



KANSAS CORPORATION COMMISSION 1069614
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 # 32079
Name: Leis, John E.
Address 1: 1188 Nighthawk Rd.
Address 2: _____
City: YATES CENTER State: KS Zip: 66783 + _____
Contact Person: John Leis
Phone: (620) 625-3676
CONTRACTOR: License # 32079
Name: Leis, John E.
Wellsite Geologist: NA
Purchaser: _____

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>04/27/2011</u>	<u>04/28/2011</u>	<u>05/19/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-207-27610-00-00
Spot Description: _____
SE SW NE SE Sec. 30 Twp. 24 S. R. 16 East West
1480 Feet from North / South Line of Section
945 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Woodson
Lease Name: Wilson-Goebel Well #: 6-10
Field Name: _____
Producing Formation: Squirrel
Elevation: Ground: 1085 Kelly Bushing: 1088
Total Depth: 1062 Plug Back Total Depth: 1057
Amount of Surface Pipe Set and Cemented at: 42 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 42
feet depth to: 0 w/ 10 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 300 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: 12/27/2011



1069614

Operator Name: Leis, John E. Lease Name: Wilson-Goebel Well #: 6-10
 Sec. 30 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: gamma ray/nuetron	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum see attached log
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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	0
longstring	5.625	2.875	8	1057	60/40 pozmix	140	4%gel 1%calc

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
2	17 shots from 1000-1008		1000-1008
		15% acid 150 gal	1000-1008
		20/40 sand 300#	1000-1008
		12/20 sand 3700#	1000-1008

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. 05/24/2011		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. 0.5	Gas Mcf	Water Bbls. 10
			Gravity 23

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)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Operator License #: 32079	API #: 15-207-27610-00-00
Operator: John E. Leis	Lease: Wilson-Goebel
Address: 1188 Nighthawk Yates Center, KS 66783	Well #: 6-10
Phone: (620) 625-3676	Spud Date: 04/27/11 Completed: 04/28/11
Contractor License: 32079	Location: SW-NE-SE of 30-24S-16E
T.D.: 1062 T.D. of Pipe: 1057	1665 Feet From South
Surface Pipe Size: 7" Depth: 42'	945 Feet From East
Kind of Well: Oil	County: Woodson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
19	Soil and Clay	0	19	7	Lime	975	982
163	Shale	19	182	3	Shale	982	985
46	Lime	182	228	5	Black Shale	985	990
16	Shale	228	244	3	Lime	990	993
2	Lime	244	246	3	Black Shale	993	996
4	Shale	246	250	4	Shale	996	1000
196	Lime	250	446	8	Oil Sand	1000	1008
29	Shale	446	475	54	Shale	1008	1062
5	Lime	475	480				
33	Shale	480	513				
74	Lime	513	587				
5	Shale	587	592				
3	Black Shale	592	595				
25	Lime	595	620				
4	Black Shale	620	624		T. D.		1062
24	Lime	624	648		T. D. of Pipe		1057
161	Shale	648	809				
7	Lime	809	816				
18	Shale	816	834				
12	Lime	834	846				
64	Shale	846	910				
3	Lime	910	913				
3	Shale	913	916				
15	Lime	916	931				
9	Shale	931	940				
4	Lime	940	944				
14	Shale	944	958				
6	Lime	958	964				
11	Shale	964	975				



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 30469
LOCATION Eureka
FOREMAN Steve Mend

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

FIELD TICKET & TREATMENT REPORT
CEMENT

API 15-207-27611

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4/27/11	4833	Wilson Goble 6-10	31	245	16E	Woodson
CUSTOMER <u>Leis Oil Services LLC</u>			TRUCK #			
MAILING ADDRESS <u>507 S. State</u>			DRIVER			
CITY <u>Yates Center</u>			TRUCK #			
STATE <u>KS</u>			DRIVER			
ZIP CODE <u>66783</u>			TRUCK #			

JOB TYPE Longstring 0 HOLE SIZE 3 7/8 HOLE DEPTH 1062' CASING SIZE & WEIGHT _____
CASING DEPTH 1055' DRILL PIPE _____ TUBING 2 3/4 OTHER _____
SLURRY WEIGHT 13.2* SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING _____
DISPLACEMENT 6.12 bbls DISPLACEMENT PSI 400* MIX PSI Bump Plug 900* RATE _____

REMARKS: Safety meeting. Rig up to 2 3/4 Tubing. Break circulation w/fresh water. Pump 5 bbls water ahead. Pump 300* Gel Flush. 5 bbl water spacer. Mix 140 sks 60/40 Pozmix Cement with 4% Gel, 1% CaCl2 + 1/2" pheno seal per/sk AT 13.2* per/sk. Wash out pump & lines. Shut down Release 2 plays. Displace with 6.12 bbls Fresh water. Final Pumping Pressure 400* Bump Plug AT 900*. Wait 2 min Release Pressure. Plug held. Rig back up to well with Swedge & Valve. Run Wire Line Tap Plug AT 1055. Pressure well up to 500* Shut well in w/500*.
Job Complete Rig down. (Good Cement Returns To Surface (6.12 bbls slurry top))
Thank You

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	30	MILEAGE	4.00	120.00
1131	140 SK	60/40 Pozmix Cement	11.95	1673.00
1118B	450*	4% Gel	.20	96.00
1102	130*	1% CaCl2	.170	84.00
1107A	70*	Pheno seal 1/2" per/sk	1.22	85.40
5407	6.02 Ton	Ton Mileage Bulk Truck	M/C	330.00
4402	2	2 3/4 Rubber Plug	28.00	56.00
			Sub Total	3419.40
			SALES TAX	145.59
			ESTIMATED TOTAL	3564.99

Ravin 5737

AUTHORIZATION

[Signature]

241042
TITLE CO. Owner

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.

Statement

Superior Building Supply Inc
215 W. Rutledge
Yates Center, KS 66783

620-625-2447

superior.building@sbeGLOBAL.net

Date

4/30/2011

To:

Leis Oil Service
 % Matt Leis
 507 S. State
 Yates Center, Ks 66783

Due Date	Terms	Account #	Amount Due
5/10/2011	Net 10th	L07921	\$553.59

Date	Transaction	Amount	Balance
03/31/2011	Balance forward		100.06
04/04/2011	PMT	-100.06	0.00
04/07/2011	INV #044495.	163.56	163.56
04/11/2011	INV #044630.	126.50	290.06
04/15/2011	INV #044851. matt	17.44	307.50
04/15/2011	INV #044866. MATT	10.13	317.63
04/25/2011	INV #045326.	8.26	325.89
04/25/2011	INV #045346. <i>Wilson Gravel 5-10 & 6-10</i>	101.20	427.09
04/28/2011	INV #045555. <i>Cement for surface</i>	126.50	553.59
WE CAN E-MAIL INVOICE'S & STATEMENTS, LET US KNOW YOUR E-MAIL ADDRESS			Amount Due
			\$553.59

Accounts are due 10th of the month following date of purchase. A FINANCE CHARGE OF 18% (or a Minimum charge of \$1.50 for balances under \$50) will be applied as of the date of closing.

WE ACCEPT VISA, MASTER CARD & DISCOVER