



KANSAS CORPORATION COMMISSION 1072442
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 # 33783
Name: Michael Drilling LLC
Address 1: 1304 E ST
Address 2: PO BOX 402
City: IOLA State: KS Zip: 66749 + 3002
Contact Person: Rick Michael
Phone: (620) 365-2755
CONTRACTOR: License # 33977
Name: E K Energy LLC
Wellsite Geologist: Richard Burris
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 #: _____
11/16/2011 11/21/2011 11/22/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-001-30286-00-00
Spot Description: _____
SW SE SW SW Sec. 4 Twp. 24 S. R. 18 East West
247 Feet from North / South Line of Section
802 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Allen
Lease Name: v latta living trust Well #: R-5
Field Name: _____
Producing Formation: Bartlesville
Elevation: Ground: 1019 Kelly Bushing: 5
Total Depth: 927 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: 927 w/ 105 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 0 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: 01/26/2012



1072442

Operator Name: Michael Drilling LLC Lease Name: v latta living trust Well #: R-5
 Sec. 4 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 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 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 Name Top Datum Attached Attached Attached
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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 Casing	12.2500	8.6250	21	20	50/50	4	
Long String	6.7500	4.5000	9.5	914	50/50	105	

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: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. _____		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls. Gas-Oil Ratio Gravity

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 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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Form	ACO1 - Well Completion
Operator	Michael Drilling LLC
Well Name	v latta living trust R-5
Doc ID	1072442

Tops

Name	Top	Datum
Soil & Clay	7	11
Gravel	11	44
Lime	44	188
Shale	188	353
Sand	592	622
Coal & BLK SH	631	656
Oil Sand	739	915
Shale	915	927
Oil Sand	927	927
TD	927	

Lone Jack Oil Company
509 East Walnut
Blue Mound, KS 66010

Invoice

Date	Invoice #
11/26/2011	1371

Bill To
Rick Michaels P.O. Box 402 Iola, KS 66749

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
	Latta Lease		
1	11/22/11, Well #R5, circulated 105 sacks of cement to surface, pumped 645 gallons of water behind cement and shut in.	700.00	700.00T
1	11/23/11, Well #R5, washed cement and sand out of well.	200.00	200.00T
	Sales Tax	7.55%	67.95
<i>pd</i> <i>967 95</i> <i>11-28-11</i> <i>JMYE</i>			
Thank you for your business.		Total	\$967.95

PAYLESS CONCRETE PRODUCTS, INC.

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

INVOICE

Invoice Number: 30730
Invoice Date: Nov 22, 2011
Page: 1


Duplicate

Voice: 620-365-5588
Fax:

Bill To:
CASH FOR C.O.D.'S 802 N. INDUSTRIAL RD. IOLA, KS 66749

Ship to:
RICK MICHAEL P.O. BOX 402 IOLA, KS 66749

Customer ID	Customer PO	Payment Terms	
CASH/C.O.D.	MICHAEL/R 5	C.O.D.	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	TRUCK		11/22/11

Quantity	Item	Description	Unit Price	Amount
105.00	CEMENT/WATER	CEMENT & WATER PER BAG MIX	7.60	798.00
1.00	TRUCKING	TRUCKING CHARGE	50.00	50.00
				

Subtotal	848.00
Sales Tax	64.02
Total Invoice Amount	912.02
Payment/Credit Applied	
TOTAL	912.02

Check/Credit Memo No:

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	TRUCK		11/22/11

Quantity	Item	Description	Unit Price	Amount
105.00	CEMENT/WATER	CEMENT & WATER PER BAG MIX	7.60	798.00
1.00	TRUCKING	TRUCKING CHARGE	50.00	50.00

PAID

✓ # 1743
\$ 912.02
12/1/11

Subtotal	848.00
Sales Tax	64.02
Total Invoice Amount	912.02
Payment/Credit Applied	
TOTAL	912.02

Check/Credit Memo No:

Iola, Kansas

11/16

2011

Received of

**THE NEW KLEIN LUMBER CO., INC.
BUILDING MATERIALS**

385-2201

4	Sacks Cement	37 ⁸⁰
	Sale Tax	3 ²³
		<u>41⁰³</u>

PAID