



KANSAS CORPORATION COMMISSION 1068783
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 # 34461
Name: CRECO Operating, LLC
Address 1: 210 PARK AVE, STE 1140
Address 2: _____
City: OKLAHOMA CITY State: OK Zip: 73102 + _____
Contact Person: Jay Jimmerson
Phone: (405) 606-7481
CONTRACTOR: License # 34600
Name: Horizon Energy Services, LLC
Wellsite Geologist: Dave Carman
Purchaser: Coffeyville

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 #: _____
08/25/2011 09/01/2011 10/13/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-035-24441-00-00
Spot Description: _____
E2 NW SE SE Sec. 15 Twp. 34 S. R. 3 East West
990 Feet from North / South Line of Section
750 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Cowley
Lease Name: Traci Well #: 1
Field Name: Harvey
Producing Formation: Mississippi
Elevation: Ground: 1085 Kelly Bushing: 1087
Total Depth: 3480 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 308 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: _____ ppm Fluid volume: _____ bbls
Dewatering method used: Hauled to Disposal
Location of fluid disposal if hauled offsite:
Operator Name: Soil farmed
Lease Name: none License #: 0
Quarter SE Sec. 15 Twp. 29 S. R. 1 East West
County: Kay, OK Permit #: none

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: 01/24/2012



1068783

Operator Name: CRECO Operating, LLC Lease Name: Traci Well #: 1
 Sec. 15 Twp. 34 S. R. 3 East West County: Cowley

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 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: Induction Array Litho Density Compensated Neutron Microlog	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name . Top Datum Induction Array Litho Density Compensated Neutron Microlog
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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	13.5	10.75	41	301	Class A	250	
Production	8.625	7	26	3463	60/40 Poz	165	

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
2	3342-3358	55 gal 15% HCl	
		Frac w/ 30 bbl pad water + 206 bbls	
		+ 8300# sand	

TUBING RECORD: Size: <u>2-7/8</u> Set At: <u>3367</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.	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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CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 31518
LOCATION Enurea
FOREMAN Rick Ledford

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

FIELD TICKET & TREATMENT REPORT

CEMENT API* 15-035-2441

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-26-11	2144	Traci # 1	15	343	3E	Conley
CUSTOMER			TRUCK #		DRIVER	
Cresco			520		Allen G.	
MAILING ADDRESS			515		Chris B.	
210 Park Ave Ste 1140						
CITY	STATE	ZIP CODE				
Oklahoma City	OK.	73102				

JOB TYPE surface HOLE SIZE 13 1/2" HOLE DEPTH 308' CASING SIZE & WEIGHT 10 3/4 40.5# new
 CASING DEPTH 314' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15# SLURRY VOL 60 Bbl WATER gal/sk 6 5 CEMENT LEFT in CASING 20'
 DISPLACEMENT 29 Bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting- Rig up to 10 3/4" casing. Pump 5 Bbl water ahead. Mixed 250
583 class A cement w/ 370 ccc12, 290 gal & 1/4" flake 1st @ 15# / gal Displa w/
29 Bbl water. shut casing on w/ good cement returns to surface = 28 Bbl slurry to
pit. Job complete Rig down

.. Thank You ..

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54013	1	PUMP CHARGE	775.00	775.00
5406	76	MILEAGE	4.00	280.00
11043	250 583	class A cement	14.25	3562.50
1102	705#	370 ccc12	.70	493.50
11188	470#	290 gal	.20	94.00
1107	60#	1/4" flake 1st	2.22	133.20
5402A	11.75	tax mileage bulk tax	1.26	1036.35
			Subtotal	6374.55
			SALES TAX	291.26
			ESTIMATED TOTAL	6665.81

Revin 3737

[Signature]

043809

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



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 31548
LOCATION EUREKA
FOREMAN KEVIN MCCOY

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

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-035-24441

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-3-11	2144	TRACI # 1	15	345	3E	Cowley
CUSTOMER <u>CRECO Operating, LLC</u>			HORIZON ENERGY SERVICE Rig #4			
MAILING ADDRESS <u>210 PARK AVE, STE 1140</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY <u>OKLAHOMA CITY</u>			<u>520</u>	<u>ALAN M.</u>		
STATE <u>OK</u>			<u>515</u>	<u>JIM M</u>		
ZIP CODE <u>73102</u>			<u>611</u>	<u>Ed S.</u>		

JOB TYPE Longstring HOLE SIZE 9 1/2" HOLE DEPTH 3480' CASING SIZE & WEIGHT 7" 23" NEW
CASING DEPTH 3463' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 12.6 - 13.5 SLURRY VOL 105 BBL WATER gal/sk 9.0 CEMENT LEFT in CASING 2'
DISPLACEMENT 136.5 BBL DISPLACEMENT PSI 1000 PSI 1500 Bump Plug RATE 5 BPM

REMARKS: Safety Meeting: Rig up to 7" casing. Break Circulation w/ 20 BBL fresh water. Mixed 165 SKS 60/40 Pozmix Cement w/ 8% Gel, 1" PhenoSeal /SK @ 12.6" /gal, yield 1.80. Tail in w/ 150 SKS Thick Set Cement w/ 5" Kol-Seal /SK, 1/2" PhenoSeal /SK, 1/4" CFL-115, @ 13.5" /gal, yield 1.75. Shut down. Wash out Pump & Lines. Release Plug. Displace Plug to Seat w/ 136.5 BBL 4% KCL water. FINAL Pumping Pressure 1000 PSI. Bump Plug to 1500 PSI. Wait 2 minutes. Release Pressure. Float 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	70	MILEAGE	4.00	280.00
5402	3463'	Footage Charge	.21'	727.23
1131	165 SKS	60/40 Pozmix Cement	11.95	1971.75
1118 B	1135 *	Gel 8% } Lead Cement	.20	227.00
1107 A	165 *	PhenoSeal 1" /SK	1.22	201.30
1126 A	150 SKS	Thick Set Cement	18.30	2745.00
1110 A	750 *	Kol-Seal 5" /SK	.44	330.00
1107 A	75 *	PhenoSeal 1/2" /SK } Tail Cement	1.22	91.50
1135 A	35 *	CFL-115 1/4"	9.95	348.25
5407 A	15.35 TONS	70 miles Bulk Delv.	1.26	1353.87
4409	1	7" Top Rubber Plug	82.00	82.00
4206	1	7" Guide Shoe	253.00	253.00
4187	1	7" AFU Float Collar	525.00	525.00
3172	28 gals	KCL (mixed w/ Displacement water)	33.50	938.00
			Sub Total	11,048.91
			SALES TAX 6.8%	460.69
			ESTIMATED TOTAL	11,509.60

Ravin 3737

THANK YOU
244016

AUTHORIZATION Brett C. Meull 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