



KANSAS CORPORATION COMMISSION 1062792
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 # 9749
Name: Melander, Chris dba Chris Melander Drilling
Address 1: 2256 CR 2500
Address 2: _____
City: CANEY State: KS Zip: 67333 + 8548
Contact Person: Chris Melander
Phone: (620) 289-4723
CONTRACTOR: License # 9749
Name: Melander, Chris dba Chris Melander Drilling
Wellsite Geologist: none
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 #: _____
6/11/2011 7/13/2011 8/19/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-125-32098-00-00

Spot Description: _____
NE NW NE SW Sec. 13 Twp. 34 S. R. 13 East West
2490 Feet from North / South Line of Section
3339 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Montgomery

Lease Name: Hodges Well #: 4

Field Name: _____

Producing Formation: weiser

Elevation: Ground: 762 Kelly Bushing: 30

Total Depth: 870 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 20 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 0

feet depth to: 870 w/ 90 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 80 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 Garrison Date: 12/14/2011



1062792

Operator Name: Melander, Chris dba Chris Melander Drilling Lease Name: Hodges Well #: 4

Sec. 13 Twp. 34 S. R. 13 East West County: Montgomery

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 Yes No
 (Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No

Electric Log Submitted Electronically Yes No
 (If no, Submit Copy)

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
wayside cap	668	683
weiser cap	742	

List All E. Logs Run:

Cornish

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
production	6	3	10	870	owc	90	bulk
casing	12	7	10	20	portland	15	sacks

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	812-822		
2	796-806		

TUBING RECORD: Size: 1' Set At: Packer At: Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. Producing Method:
 Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	2		4		

DISPOSITION OF GAS:	METHOD OF COMPLETION:	PRODUCTION INTERVAL:
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____	_____



CONSOLIDATED
ON WELL SERVICES, L.L.C.

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

2nd well

TICKET NUMBER 52807
FIELD TICKET REF # _____
LOCATION Thayer
FOREMAN Robert Busby

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-17-11		Hedges #4				M6
CUSTOMER CDM Drilling & Chris Mellander			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			476	Josh		
CITY			480	Dannie		
STATE			452	Mark		
ZIP CODE			582	Wes		
			488T102	Junior		
			489T103	Stacy		

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <u>2 1/2 DEUF</u>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>75-806 (20)</u>	<u>Wiser</u>
<u>8-12-822 (90)</u>	

TYPE OF TREATMENT
Acid spot - Frac

CHEMICALS
KCL SUB - Biocide - Breaker
Acid-inhibitor - Stimul

STAGE	BBL'S PUMPED	INJ RATE	PROBANT PPG	SANDY SIVCE		
PAD	20	20			1150	BREAKDOWN 1250
20-40		20	1.5-1.0	150*		START PRESSURE
12-20		↓	1.0	↓	↓	END PRESSURE
12-20		↓	2.0	↓	↓	BALL OFF PRESS
17-20		20	2.0	3250*	1050	ROCK SALT PRESS
12-20 (18) balls		20-19	0			ISIP 475
12-20 (5) + (5) balls		19-18	.5		2300	5 MIN
17-20		18	.75	500*		10 MIN
12-20		18	1.0			15 MIN
12-20		19	2.0	3500*		MIN RATE
FLUSH CASING	8	20			1800	MAX RATE
Release balls to T.D.						DISPLACEMENT 4.8
OVER FLUSH	15	20	TOTAL	2,000	1100	
TOTAL BBL'S	193		SAND			

REMARKS:
spotted 75 gal - 15% HCL acid on perfs

location 10:00AM - 11:00AM 4.5 miles
AUTHORIZATION _____ TITLE _____ DATE 8-17-11

Terms and Conditions are printed on reverse side.

SINCE 1889



INDEPENDENCE

WOODS LUMBER OF INDEPENDENCE, KS., INC.
 915 N. PENN • P.O. BOX 528 • INDEPENDENCE, KS. 67301
 (620) 331-4900

INVOICE

PAGE NO 1

ALL BILLS DUE 10TH OF THE MONTH FOLLOWING PURCHASE.

receipt required on ALL returns
 special orders are NON-RETURNABLE

CUSTOMER NO.	JOB NO.	PURCHASE ORDER NO.	REFERENCE	TERMS	CLERK	DATE	TIME
46				CASH, CHECK, BANKCARD	RMD	5/27/11	10:16

S
O
L
D

*** CASH ***

S
H
I
P
T
O

67301

SLSR:

RD RANDY DIXON

TAX :

001 SALES TAX

TERM#566

DOC# D58866

* INVOICE *

FINANCE CHARGE will be added to all accounts 30 days or older. Equal to 1.5% per month (18% PER ANNUM) on the first \$1000.00. 1.2% per month (14.45% PER ANNUM) on balance over \$1000.00 (Minimum 50¢).

QUANTITY		UM	SKU	DESCRIPTION	UNITS	PRICE/PER	EXTENSION
ORDERED	SHIPPED						
20		BS MC		4000 PRE-MIX CONCRETE MIX	20	2.99 /BG	59.80 S
1		ER 209425		SWEEPING COMPOUND 100#		29.99 /50	29.99
				FOR WOOD/CONCRETE FLOORS			

SIGNATURE OF RECEIVED BY

PRINT NAME OF RECEIVED BY

SEE OWNERS NOTICE ON REVERSE SIDE

TOT WT: 1600.00

** PAYMENT RECEIVED **

** PAYMENT FOR **



MEMBER PAYMENT

CHK 2079 ABA**

97.47	TAXABLE	89.79
	NON-TAXABLE	0.00
	SUBTOTAL	89.79

97.47	TAX AMOUNT	7.68
	TOTAL AMOUNT	97.47