale	11	43
	Lime	43	48
	Shale	49	189
	Lime	189	240
	Shale	240	254
	Lime	254	453
	Shale	453	4167
	Shale	407	4109
	Shale	419	483
	Lime	483	490
	Shale	495	525
<i>KL</i>	Lime	525	650
	Shale	650	653
	Lime	653	659
	Shale	659	819
	Lime	819	823
	Shale	823	843
	Lime	843	852
<i>Oil Oiler</i>	Self Lime	852	857
	Baker	857	867
	<i>W. 1/2 Sec 10:1. Show</i>	867	869

Thickness	Strata	From	To
<i>869-874</i>	<i>oil, Sandy Shale</i>		
	Shale	874	913
	Lime	913	916
	Shale	910	924
	<i>Broken</i> Lime	924	934
	Shale	934	941
	Shale	941	948
	Lime	948	952
	Shale	958	983
	Lime	983	990
<i>oil</i>	Shale	990	997
	Lime	997	999
<i>mulkey</i>	Shale	999	1000
<i>Cir 1001-1003</i>	Shale & Lime		

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Oil Oiler