



KANSAS CORPORATION COMMISSION 1070186
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 # 34379
Name: Scott's Production, LLC
Address 1: PO BOX 136
Address 2: 110 N MEMORY TRAIL
City: ROXBURY State: KS Zip: 67476 + _____
Contact Person: Jeff Scott
Phone: (785) 254-7828
CONTRACTOR: License # 32701
Name: C & G Drilling, Inc.
Wellsite Geologist: Frank Mize
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: _____
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>10/14/2011</u>	<u>10/17/2011</u>	<u>10/18/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-169-20327-00-00

Spot Description: _____

E2 NE SW NW Sec. 8 Twp. 16 S. R. 1 East West

1650 Feet from North / South Line of Section

1230 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Saline

Lease Name: LEE JOHNSON Well #: 6

Field Name: Hunter North

Producing Formation: Mississippian

Elevation: Ground: 1333 Kelly Bushing: 1342

Total Depth: 2686 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 209 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/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 1000 ppm Fluid volume: 200 bbls

Dewatering method used: Evaporated

Location of fluid disposal if hauled offsite:

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

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.

Submitted Electronically

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: Deanna Garcia Date: 12/15/2011



1070186

Operator Name: Scott's Production, LLC Lease Name: LEE JOHNSON Well #: 6
 Sec. 8 Twp. 16 S. R. 1 East West County: Saline

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Mississippian
---	---

CASING RECORD <input checked="" 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
Surface Casing	12	9	24	209	Class A	140	
Long String	8	5	15	2677	Thick Set	75	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing	-			
___ Plug Back TD				
___ 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

TUBING RECORD: Size: <u>2-7/8</u> Set At: <u>2677</u> Packer At: <u>No Packer</u> Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>11/20/2011</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>15</u> Gas Mcf _____ Water Bbls. <u>5</u> Gas-Oil Ratio _____ Gravity <u>33</u>

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 checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
---	--	--



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 245135

Invoice Date: 10/21/2011 Terms: 0/0/30,n/30

Page 1

SCOTT'S WELL SERVICE, INC.
P.O. BOX 136
ROXBURY KS 67476
(785)254-7828

LEE JOHNSON #6
33291
8-16S-1W
10-18-11
KS

Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	75.00	18.3000	1372.50
1110A	KOL SEAL (50# BAG)	375.00	.4400	165.00
1107A	PHENOSEAL (M) 40# BAG)	75.00	1.2200	91.50
4406	5 1/2" RUBBER PLUG	1.00	70.0000	70.00
4130	CENTRALIZER 5 1/2"	4.00	48.0000	192.00
4104	CEMENT BASKET 5 1/2"	1.00	229.0000	229.00
4255	TYPE B BASKET SHOE 5 1/2	1.00	1320.0000	1320.00

Description	Hours	Unit Price	Total
445 CEMENT PUMP	1.00	975.00	975.00
445 EQUIPMENT MILEAGE (ONE WAY)	80.00	4.00	320.00
479 TON MILEAGE DELIVERY	330.40	1.26	416.30

Parts:	3440.00	Freight:	.00	Tax:	251.13	AR	5402.43
Labor:	.00	Misc:	.00	Total:	5402.43		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed Pd 10-24-11 ck# 6976 Date _____

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 316/322-7022 EUREKA, KS 620/583-7664 PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-2227 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 33291
LOCATION EUREKA
FOREMAN KEVIN McCoy

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-487-8676

FIELD TICKET & TREATMENT REPORT

CEMENT ARE #15-169-20327

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
10-18-11	7922	Lee Johnson #6	8	165	1W	SALINE	
CUSTOMER Scott's Production, LLC			C & G Rig 2	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 136				445	DAVE G.		
CITY Roxbury							
STATE KS							
ZIP CODE 67476							

JOB TYPE Longstring 0 HOLE SIZE 7 7/8 HOLE DEPTH 2686' KB CASING SIZE & WEIGHT 5 1/2 15.50 new
CASING DEPTH 2677' G.L. DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 13.6 SLURRY VOL 14 BBL WATER gal/ak 9 CEMENT LEFT in CASING 2.5
DISPLACEMENT 65 BBL DISPLACEMENT PSI 600 MAX PSI 1100 Dump Plug RATE 5 BPM

