



KANSAS CORPORATION COMMISSION 1071207
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 # 34439
Name: BOP West, LLC
Address 1: PO BOX 129
Address 2: _____
City: WOOSTER State: OH Zip: 44691 + _____
Contact Person: Steve Sigler
Phone: (330) 264-8847
CONTRACTOR: License # 32701
Name: C & G Drilling, Inc.
Wellsite Geologist: Frank Mize
Purchaser: Coffeville Resources Refining and Marketing, LLC

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>10/25/2011</u>	<u>10/29/2011</u>	<u>11/15/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-169-20328-00-00

Spot Description: _____

SW NW NW Sec. 8 Twp. 16 S. R. 1 East West
990 Feet from North / South Line of Section
330 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Saline

Lease Name: Lyle Swisher Well #: 1

Field Name: Hunter North

Producing Formation: Mississippian

Elevation: Ground: 1308 Kelly Bushing: 1317

Total Depth: 2735 Plug Back Total Depth: 2725

Amount of Surface Pipe Set and Cemented at: 214 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: 1500 ppm Fluid volume: 400 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: Doanna Garrison Date: 01/18/2012



1071207

Operator Name: BOP West, LLC Lease Name: Lyle Swisher Well #: 1
 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 checked="" type="checkbox"/> Yes <input 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: Dual Compensated Porosity Dual Induction Sonic Cement Bond	<input checked="" 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>Heebner</td> <td>1828</td> <td>-511</td> </tr> <tr> <td>Lansing</td> <td>2042</td> <td>-725</td> </tr> <tr> <td>BKC</td> <td>2374</td> <td>-1057</td> </tr> <tr> <td>Marmaton</td> <td>2386</td> <td>-1069</td> </tr> <tr> <td>Cherokee</td> <td>2558</td> <td>-1241</td> </tr> <tr> <td>Mississippian</td> <td>2668</td> <td>-1351</td> </tr> <tr> <td>RTD</td> <td>2738</td> <td>-1421</td> </tr> </tbody> </table>	Name	Top	Datum	Heebner	1828	-511	Lansing	2042	-725	BKC	2374	-1057	Marmaton	2386	-1069	Cherokee	2558	-1241	Mississippian	2668	-1351	RTD	2738	-1421
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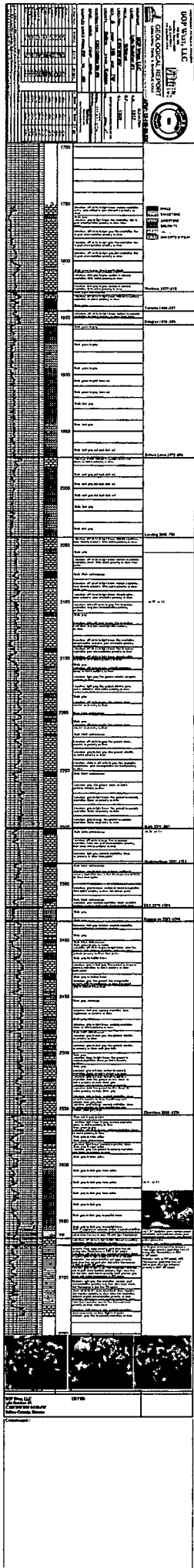
CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	12.25	8.625	23	214	Class A	150	3%Cacl, 2% gel, .25# Flocele
Production	7.875	5.5	14	2735	Thick Set	100	5# gilsonite

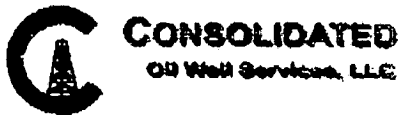
ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	-			
	-			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
4	2674'-2677'	250 gallons 15% MCA	2674'-2677'

TUBING RECORD: Size: <u>2.875"</u> Set At: <u>2723'</u> Packer At: <u>None</u>		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>1/1/2012</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>20</u>	Gas Mcf <u>0</u>	Water Bbls. <u>10</u> Gas-Oil Ratio <u>0</u> Gravity <u>34</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 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: <u>2674'-2677'</u>
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ENTERED

TICKET NUMBER 33288
 LOCATION Euless
 FOREMAN Rick Ledford

PO Box 684, Chanute, KS 66720
 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

API# 15-169-20328

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/25/11	P154	Lyle Swisher #1	8	16	1N	Saline

TRUCK #	DRIVER	TRUCK #	DRIVER
520	John		
479	Allen B.		

