

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 # 3077
Name: JOHNSON OIL
Address 1: 258 EAST HIGHWAY 36
Address 2: _____
City: PHILLIPSBURG State: KS Zip: 67661 + _____
Contact Person: KEVIN JOHNSON
Phone: (785) 543 6171
CONTRACTOR: License # 3077
Name: JOHNSON OIL COMPANY EQUIPMENT
Wellsite Geologist: LOUIE JOHNSON
Purchaser: plains

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SLOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 CM (Coal Bed Methane)
 Cathodic Other (Core, Expl., etc.): OWWO

If Workover/Re-entry: Old Well Info as follows:
Operator: KAISER FRANCIS

Well Name: peterson 1

Original Comp. Date: 12-17-1947 Original Total Depth: 3458
 Deepening Re-perf. Conv. to ENHR Conv. to SWD
 Conv. to GSW
 Plug Back: 3458 Plug Back Total Depth
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

AUG 5 2011 OCT 30 2011 NOV 1 2011
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-163-01400-00-02

Spot Description: nw sw nw
nw sw nw Sec. 22 Twp. 8 S. R. 19 East West
3,630 Feet from North / South Line of Section
4,950 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: ROOKS

Lease Name: PETERSON Well #: 1

Field Name: WEBSTER

Producing Formation: ARBUCKLE

Elevation: Ground: 2004 Kelly Bushing: 2011

Total Depth: 3458 Plug Back Total Depth: 3458

Amount of Surface Pipe Set and Cemented at: 187 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 3448

feet depth to: surface w/ 300 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: N/A ppm Fluid volume: _____ bbls

Dewatering method used: evaporation fresh water none hauled off.

Location of fluid disposal if hauled offsite:

Operator Name: _____

Lease Name: _____ License #: _____

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

County: _____ Permit #: _____

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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: Kevin Johnson

Title: OPERATOR Date: DEC 13 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: Dog Date: 12/20/11

Operator Name: JOHNSON OIL Lease Name: PETERSON Well #: 1
 Sec. 22 Twp. 8 S. R. 19 East West County: ROOKS

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 checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: I HAVE NO LOGS .	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum ARBUCKLE 3449
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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	12 1/4	10		187	COMMON	200	
PRODUCTION	10 1/4	7AND 5 1/2LINER	17LB	3449 AND 1467	COMMON	200	
PRODUCTION	5 1/2	4 1/2 LINER	10 1/2	3392	COMMON	250	CIRCULATED TO SURFACE

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD <input checked="" type="checkbox"/> Plug Off Zone		COMMON POIZ	125	WELL WAS PLUGGED 2 TIMES ONCE IN NOV 20 1986
		COMMON POZ	175	THEN IN DEC 2002 PLUGGED WITH 175 15 HALLS 5 GEL

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
	4 1/2 LINER WAS RUN FROM SURFACE TO	WELL WAS PERFORATED AT 870 AND 1475	
	3392. CEMENT WAS CIRCULATED FROM 3392	WHEN IT WAS FIRST PLUGGED IN 1986.	
	TO SURFACE . ARBUCKLE IS BEING PRODUCED	3202-3206 3238-3244 KC PERFS THAT WERE	
	FROM OPEN HOLE. NO PERFORATIONS	PLUGGED IN 2002.	

TUBING RECORD: Size: 2 3/8 Set At: 3385 Packer At: NONE 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. 2.75	Gas Mcf	Water Bbls. 171	Gas-Oil Ratio	Gravity 28
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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: <u>3449</u>
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Services, Inc.

CHARGE TO: WILSON DR
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

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TICKET
 No. 1107

PAGE 1 OF 1

WELL/PROJECT NO. 1 LEASE PERSON COUNTY/PARISH ROUS STATE KS CITY _____
 TICKET TYPE SERVICE SALES RIG NAME/NO. _____
 WELL TYPE DR WELL CATEGORY WOODWARD JOB PURPOSE WILLIAMS SHIPPED VIA TR DELIVERED TO WILSON
 INVOICE INSTRUCTIONS DR WELL PERMIT NO. _____ WELL LOCATION _____

SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
	LOC	ACT							
	1		MILEAGE #112	410	MI			6.00	2460.00
	1		Pump Service	1	EA			1500.00	1500.00
	1		DRILL	2	EA			35.00	70.00
	1		WOODWARD FLS/DWINT FLS/SHSL	1	EA	4 1/2		90.00	90.00
	2		SM.D. CONT	1	EA	4 1/2		300.00	300.00
	2		Service CHG CONT	400	SH			16.50	4105.00
	2		Materials	796.8	TN			2.00	800.00
								1.00	796.80

S: Customer hereby acknowledges and agrees to conditions on the reverse side hereof which include, but not limited to, PAYMENT, RELEASE, INDEMNITY, and WARRANTY provisions.

CUSTOMER OR CUSTOMER'S AGENT PRIOR TO DELIVERY OF GOODS

TIME SIGNED 10:30 A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	AGREE	UN-DECIDED	DIS-AGREE
WE UNDERSTOOD AND MET YOUR NEEDS?			
OUR SERVICE WAS PERFORMED WITHOUT DELAY?			
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?			
ARE YOU SATISFIED WITH OUR SERVICE?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO

PAGE TOTAL 7981 80

TOTAL 8420 87

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges and agrees to the terms and conditions listed on this ticket.

APPROVAL _____

Thank You!

LOG

SWIFT Services, Inc.

DATE 10-20-11 PAGE NO. 1

CUSTOMER JOHNSON OIL WELL NO. 1 LEASE PETERSON JOB TYPE LINER TICKET NO. 2108

CHART NO.	TIME	RATE (BPM)	VOLUME (BBLS) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1000							ON LOCATION CMT: 400 SCS - SMD - NET 4 1/2" ID. SMD, Level @ 3392 TO 3404, 5 1/2" SURFACE TO 1467, 7" 1467 TO 3392 Liner Full
	1025	3.0	3.0	✓		700		IN RATE, CIRC
		3.0	0	✓		700		START CMT @ 11.2 1/4" <u>200 SCS</u>
			30.0	✓		500		
			54.0	✓		200		CMT ON BOTTOM
			80.0	✓		300		
			100.0	✓		500		
			105.0	✓		600		
			110.0	✓		800		CIRC. CMT, MIX 50 SCS @ 4.5
1110			123.0	✓		800		END CMT TOTAL CMT <u>250 SCS</u> DROP PLUG, WITHOUT PL
1115		2.7	0	✓		600		START DISP. <u>130 SCS TO 017!</u>
			10.0	✓		700		
			20.0	✓		900		
			40.0	✓		1100		
			50.0	✓		1300		
1135			53.0	✓		1600		LAND PLUG
1140								RELEASE JLV!

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JOB COMPLETE

THANK YOU!
DAN JOSHUA LANE

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