

ORIGINAL

KANSAS CORPORATION COMMISSION 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 # 5217
Name: Radell W. Koehn
Address 1: 1977 Moccasin Road
Address 2: _____
City: Galva State: KS Zip: 67443
Contact Person: Radell Koehn
Phone: (620) 654-8393
CONTRACTOR: License # 32701
Name: C & G Drilling, Inc.
Wellsite Geologist: David A. Barker
Purchaser: NCRA

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 #: _____
5/21/11 5/26/11 9/15/11
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 113-21347-00-00
Spot Description: N/2 S/2 SE/4
N/2 S/2 Sec. 17 Twp. 19 S. R. 1 East West
990 Feet from North / South Line of Section
1,320 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: McPherson
Lease Name: Otte Well #: 6
Field Name: Ritz-Canton
Producing Formation: Viola
Elevation: Ground: 1582 Kelly Bushing: 1591
Total Depth: 3391 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 200 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: _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____
County: _____ Permit #: _____

RECEIVED

DEC 09 2011

KCC WICHITA

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: Radell W. Koehn
Title: Operator/owner Date: 12-6-11

KCC Office Use ONLY

Letter of Confidentiality Received RECEIVED
Date: _____
 Confidential Release Date: JAN 26 2012
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Dlg Date: 1/30/12
KCC WICHITA

Operator Name: Radell W. Koehn Lease Name: Otte Well #: 6
 Sec. 17 Twp. 19 S. R. 1 East West County: McPherson

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all Chal 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 Chal chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wireline Logs surveyed. Attach Chal 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 checked="" 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
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CASING RECORD <input 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		5 1/2	15 1/2	200	Class A	140	Calcium Chloride
Production		8 5/8	15 1/2	3387	Class A	200	Calcium Chloride

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 (Amount and Kind of Material Used)	Depth

TUBING RECORD: Size: 2 7/8 Set At: 3387 Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. 9-15-11 Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours: Oil 10 bbls Bbls. Gas Mcf Water 400 bbls 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 checked="" 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: <u>RECEIVED</u> <u>JAN 26 2012</u>
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CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 241688

Invoice Date: 05/31/2011 Terms:

Page 1

KOEHN, RADELL W.
1977 MOCCASIN ROAD
GALVA KS 67443
() -

OTTE #6
31010
17-19-1S
05-26-11
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	200.00	14.2500	2850.00
1102	CALCIUM CHLORIDE (50#)	320.00	.7000	224.00
1118B	PREMIUM GEL / BENTONITE	600.00	.2000	120.00
1110A	KOL SEAL (50# BAG)	600.00	.4400	264.00
4253	TYPE A PACKER SHOE 6 1/2 X 6	1.00	1584.0000	1584.00
4104	CEMENT BASKET 5 1/2"	3.00	229.0000	687.00
4130	CENTRALIZER 5 1/2"	5.00	48.0000	240.00
4454	5 1/2" LATCH DOWN PLUG	1.00	254.0000	254.00

Description	Hours	Unit Price	Total
446 CEMENT PUMP	1.00	975.00	975.00
446 EQUIPMENT MILEAGE (ONE WAY)	63.00	4.00	252.00
502 TON MILEAGE DELIVERY	592.20	1.26	746.17

RECEIVED
JAN 26 2012
KCC WICHITA

Parts: 6223.00 Freight: .00 Tax: 454.27 AR 8650.44
Labor: .00 Misc: .00 Total: 8650.44
Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 31010

LOCATION # 20 E. Dorado

FOREMAN Jacob Storm

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

FIELD TICKET & TREATMENT REPORT

CEMENT

Ap: # 15-113-21347-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
5-26-11	4517	Otto #6	817	19	1 S	McPherson																
CUSTOMER Radell w Koehn			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>446</td> <td>Jeff</td> <td></td> <td></td> </tr> <tr> <td>502</td> <td>Terild</td> <td></td> <td></td> </tr> <tr> <td>511</td> <td>Jacob</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	446	Jeff			502	Terild			511	Jacob		
TRUCK #	DRIVER	TRUCK #					DRIVER															
446	Jeff																					
502	Terild																					
511	Jacob																					
MAILING ADDRESS 1977 Moccasin Rd																						
CITY Galva	STATE KS	ZIP CODE 67443																				

Safety meeting J.S. J.D.

