

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: PO BOX 223
Address 2: _____
City: YATES CENTER State: KS Zip: 66783 + _____
Contact Person: RYAN M. LEIS
Phone: (785) 313-2567
CONTRACTOR: License # 32079
Name: JOHN E. LEIS
Wellsite Geologist: NA
Purchaser: PACER

API No. 15 - 207-27842-0000

Spot Description: _____
NW NW NW NE Sec. 20 Twp. 24 S. R. 16 East West
180 Feet from North / South Line of Section
2,475 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: WOODSON
Lease Name: STOCKEBRAND Well #: 20
Field Name: VERNON

Producing Formation: SQUIRREL

Elevation: Ground: N/A Kelly Bushing: _____

Total Depth: 1082 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

Alternate II completion, cement circulated from: 1082

Set depth to: SURFACE w/ 123 sx cmt.

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 #: _____

5/4/2011 5/5/2011 6/1/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

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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: [Signature]
Title: Agent Date: 11/4/11

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: DG Date: 11/23/11

Operator Name: VICTOR J. LEIS Lease Name: STOCKEBRAND Well #: 20
 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 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 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	42'	PORTLAND	10	N/A
CASING	5 1/4"	2 7/8"	6	1077'	OWC	123	NA

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	15 SHOTS 1009-1016'	FRAC. W/ 4500# SAND, GELLED SALTWATER	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. _____		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 Bbts. 10	Gas Mcf 0	Water Bbts. 0
			Gas-Oil Ratio NA
			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 & Gas Services, LLC

TICKET NUMBER 31920

LOCATION Ottawa KS

FOREMAN Fred Mader

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8678

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5/5/11	2463	Stockbrand #20	NE 20	24	16	WD
CUSTOMER D-ROC OIL			TRUCK #			
MAILING ADDRESS P.O. Box 223			DRIVER			
CITY Yates Center			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 66788			TRUCK #			
			DRIVER			

JOB TYPE <u>long string</u>	HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>1082</u>	CASING SIZE & WEIGHT <u>2 3/8" EVE</u>
CASING DEPTH <u>1077'</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>2 1/2" Plug</u>
DISPLACEMENT <u>6.26</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>53 BPM</u>

REMARKS: Establish circulation. Mix + Pump 100% Premium Gel Flush. Mix + Pump 8 BBLs Tell tale dys. Mix + Pump 5 sks 50/50 Por Mix Cement 6 1/2 Gal. Follow w/ 35 sks OWC Cement. Flush pump + lines clean. Displace 2 1/2" Rubber plug to casing TD w/ 6.26 BBL Fresh water. Pressure to 700 PSI. Release pressure to set float valve. Shift in casing.

John Hess Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975 ⁰⁰
5406	-0-	MILEAGE		N/C
5402	1077	Casing footage		N/C
5407	234.96	Ton Miles	503	296 ⁹⁵
5407	1/2 Minimum	Ton Miles	548	165 ⁰⁰
5502C	2 1/2 hrs	80 BBL Vac Truck		225 ⁰⁰
1124	88 sks	50/50 Por Mix Cement		919 ⁶⁰
1126	35 sks	OWC Cement		626 ⁵⁰
1118B	544#	Premium Gel		108 ⁸⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
				SALES TAX
				ESTIMATED
				TOTAL

WD # 241262

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Ravin 5737

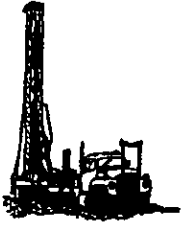
AUTHORIZATION

[Signature]

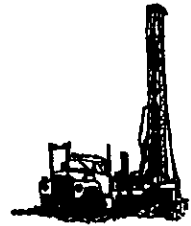
TITLE

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.



LEIS OIL SERVICES



111 East Mary • Yates Center, Kansas 66783 • (620) 625-3676

Operator License #: 5983	API #: 207-27842-0000
Operator: Victor J. Leis	Lease: Stockebrand
Address: PO Box 223 Yates Center, KS 66783	Well #: 20
Phone: 913.285.0127	Spud Date: 05.04.11 Completed: 05.04.11
Contractor License: 32079	Location: NW-NW-NW-NE of 20-24-16E
T.D. : 1082 T.D. of Pipe: 1077	180 Feet From North
Surface Pipe Size: 7" Depth: 42'	2475 Feet From East
Kind of Well: Oil	County: Woodson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
13	Soil and Clay	0	13	4	Shale	920	924
5	Lime	13	18	13	Lime	924	937
185	Shale	18	203	12	Shale	937	949
29	Lime	203	232	3	Lime	949	952
5	Shale	232	237	2	Black Shale	952	954
20	Lime	237	257	14	Shale	954	968
7	Shale	257	264	9	Lime	968	977
125	Lime	264	389	11	Shale	977	988
5	Shale	389	394	6	Lime	988	993
69	Lime	394	463	2	Black Shale	993	996
17	Shale	463	480	3	Lime	996	999
5	Lime	480	485	2	Mucky Shale	999	1003
6	Shale	485	491	2	Oil Sand	1003	1013
7	Lime	491	498	2	Shale	1013	1041
37	Shale	498	535	10	Lime	1041	1042
68	Lime	535	603	29	Shale	1042	1044
3	Shale	603	606	1	Lime	1044	1048
4	Black Shale	606	610		Shale	1048	1082
23	Lime	610	633				
3	Black Shale	633	636				
8	Lime	636	644				
5	Shale	644	649				
15	Lime	649	664			T.D.	1082
160	Shale	664	824			T.D. of Pipe	1077
4	Lime	824	828				
21	Shale	828	849				
9	Lime	849	858				
60	Shale	858	918				
2	Lime	918	920				

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