



KANSAS CORPORATION COMMISSION 1066699
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 # 9749
Name: Melander, Chris dba Chris Melander Drilling
Address 1: 2256 CR 2500
Address 2: _____
City: CANEY State: KS Zip: 67333 + 8548
Contact Person: Chris
Phone: (620) 289-4723
CONTRACTOR: License # 9749
Name: Melander, Chris dba Chris Melander Drilling
Wellsite Geologist: none
Purchaser: _____

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SLOW
 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 #: _____
04/13/2011 05/18/2011 08/17/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-125-32067-00-00
Spot Description: _____
SE SW SE NW Sec. 13 Twp. 34 S. R. 13 East West
2685 Feet from North / South Line of Section
3345 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Montgomery
Lease Name: Hodges Well #: 2
Field Name: _____
Producing Formation: weiser
Elevation: Ground: 761 Kelly Bushing: 30
Total Depth: 862 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 840 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: 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 Garcia Date: 01/17/2012



1066699

Operator Name: Melander, Chris dba Chris Melander Drilling Lease Name: Hodges Well #: 2
 Sec. 13 Twp. 34 S. R. 13 East West County: Montgomery

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: Cornish	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>wayside cap</td> <td>650</td> <td>680</td> </tr> <tr> <td>weiser</td> <td>738</td> <td>785</td> </tr> </table>	Name	Top	Datum	wayside cap	650	680	weiser	738	785
Name	Top	Datum								
wayside cap	650	680								
weiser	738	785								

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
disposal	12	7	10	20	portland	10	
disposal	6	7	10	840	thick set	80	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input checked="" 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
3			

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 checked="" 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: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 32045

LOCATION R-ville

FOREMAN Jason Bell

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
5-18-11		Hodges #2				11611
CUSTOMER Chris Melander			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE						

JOB TYPE L.S. HOLE SIZE 5 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 540 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.2 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Established circulation in 80sacs of thick set class A. Shut down
washed lines out hooked up and pumped plugs to bottom. Plugs landed and
held.
- cement circulated to surface -

X Set by Mactong X

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975.00
5406	28	MILEAGE		112.00
5407	1	bulk truck		330.00
1126A	80sacs	thickset		1464.00
1107A	80#	Pleno		97.40
1110A	400#	Kalsmed		176.00
1118b	150#	Gel		30.00
4402	2	Plug 2 7/8		56.00
		10% discount of sand & 30 days = 335.53		
		3018.74		
		6.3%	SALES TAX	114.87
			ESTIMATED TOTAL	5355.27

Revin 3737

AUTHORIZATION [Signature] 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.

SINCE 1889



INDEPENDENCE

WOODS LUMBER OF INDEPENDENCE, KS., INC.
 915 N. PENN • P.O. BOX 528 • INDEPENDENCE, KS. 67301
 (620) 331-4900

INVOICE

PAGE NO 1

ALL BILLS DUE 10TH OF THE MONTH FOLLOWING PURCHASE

receipt required on ALL returns
 special orders are NON-RETURNABLE

CUSTOMER NO.	JOB NO.	PURCHASE ORDER NO.	REFERENCE	TERMS	CLERK	DATE	TIME
16				CASH, CHECK, BANKCARD	RND	5/28/11	10:16

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67301

SLSPR: RD RANDY DIXON
 TAX : 001 SALES TAX

TERMS566

DOC# D58866

 * INVOICE *

FINANCE CHARGE will be added to all accounts 30 days or older. Equal to 1.5% per month 18% PER ANNUM on the first \$1000.00. 1.2% per month (14.45% PER ANNUM) on balance over \$1000.00 (Minimum 50¢).

QUANTITY		UM	SKU	DESCRIPTION	UNITS	PRICE/PER	EXTENSION
ORDERED	SHIPPED						
20		BG MC		*80# PRE-MIX CONCRETE MIX	20	2.99 /BG	59.80 S
1		EA	609425	SHEEPING COMPOUND 100# FOR WOOD/CONCRETE FLOORS	1	29.99 /EA	29.99

X _____
 SIGNATURE OF RECEIVED BY

X _____
 PRINT NAME OF RECEIVED BY

SEE OWNERS NOTICE ON REVERSE SIDE

TOT WT: 1600.00

** PAYMENT RECEIVED **

** PAYMENT RECEIVED **



MEMO PAYMENT
 CK# 2079 ABA#

97.47	TAXABLE	89.79
	NON-TAXABLE	8.00
	SUBTOTAL	89.79
97.47	TAX AMOUNT	7.68
	TOTAL AMOUNT	97.47

SINCE 1880



INDEPENDENCE

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INVOICE

PAGE NO 1

ALL BILLS DUE 10TH OF THE MONTH FOLLOWING PURCHASE

receipt required on ALL returns
 special orders are NON-RETURNABLE

CUSTOMER NO.	JOB NO.	PURCHASE ORDER NO.	REFERENCE	TERMS	CLERK	DATE	TIME
#6				CASH, CHECK, BANKCARD	RMD	5/25/11	10:16

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**** CASH ****

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67301

SLSPR: RD RANDY DIXON
 TAX : 001 SALES TAX

TERMS66

DOC# 058866

 * INVOICE *

FINANCE CHARGE will be added to all accounts 30 days or older. Equal to 1.5% per month (18% PER ANNUM) on the first \$1000.00. 1.2% per month (14.45% PER ANNUM) on balance over \$1000.00 (Minimum 50¢).

QUANTITY		UM	SKU	DESCRIPTION	UNITS	PRICE/PER	EXTENSION
ORDERED	SHIPPED						
20		BG	MC	+800 PRE-MIX CONCRETE MIX	20	2.99 /BG	59.80 S
1		EA	689425	SHEEPING COMPOUND 100# FOR WOOD/CONCRETE FLOORS	1	29.99 /EA	29.99

X _____
 SIGNATURE OF RECEIVED BY

X _____
 PRINT NAME OF RECEIVED BY

SEE OWNERS NOTICE ON REVERSE SIDE

TOT WT: 1620.20

** PAYMENT RECEIVED **

** P



PAYMENT

CK# 2079 ABA#

97.47	TAXABLE	89.79
	NON-TAXABLE	0.00
	SUBTOTAL	89.79
97.47	TAX AMOUNT	7.68
	TOTAL AMOUNT	97.47