

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 # 34421
 Name: Occurrence Petroleum Company
 Address 1: 1732 Tara Falls
 Address 2: _____
 City: Wichita State: KS Zip: 67207 + _____
 Contact Person: Thomas M. Williams
 Phone: (316) 733-4096
 CONTRACTOR: License # 32701
 Name: C & G Drilling Company
 Wellsite Geologist: Tom Williams
 Purchaser: None. Shut-in gas well

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 #: _____

<u>7/18/2011</u>	<u>7/22/2011</u>	<u>8/22/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 019-27052 • 00 • 00
 Spot Description: _____
 _____ W/2 SE NW Sec. 28 Twp. 32 S. R. 9 East West
1,980 Feet from North / South Line of Section
4485-1650 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Chautauqua
 Lease Name: Vaughan Well #: 1-28
 Field Name: Kempton South
 Producing Formation: Fort Scott
 Elevation: Ground: 1,102' Kelly Bushing: 1,108'
 Total Depth: 2,022' Plug Back Total Depth: 1,960'
 Amount of Surface Pipe Set and Cemented at: 86' Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set: _____ Feet
 If Alternate II completion, cement circulated from: 2,007'
 feet depth to: Surface w/ 415 sx cmt.

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)

Chloride content: 800 ppm Fluid volume: 240 bbls
 Dewatering method used: Vacuum Truck haul to disposal well.
 Location of fluid disposal if hauled offsite:
 Operator Name: Butler Brothers Inc.
 Lease Name: Mattison #1 License #: 6328
 Quarter SE Sec. 13 Twp. 32 S. R. 4 East West
 County: Cowley Permit #: 15-035-23273-00-02

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: Thomas M. Williams
 Title: Owner Date: 11/14/2011

KCC Office Use ONLY	
<input checked="" type="checkbox"/> Letter of Confidentiality Received	Date: <u>12-08-11</u> - <u>denied</u>
<input type="checkbox"/> Confidential Release Date: _____	
<input checked="" type="checkbox"/> Wireline Log Received	
<input checked="" type="checkbox"/> Geologist Report Received	
<input type="checkbox"/> UIC Distribution	
ALT <input checked="" type="checkbox"/> RECEIVED	Approved by: <u>MS</u> Date: <u>12-21-11</u>

DEC 08 2011

KCC WICHITA

Operator Name: Occurrence Petroleum Company Lease Name: Vaughan Well #: 1-28
 Sec. 28 Twp. 32 S. R. 9 East West County: Chautauqua

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 checked="" type="checkbox"/> Yes <input 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: Dual Induction, Dual Comp. Porosity, Bond Log	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>Layton Sand</td> <td>1368</td> <td>-260</td> </tr> <tr> <td>Kansas City</td> <td>1531</td> <td>-423</td> </tr> <tr> <td>Altamont</td> <td>1774</td> <td>-666</td> </tr> <tr> <td>Pawnee</td> <td>1871</td> <td>-763</td> </tr> <tr> <td>Fort Scott (Oswego)</td> <td>1908</td> <td>-800</td> </tr> <tr> <td>Cherokee Shale</td> <td>1948</td> <td>-840</td> </tr> </tbody> </table>	Name	Top	Datum	Layton Sand	1368	-260	Kansas City	1531	-423	Altamont	1774	-666	Pawnee	1871	-763	Fort Scott (Oswego)	1908	-800	Cherokee Shale	1948	-840
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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 casing	12 1/4"	8 5/8"	24#	86'	Class A	50	3% cc, 2% gel
Production Casing	7 7/8"	4 1/2"	10.5#	2,007'	60/40 poz	300	2% cc, 4% gel
Production Casing	7 7/8"	4 1/2"	10.5#	388'	60/40 poz	115	2% cc, 4% gel

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
4	1,912'-1,917'	300 gal. 15% MCA; 4,000 gal. 15% NE FE	1,912'

TUBING RECORD:	Size: 2 3/8"	Set At: 1,929.87'	Packer At: None	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. Shut-in gas well		Producing Method: <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity
		250		

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input 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> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: 1,912'-1,917'
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

