



KANSAS CORPORATION COMMISSION 1071046
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 # 33977
Name: E K Energy LLC
Address 1: 12220 SW COLONY RD
Address 2: PO BOX 267
City: COLONY State: KS Zip: 66015 + 4017
Contact Person: Dave Kimzey
Phone: (620) 496-6257
CONTRACTOR: License # 33977
Name: E K Energy LLC
Wellsite Geologist: Dave Kimzey
Purchaser: Pacer

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>11/1/2011</u>	<u>11/4/2011</u>	<u>11/4/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-001-30284-00-00

Spot Description: _____
SE SE SW SE Sec. 1 Twp. 24 S. R. 18 East West
165 Feet from North / South Line of Section
1485 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Allen

Lease Name: Franklin Well #: 1

Field Name: Iola

Producing Formation: Tucker

Elevation: Ground: 962 Kelly Bushing: 00

Total Depth: 940 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: 20

feet depth to: 0 w/ 5 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 210 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 Gertzo Date: 12/29/2011



1071046

Operator Name: E K Energy LLC Lease Name: Franklin Well #: 1
 Sec. 1 Twp. 24 S. R. 18 East West County: Allen

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 Wireline 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 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>soil</td> <td>0</td> <td>9</td> </tr> <tr> <td>lime</td> <td>9</td> <td>240</td> </tr> <tr> <td>shale</td> <td>240</td> <td>438</td> </tr> <tr> <td>lime</td> <td>438</td> <td>597</td> </tr> <tr> <td>shale & sand</td> <td>597</td> <td>928</td> </tr> <tr> <td>oil sand</td> <td>928</td> <td>940</td> </tr> </tbody> </table>	Name	Top	Datum	soil	0	9	lime	9	240	shale	240	438	lime	438	597	shale & sand	597	928	oil sand	928	940
Name	Top	Datum																				
soil	0	9																				
lime	9	240																				
shale	240	438																				
lime	438	597																				
shale & sand	597	928																				
oil sand	928	940																				

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	12.25	8.875	21	20	portland	5	none
long string	6.75	4.5	10.5	928	portland	110	none

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: Set At: Packer At: Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR: 12/28/2011 Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	1	0	10		18

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" 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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>928-940</u>
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PAYLESS CONCRETE PRODUCTS, INC.

P.O. BOX 664
 802 N. INDUSTRIAL RD.
 IOLA, KS 66749

INVOICE

Invoice Number: 30659
 Invoice Date: Nov 4, 2011
 Page: 1

Voice: 620-365-5588

Fax:

Duplicate

Bill To:
 E.K. ENERGY LLC
 1495 3000 ST.
 MORAN, KS 66755-3949

Ship to:

Customer ID EK001	Customer PO FRANKLIN 1	Payment Terms Net 10th of Next Month	
Sales Rep ID	Shipping Method TRUCK	Ship Date	Due Date 12/10/11

Quantity	Item	Description	Unit Price	Amount
110.00	CEMENT/WATER	CEMENT & WATER PER BAG MIX	7.60	836.00
2.75	TRUCKING	TRUCKING CHARGE	50.00	137.50

Subtotal	973.50
Sales Tax	73.50
Total Invoice Amount	1,047.00
Payment/Credit Applied	
TOTAL	1,047.00

Check/Credit Memo No: