



KANSAS CORPORATION COMMISSION 1072441
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 # 33783
Name: Michael Drilling 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 #: _____
11/18/2011 11/19/2011 11/28/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-001-30287-00-00
Spot Description: _____
SW SE SW NW Sec. 11 Twp. 24 S. R. 18 East West
2483 Feet from North / South Line of Section
808 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Allen
Lease Name: Johnson Well #: R-9
Field Name: _____
Producing Formation: Bartlesville
Elevation: Ground: 965 Kelly Bushing: 5
Total Depth: 880 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 25 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: 880 w/ 150 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



1072441

Operator Name: Michael Drilling LLC Lease Name: Johnson Well #: R-9
 Sec. 11 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
---	---

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	25	50/50	4	
Long String	7.8750	5.5000	14	865	50/50	150	

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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
---	--	--

Form	ACO1 - Well Completion
Operator	Michael Drilling LLC
Well Name	Johnson R-9
Doc ID	1072441

Tops

Name	Top	Datum
Overburden	0	25
Lime	25	69
Shale	69	140
Lime with Shale Streaks	140	162
Lime	162	270
Sand	495	499
Coal	536	538
Gas	828	862
Brown Sand	862	880
TD	880	880



ENTERED

TICKET NUMBER 33359
 LOCATION Fureco
 FOREMAN Rick Ledford

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

FIELD TICKET & TREATMENT REPORT
CEMENT API# 15-001-30287

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/28/11	5448	Johnson R-9	11	245	18E	Allen
CUSTOMER Michael Drilling LLC			TRUCK #			
MAILING ADDRESS 1304 E. St. Box 402			DRIVER			
CITY Tola			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 66249			TRUCK #			
			DRIVER			

JOB TYPE L/S O HOLE SIZE 7 7/8" HOLE DEPTH 880' CASING SIZE & WEIGHT 5 1/2"
 CASING DEPTH 768' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.6# SLURRY VOL 33 Bbl WATER gal/ek 2.0 CEMENT LEFT in CASING 20'
 DISPLACEMENT 20.8 Bbl DISPLACEMENT PSI 400 ~~PSI~~ PSI 400 PSI shut in RATE _____

REMARKS: Safety meeting. Rig up to 5 1/2" casing. Washdown 15' to 1870. Circulated well clean w/ 200 Bbl water. Sand off bottom, wait 1 hr. Rig up to cement. Break circulation w/ fresh water. Pump 4 ses gel-flush, 15 Bbl water spacer, 10 Bbl dye water. Mixed 150 ses 50/50 Premix cement w/ 2% gel @ 13.6# / gal without pump + lines, shut down. Displace w/ 20.8 Bbl fresh water @ 400 PSI. Shut well in @ 400 PSI. Good cement returns to surface = 2 Bbl slurry to pit. Job complete Rig down.

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	40	MILEAGE	4.00	160.00
1124	150 ses	50/50 Premix cement	10.45	1567.50
11188	250"	2% gel	.20	50.00
11188	200"	gel-flush	.20	40.00
5407	6.3	tax mileage bulk truck	n/l	330.00
5502C	7 hrs	80 Bbl WAC. TRK	90.00/hr	630.00
1123	3000 gals	city water	15.00/1000	45.00
			Subtotal	3799.30
			7.55% SALES TAX	128.69
			ESTIMATED TOTAL	3927.99

Revin 3737

[Signature]

0416144

AUTHORIZATION _____ 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.

Iola, Kansas, 11-18-11, 19

Received of

THE NEW KLEIN LUMBER CO., INC.
BUILDING MATERIALS
365-2201

4 Sacks Cement	37 ⁸⁰
Sale Tax	3 ²³
	<hr/>
	41 ⁰³

PAID

