

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

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 (Corr, 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>5/8/2011</u>	<u>5/9/2011</u>	<u>6/1/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 207-27844-0000

Spot Description: _____
NE NE NW NE Sec. 20 Twp. 24 S. R. 16 East West
180 Feet from North / South Line of Section
1,595 Feet from East / West Line of Section

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

County: WOODSON
Lease Name: STOCKEBRAND Well #: 22
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
If Alternate II completion, cement circulated from: 1082
feet depth to: SURFACE w/ 123 sx cmt.

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: [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 #: 22
 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	42'	PORTLAND	10	N/A
CASING	5 1/4"	2 7/8"	6	1078'	OWC	120	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	20 SHOTS 1006-1016'	FRAC. W/ 4500# SAND, GELLED SALTWATER	1006

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. 10	Gas Mcf 0	Water Bbls. 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 31925
LOCATION Oxtawa KS
FOREMAN Fred Mader

Box 884, Chanute, KS 66720
0-431-9210 or 800-467-8876

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5/9/11	2463	Stockerbrand # 22	NE 20	24	16	WO
CUSTOMER			TRUCK # DRIVER TRUCK # DRIVER			
D-Rac Oil			506 Fred Safety Mtg			
MAILING ADDRESS			495 Casey LIC			
P.O. Box 223			370 Arick APN			
CITY STATE ZIP CODE			503 Tim APN JP -JOE-KNO '11			
Yates Center		KS	66783			

JOB TYPE long term HOLE SIZE 5 7/8 HOLE DEPTH 1082' CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 1078' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 6.27 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5BPM

REMARKS: Establish circulation. Mix & Pump 100# Premium Gel
Flush. Mix Pump 9 BBL Tell tale dye. Mix & Pump
85 sks 50/50 for Mix Cement 6% Gel. Follow w/
35 sks OWC Cement. Flush pump & lines clean.
Displace 2 1/2" Rubber plug to casing TD w/ 6.27 BBL
Fresh water. Pressure to 700# PSI. Release pressure
to set Flood valve. Shut in casing.

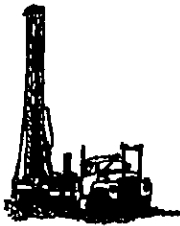
John Heis Drilling Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		925 ⁰⁰
5406	1/2 4.0 mi	MILEAGE split w/ D-Rac Oil.		120 ⁰⁰
5402	1078'	Casing footage.		NK
5407	Minimum	Ton miles 503		330 ⁰⁰
5502C	2 hrs	80 BBL Vac Truck.		180 ⁰⁰
5407	1/2 Minimum	Ton miles 439		165 ⁰⁰
1124	85 SKS	50/50 for Mix Cement		888 ²⁵
1126	35 SKS	OWC Cement		626 ⁵⁰
11180	529#	Premium Gel		105 ⁵⁰
4405	1	2 1/2" Rubber plug		25 ⁰⁰
WD # 241280				
SALES TAX				120.33
ESTIMATED TOTAL				3538.88

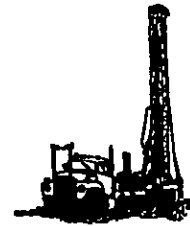
RECEIVED
NOV 14 2011
KCC WICHITA

Rev'n 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 #: 207-27844-0000
Operator: Victor J. Leis	Lease: Stockebrand
Address: PO Box 223 Yates Center, KS 66783	Well #: 22
Phone: 913.285.0127	Spud Date: 05.09.11 Completed: 05.09.11
Contractor License: 32079	Location: NE-NE-NW-NE of 20-24-16E
T.D. : 1082 T.D. of Pipe: 1078	180 Feet From North
Surface Pipe Size: 7" Depth: 42'	1595 Feet From East
Kind of Well: Oil	County: Woodson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
8	Soil and Clay	0	8	4	Shale	920	924
12	Lime	8	20	13	Lime	924	937
182	Shale	20	202	12	Shale	937	949
29	Lime	202	231	2	Lime	949	951
4	Shale	231	235	12	Shale	951	963
22	Lime	235	257	6	Lime	963	969
7	Shale	257	264	12	Shale	969	981
125	Lime	264	389	5	Lime	981	986
5	Shale	389	394	16	Shale	986	1002
69	Lime	394	463	10	Oil Sand	1002	1012
17	Shale	463	480	70	Shale	1012	1082
5	Lime	480	485				
6	Black Shale	485	491				
7	Lime	491	498				
37	Shale	498	535				
68	Lime	535	603				
3	Shale	603	606				
4	Shale	606	610				
23	Lime	610	633				
3	Black Shale	633	636				
8	Lime	636	644				
5	Shale	644	649				
9	Lime	649	658		T.D.	1082	
160	Shale	658	818		T.D. of Pipe	1078	
4	Lime	818	828				
21	Shale	828	849				
9	Lime	849	858				
60	Shale	858	918				
2	Lime	918	920				

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