RECEIVED

DEC 08 2011

KCC WICHITA



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 31176

LOCATION #80 E Dorado

FOREMAN Jacob Storm

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT

Ap# 019-27051-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																				
7-22-11	5999	Vaughan #1-28	28	32S	9E	Chautauque																				
CUSTOMER Occurrence Petro			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>446</td> <td>Jeff</td> <td>76340</td> <td>Jim</td> </tr> <tr> <td>442</td> <td>mark</td> <td></td> <td></td> </tr> <tr> <td>511</td> <td>Jacob</td> <td></td> <td></td> </tr> <tr> <td>491</td> <td>Joe</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	446	Jeff	76340	Jim	442	mark			511	Jacob			491	Joe		
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MAILING ADDRESS 1732 tara Falls																										
CITY wichita	STATE KS	ZIP CODE 67207																								

Safety meeting
J.S.
mg
2/2

JOB TYPE Long string HOLE SIZE 7 7/8 HOLE DEPTH 2020 CASING SIZE & WEIGHT 4 1/2 uscol
 CASING DEPTH 2007 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 40 ft
 DISPLACEMENT 31 bbl DISPLACEMENT PSI 300 MIX PSI 200 RATE 3 bpm

REMARKS: Safety meeting placed centralizers on 1, 3, 8, 16, 19, 28, 34, 45
Baskets on 4, 9, 17, 29, 34, pumped mud 30 min to condition hole
mixed 225 sks 60/40 poz 4 1/2 gal 2 1/2 cc 1/2 lb poly tailed with 75 sks
thick set 5 1/2 kol seal displaced to bottom landing plug at 1700 ps
checked float float held,

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	50	MILEAGE	4.00	200.00
5407A	50 mile	X 15 ton mixed delivery X	1.26	945.00
1126 A	75 SKS	thick set	18.30	1372.50
1131	225 SKS	60/40 poz	11.95	2688.75
1107	112 lbs	poly-Flake	2.22	248.64
1118 B	1800 lbs	gel	.20	360.00
1102	320 lbs	calcium chloride	0.70	224.00
1110 A	375 lbs	Kol-Seal	0.44	165.00
1123	6	city water	15.60	93.60
5501 C	5	water transport	100.00	500.00
4103	5	cement Basket 4 1/2	218.00	1090.00
4129	8	centralizer 4 1/2	42.00	336.00
4161	1	4 1/2 float shoe	286.00	286.00
4453	1	4 1/2 Latch down plug	232.00	232.00
5404	5 people	X 6 hr stand by X	84.00	2520.00
RECEIVED				
			Subtotal	18213.49
			SALES TAX	289.03
			ESTIMATED TOTAL	18502.52

Ravin 3737

AUTHORIZATION Joe S. [Signature]

TITLE 242913 KCC WICHITA

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.



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 31186
LOCATION # 190 Eldorado
FOREMAN Jacob Storm

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																				
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JOB TYPE <u>lin backhoe</u> HOLE SIZE <u>7 7/8</u> HOLE DEPTH _____ CASING SIZE & WEIGHT <u>4 1/2</u> CASING DEPTH _____ DRILL PIPE _____ TUBING <u>lin</u> OTHER <u>388 ft</u> SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____ DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____																										

REMARKS: Safety meeting, Run lin to 388 ft mixed 110 sks 60/40
60/40 poz 4X gel 2X cc 1/4 lb poly pulled lin plus rest hole with 20 sks
60/40 poz 4X gel 2X cc 1/4 lb poly top off hole with 5 sks cement
circulating cement to surface.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	50	MILEAGE \$4.00	200.00	200.00
5407	1	min bulk delivery	330.00	330.00
1131	135	60/40 poz	11.95	1613.25
118B	540 lbs	gel	0.20	108.00
1107	50 lbs	poly Flake	2.22	111.00
1102	216 lbs	Calcium Chloride	0.70	151.20
5502	5 hr	80 vac	90.00	450.00
			RECEIVED	Subtotal 3938.45
			DEC 08 2011	
			SALES TAX	114.60
			ESTIMATED TOTAL	4103.05

Ravin 3737

AUTHORIZATION [Signature]

TITLE 0434 KCC WICHITA

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.