

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 # 3942
Name: Orville Monroe dba Big O, L.L.C.
Address 1: 2820 Paseo Dr
Address 2: _____
City: Great Bedn State: Ks Zip 67530 + _____
Contact Person: Orville Monroe
Phone: (620) 793-2134
CONTRACTOR: License # KLN 8253
Name: G & L Well Service, Inc.
Wellsite Geologist: None
Purchaser: NCRA

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: ESP Development
Well Name: Shannon P&A 7-8-2010
Original Comp. Date: ?? Original Total Depth: 3150'
 Deepening Re-perf. Conv. to ENHR Conv. to SWD
 Conv. to GSW
 Plug Back: 2840 Plug Back Total Depth
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____
9-12-2011 9-15-2011 9-26-2011
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 167-23648-00-01
Spot Description: _____
SWSE-NE Sec. 36 Twp. 12 S. R. 14 East West
2310 Feet from North / South Line of Section
775 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Russell
Lease Name: Shannon Well #: 1
Field Name: Wildcat
Producing Formation: L-KC
Elevation: Ground: 1570 Kelly Bushing: 1578
Total Depth: 3013 Plug Back Total Depth: 2840
Amount of Surface Pipe Set and Cemented at: 305' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: _____
feet depth to: _____ w/ _____ ⁵⁰⁰ grt.

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Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: _____ ppm Fluid volume: 2404 mud bbls
Dewatering method used: Hutchinson Oil Service
Location of fluid disposal if hauled offsite:
~~Steven Krug~~ STEVEN KRUG, wanted mud for farm
pond in SE 1/4 of section
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____
Salt water hauled to Gene Kopln Nuss SWD #1
#03444 SW NW NE 5-13-17 Ellis Co D-25-588

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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: Owner-operator Date: 12-2-2011

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: [Signature] Date: 12/3/11

Operator Name: Big O, L.L.C. Lease Name: Shannon Well #: 1
 Sec. 36 Twp. 12 S. R. 14 East West County: Russell

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	<u>L-KC</u>	Top <u>2753</u> Datum <u>1183</u>
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Electric Log Run	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:	<u>Gamma Ray Neutron, Bond & Collar Log</u>			

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. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Production	7 7/8	4 1/2	9 lbs	3013	common	100	2% calcium chloride

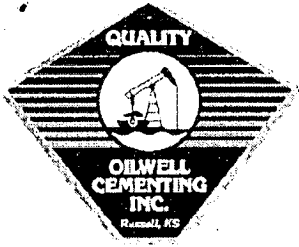
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ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated		Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>		Depth
	2	2756-2764	2000 gal 15% NE HCL		
2	2778-2784	1500 gal 15% NE HCL			
2	2801-2806	1250 gal 15% NE HCL			
2	2846-2852	1500 gal 15% NE HCL			
2	2916-2922	1500 gal 15% NE HCL			
2	2930-2936	1500 gal 15% NE HCL			

TUBING RECORD:	Size: <u>2 3/8</u>	Set At: <u>2836</u>	Packer At: <u>none</u>	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR:	<u>First Prod 10-4-2011</u>			
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. <u>8.36</u>	Gas Mcf	Water Bbls. <u>50 bbls per day</u>	Gas-Oil Ratio

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) (Submit ACO-4)</i>	PRODUCTION INTERVAL: <u>L-KC</u>
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QUALITY OILWELL CEMENTING, INC.
 PO Box 32 - 740 West Wichita Ave, Russell KS 67665
 Phone: 785-324-1041 fax: 785-483-1087
 Email: cementing@ruraltel.net

Date: 9/22/2011
 Invoice # 5160
 P.O.#:
 Due Date: 10/22/2011
 Division: Russell

Invoice

Contact:
 BIG O
 Address/Job Location:
 BIG O
 2820 PASEO DR
 GREAT BEND KS 67530

Reference:
 SHANNON 1

Description of Work:
 PROD LONG STRING

Services / Items Included:	Quantity	Price	Taxable
Labor		\$ 1,005.76	No
Common-Class A	100	\$ 1,343.77	Yes
Mud Clear	500	\$ 407.54	Yes
Bulk Truck Matl-Material Service Charge	102	\$ 224.70	No
4 1/2" Turbolizer	4	\$ 202.67	Yes
4 1/2" AFU Insert	1	\$ 158.61	Yes
Calcium Chloride	2	\$ 82.96	Yes
Pump Truck Mileage-Job to Nearest Camp	7	\$ 76.95	No
4 1/2" Top Rubber Plug	1	\$ 41.86	Yes
Bulk Truck Mileage-Job to Nearest Bulk Plant	7	\$ 45.03	No

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Item	Quantity	Price	Taxable

Invoice Terms:

Net 30

SubTotal: \$ 3,589.82
 Discount Available ONLY if Invoice is Paid & Received within listed terms of invoice: \$ (538.47)

SubTotal for Taxable Items: \$ 1,901.79
 SubTotal for Non-Taxable Items: \$ 1,149.56

8.30% Russell County Sales Tax

Total: \$ 3,051.35
 Tax: \$ 157.85

Thank You For Your Business!

Amount Due: \$ 3,209.20
 Applied Payments:
 Balance Due: \$ 3,209.20

Past Due Invoices are subject to a service charge (annual rate of 24%)
 This does not include any applicable taxes unless it is listed.
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