REMARKS: Safety Meeting: Rig up to 5 1/2 Casing. Drop Trip BALL, wait 15 minutes, Set BASKET shoe @ 1000 PSI. Pump 15 BBL fresh water. MIXED 75 SKS THICK SET Cement w/ 5" Kol-Seal /sk, 1" Pheno Seal /sk @ 13.6 gal, yield 1.75, = 24 BBL slurry. Shut down, wash out Pump & Lines. Release Plug. Displace Plug to Seat w/ 65 BBL fresh water. FINAL Pumping Pressure 600 PSI. Dump Plug to 1100 PSI, wait 2 minutes. Release Pressure. Float Held. Good Circulation @ All times while Cementing. Job Complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	80	MILEAGE	4.00	320.00
1126 A	75 SKS	THICK SET Cement	18.30	1372.50
1110 A	375 "	Kol-Seal 5" /sk	.44	165.00
1107 A	75 "	Pheno Seal 1" /sk	1.22	91.50
5407 A	4.13 TONS	80 miles Bulk Delv.	1.26	416.30
4406	1	5 1/2 Top Rubber Plug	70.00	70.00
4130	4	5 1/2 x 7 7/8 Centralizers	48.00	192.00
4104	1	5 1/2 Cement Basket	229.00	229.00
4255	1	5 1/2 Type B Basket Shoe w/ Float	1320.00	1320.00
			Sub Total	5151.30
			SALES TAX 7.3%	251.13
			ESTIMATED TOTAL	5402.43

Kevin 5737

THANK You
245136

AUTHORIZATION By Jeff Scott TITLE Partner 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

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/487-8676
Fax 620/431-0012

INVOICE

Invoice # 245121

Invoice Date: 10/21/2011 Terms: 0/0/30,n/30

Page 1

SCOTT'S WELL SERVICE, INC.
P.O. BOX 136
ROXBURY KS 67476
(785) 254-7828

LEE JOHNSON #6
33278
8-16S-1W
10-14-11
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	140.00	14.2500	1995.00
1102	CALCIUM CHLORIDE (50#)	395.00	.7000	276.50
1118B	PREMIUM GEL / BENTONITE	264.00	.2000	52.80
1107	FLO-SEAL (25#)	35.00	2.2200	77.70

Description	Hours	Unit Price	Total
445 CEMENT PUMP (SURFACE)	1.00	775.00	775.00
445 EQUIPMENT MILEAGE (ONE WAY)	80.00	4.00	320.00
515 TON MILEAGE DELIVERY	526.40	1.26	663.26

Parts: 2402.00 Freight: .00 Tax: 175.34 AR 4335.60
 Labor: .00 Misc: .00 Total: 4335.60
 Sublt: .00 Supplies: .00 Change: .00

Signed Pd 10-24-11 CK# 6976 Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/688-4914



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 33278

LOCATION Eureka, KS

FOREMAN Shannon Feck

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8678

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-169-20327

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-14-11	7922	LEE Johnson #6	8	16S	1W	Saline
CUSTOMER Scott's Production, LLC			C+6 DRL6			
MAILING ADDRESS P.O. Box 136			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Roxbury			515	Dave G.		
STATE KS				Calin H.		
ZIP CODE 67476						

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 220' CASING SIZE & WEIGHT 8 3/8" @ 24#
 CASING DEPTH 209.10 bbl DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.5-15# SLURRY VOL. 34 Bbl WATER gal/sk _____ CEMENT LEFT in CASING 15'
 DISPLACEMENT 13 Bbl DISPLACEMENT PSI 150 MIX PSI 100 RATE 4-5 BPM

REMARKS: Rig up to 8 3/8" casing, Break circulation & pump 5 Bbl ahead mixed 140 SKS Class "A" cement with 3% calcium, 2% gel & 1/4" Flo-seal/sk @ 14.5-15# gal. Displace with 13 Bbl water & shut well in. Good circulation @ all times, 12-13 Bbl slurry to pit. Job complete.

11
Thanks Shannon & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	775.00	775.00
5406	80	MILEAGE	4.00	320.00
11045	140 SKS	Class "A" Cement	14.25	1995.00
1102	395#	Calcium @ 3%	.70	276.50
1118 B	264#	Gel @ 2%	.20	52.80
1107	35#	Flo-seal @ 1/4" / SK	2.22	77.70
5407A	6.58 Tons	Ton-mileage bulk truck	1.26	663.26
			Sub total	4160.26
			7.39% SALES TAX	175.39
			ESTIMATED TOTAL	4335.60

Rev 01 5/3/07

AUTHORIZATION Duke Carter 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