JOB TYPE Longstring B HOLE SIZE 7 7/8 HOLE DEPTH 3393 CASING SIZE & WEIGHT 5 1/2 15.5
 CASING DEPTH 3389 DRILL PIPE N/A TUBING N/A OTHER _____
 SLURRY WEIGHT 14.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 12 ft Shoc Joint
 DISPLACEMENT 80H6 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting circulated hole for 1 hr set packer shoc, pumped 1 bbl fresh water flush, mixed 200 sks class A 3K gal 3X kal-seal, 2K cc displaced with plug to 3389 ft landing plug set 100 psi Released packer plug held.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	63 mile	MILEAGE	4.00	252.00
5407 A	63 mile	ton mile age X 9.4 ton X	1.26	746.17
1104 S	200 sks	Class A	14.25	2850.00
1102	320 lbs	calcium chloride	0.70	224.00
1118 B	600 lbs	gel	0.20	120.00
1110 A	600 lbs	Kal-seal	0.44	264.00
4253	1	5 1/2 X 7 7/8	1584.00	1584.00
4104	3	5 1/2 cement Basket	229.00	687.00
4130	5	5 1/2 centralizer	48.00	240.00
4454	1	5 1/2 Latch down plug	254.00	254.00
		RECEIVED	Subtotal	8196.17
		JAN 26 2012		
		KCC WICHITA		
		SALES TAX		454.21
		ESTIMATED TOTAL		8650.44

Rev'n 3737

R/R

241688

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

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 241553

Invoice Date: 05/24/2011 Terms:

Page 1

KOEHN, RADELL W.
1977 MOCCASIN ROAD
GALVA KS 67443
() -

OTTE #6
31007
17-19S-1E
05-21-11
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	140.00	14.2500	1995.00
1102	CALCIUM CHLORIDE (50#)	400.00	.7000	280.00
1118B	PREMIUM GEL / BENTONITE	300.00	.2000	60.00
1107	FLO-SEAL (25#)	75.00	2.2200	166.50

Description	Hours	Unit Price	Total
442 TON MILEAGE DELIVERY	414.54	1.26	522.32
446 CEMENT PUMP (SURFACE)	1.00	775.00	775.00
446 EQUIPMENT MILEAGE (ONE WAY)	63.00	4.00	252.00

RECEIVED
JAN 26 2012
KCC WICHITA

Parts:	2501.50	Freight:	.00	Tax:	182.61	AR	4233.43
Labor:	.00	Misc:	.00	Total:	4233.43		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____

BARTLESVILLE, Ok
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, Ks
620/583-7664

GILLETTE, WY
307/686-4914

OAKLEY, KS
785/672-2227

OTTAWA, Ks
785/242-4044

THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 31007
LOCATION # 80 E Dorado
FOREMAN Jacob Storm

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
5-21-11	41517	OTTE #6	17	19.5	1E	McP																
CUSTOMER Koch, Radell w			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>446</td> <td>Jeff</td> <td></td> <td></td> </tr> <tr> <td>442</td> <td>Tedd</td> <td></td> <td></td> </tr> <tr> <td>511</td> <td>Jacob</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	446	Jeff			442	Tedd			511	Jacob		
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446	Jeff																					
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MAILING ADDRESS 1977 Moccasin Rd																						
CITY STATE ZIP CODE Galiva KS 67443																						
Saffly meeting JS J.S T/S																						

JOB TYPE Surface B HOLE SIZE 12 1/4 HOLE DEPTH 221 CASING SIZE & WEIGHT 25/8
 CASING DEPTH 209 DRILL PIPE N/A TUBING N/A OTHER _____
 SLURRY WEIGHT 14 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 6.4
 DISPLACEMENT 13.06 DISPLACEMENT PSI 100 MIX PSI 100 RATE 3 bpm

REMARKS: Saffly meeting, Break circulation, mixed 140 sks class A 3/6 cc 2/gal 1/2 lb poly per sack, displaced 12 bbl circulating cement to surface

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	775.00	775.00
5406	63 mile	MILEAGE	4.00	252.00
5407A	63 mile	X 6.58 ton mile X	1.26	522.32
11045	140 SKS	CLASS A	14.25	1995.00
1102	400 lb	calcium chloride	0.70	280.00
1118 B	300 lb	gel	0.20	60.00
1107	26 lb	poly Flake	2.22	166.50
RECEIVED				
JAN 26 2012			Subtotal	4050.82
KCC WICHITA				
			SALES TAX	182.61
			ESTIMATED TOTAL	4233.43

Revin 3737
 AUTHORIZATION [Signature] TITLE 241553 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.