CITY	STATE	ZIP CODE
Wooster	OH	44691

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 212' CASING SIZE & WEIGHT 8 5/8"
 CASING DEPTH 212' KB DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15# SLURRY VOL _____ WATER gal/sk 16.5 CEMENT LEFT in CASING 20'
 DISPLACEMENT 12.5 bbl/s DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting - Rig up to 8 5/8" casing. Run casing circulation w/ 5 bbl fresh water. Mixed 150 sacks class A cement w/ 37% spacer, 270 gal @ 14" floccle / sk @ 15" / gal. Displace w/ 12.5 bbls fresh water. Shut casing in w/ good cement returns to surface = 12 bbl slurry in pit. Job complete. Rig down.

"THANK YOU"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54013	1	PUMP CHARGE	275.00	275.00
5406	100	MILEAGE	4.00	400.00
11043	150 Sks	class A cement	14.25	2137.50
1102	425#	37% spacer	.70	297.50
11188	280#	27% gel	.20	56.00
1107	37#	1/2" floccle / sk	2.22	82.14
5407A	7.05	bon mileage bulk truck	1.26	888.30
			Subtotal	4636.44
			SALES TAX	187.85
			ESTIMATED TOTAL	4824.29

Revin 0797

245371

AUTHORIZATION Duke Coulter 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



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 33296
LOCATION EUREKA
FOREMAN Kevin McCoy

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

FIELD TICKET & TREATMENT REPORT

CEMENT *API #15-169-20328*

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-29-11		Lyle Swisher #1	8	16S	1W	Saline

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
BOP West LLC	520	Cliff S.		
Mailing Address	479	John G.		
P.O. Box 129				

CITY	STATE	ZIP CODE
Wooster	OH	44691

JOB TYPE Longstring HOLE SIZE 7 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2 14" New
 CASING DEPTH 2735' KB DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.6* SLURRY VOL 31 BBL WATER gal/sk 9.0 CEMENT LEFT in CASING _____
 DISPLACEMENT 66.2 BBL DISPLACEMENT PSI 600 ***PSI 1200 Bump Plug RATE 5 BPM

REMARKS: Safety Meeting: Rig up to 5 1/2 Casing. BREAK Circulation w/ 5 BBL Fresh water. Pump 15 BBL Metasilicate Pre Flush 5 BBL water Spacer. Mixed 100 SKS THICK Set Cement w/ 5" Kol-Seal /sk @ 13.6*/gal yield 1.75, wash out Pump & Lines shut down, Release Latch down Plug. Displace Plug to Seat w/ 66.2 BBL Fresh water. FINAL Pumping Pressure 600 PSI. Bump Plug to 1200 PSI, wait 2 minutes. Release Pressure. Float & Plug 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	100	MILEAGE	4.00	400.00
1126 A	100 SKS	THICK Set Cement	18.30	1830.00
1110 A	500 "	Kol-Seal 5"/sk	.44 "	220.00
1111 A	100 "	Metasilicate Pre Flush	1.90	190.00
5407	5.5 TONS	Ton Mileage 190 miles BULK Delv.	1.26	693.00
4454	1	5 1/2 Latch down Plug	254.00	254.00
4228 B	1	5 1/2 API INSERT Float Valve	172.00	172.00
4203	1	5 1/2 Guide Shoe	160.00	160.00
4103	4	5 1/2 x 7 7/8 Centralizers	48.00	192.00
4312	1	5 1/2 weld on Collar	80.00	80.00
			Sub Total	5166.00
		THANK YOU	7.3%	SALES TAX
				ESTIMATED
				TOTAL
				5392.15

AUTHORIZATION Dave Sheed 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 tor: