



KANSAS CORPORATION COMMISSION 1065906
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 # 3134

Name: Morris, Terry E. dba G L M Company

Address 1: PO BOX 193

Address 2: _____

City: RUSSELL State: KS Zip: 67665 + 0193

Contact Person: Terry Morris

Phone: (785) 483-1307

CONTRACTOR: License # 33905

Name: Royal Drilling Inc

Wellsite Geologist: Brad Hutchinson

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 #: _____

<u>10/6/2011</u>	<u>10/13/2011</u>	<u>10/27/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-051-26196-00-00

Spot Description: _____

SE NW NE NE Sec. 33 Twp. 15 S. R. 16 East West

550 Feet from North / South Line of Section

800 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Ellis

Lease Name: Urban Well #: 2

Field Name: _____

Producing Formation: Marmaton

Elevation: Ground: 1845 Kelly Bushing: 1849

Total Depth: 3530 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 941 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: 70000 ppm Fluid volume: 600 bbls

Dewatering method used: Hauled to Disposal

Location of fluid disposal if hauled offsite: _____

Operator Name: Terry E. Morris d/b/a GLM Company

Lease Name: Stoskopf License #: 3134

Quarter SE Sec. 16 Twp. 16 S. R. 14 East West

County: Barton Permit #: D-22396

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: 01/25/2012



1065906

Operator Name: Morris, Terry E. dba G L M Company Lease Name: Urban Well #: 2
 Sec. 33 Twp. 15 S. R. 16 East West County: Ellis

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input 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: <small>Dual Induction Dual Compensated Porosity Log Microresistivity Log</small>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample Name Top Datum Attached Attached Attached
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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
Suface	12.25	8.625	23	941	Common	400	3% CC, 2% Gel.
Production	12.5	4.5	11.60	3506.1	Common	190	Common 3% salt

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
4	3368 to 3372		

TUBING RECORD: Size: <u>2.375</u> Set At: <u>3442</u> Packer At: <u> </u> Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>11/02/2011</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
Estimated Production Per 24 Hours	Oil Bbls. <u>20</u> Gas Mcf <u>0</u> Water Bbls. <u>1</u> Gas-Oil Ratio <u> </u> Gravity <u>40</u>

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)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Morris, Terry E. dba G L M Company
Well Name	Urban 2
Doc ID	1065906

Tops

Tops		
Anhydrite	950	+901
Topeka	2853	-1002
Heebner	3073	-122
Toronto	3092	-1241
Lansing	3128	-1277
Base Kansas City	3348	-1497
Marmaton Sand	3366	-1515
Conglomerate	3400	-1549
Arbuckle	3443	-1592

QUALITY OILWELL CEMENTING, INC.

Phone 785-483-2025
 Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. **5011**

Date <i>10-2-11</i>	Sec. <i>33</i>	Twp. <i>15</i>	Range <i>16</i>	County <i>Fillis</i>	State <i>Kansas</i>	On Location	Finish <i>6:30pm</i>
Lease <i>1/1/11</i>	Well No. <i>2</i>		Location <i>Winkler NW 12 1/2 4W 51N</i>				
Contractor <i>Royal Drilling Co</i>				Owner			
Type Job <i>Well</i>				To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.			
Hole Size <i>12 1/2</i>	T.D. <i>941</i>			Charge To <i>6/1/11</i>			
Csg. <i>8 1/2 236</i>	Depth <i>941</i>			Street			
Tbg. Size	Depth			City			
Tool	Depth			State			
Cement Left in Csg. <i>22</i>	Shoe Joint <i>22</i>			The above was done to satisfaction and supervision of owner agent or contractor.			
Meas Line	Displace <i>58 1/2</i>			Cement Amount Ordered <i>410 Cement</i>			

EQUIPMENT

Pumptrk	No.	Cementer		Common
		Helper		
Bulktrk	No.	Driver		Poz. Mix
		Driver		
Bulktrk	No.	Driver		Gel.
		Driver		

JOB SERVICES & REMARKS

Remarks:	Hulls
Rat Hole	Salt
Mouse Hole	Flowseal
Centralizers	Kol-Seal
Baskets	Mud CLR 48
D/V or Port Collar	CFL-117 or CD110 CAF 38
	Sand
	Handling
	Mileage

FLOAT EQUIPMENT

	Guide Shoe
	Centralizer <i>2</i>
	Baskets <i>2</i>
	AFU Inserts
	Float Shoe
	Latch Down
	<i>By the Plate</i>

	Pumptrk Charge
	Mileage
	Tax
	Discount
	Total Charge

X Signature *Wong Budz*

QUALITY OILWELL CEMENTING, INC.

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 5015

Date: <u>10-13-11</u>	Sec.	Twp.	Range	County: <u>Ellis</u>	State: <u>Kansas</u>	On Location	Finish: <u>1:00 PM</u>
Lease: <u>Liberty</u>	Well No. <u>2</u>		Location: <u>Well # 115 1W 35 4W</u>				
Contractor: <u>Ray T. Pilling</u>				Owner:			
Type Job: <u>Leasing</u>				To: Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cement and helper to assist owner or contractor to do work as listed.			
Hole Size: <u>7 1/2"</u>	T.D. <u>3530</u>		Charge To: <u>6-1-11</u>				
Csg. <u>4 1/2 11.66 11.66</u>	Depth <u>3500</u>		Street:				
Tbg. Size:	Depth:		City: State:				
Tool <u>Latch Down Pottle</u>	Depth <u>3465</u>		The above was done to satisfaction and supervision of owner agent or contractor.				
Cement Left in Csg. <u>43</u>	Shoe Joint <u>43</u>		Cement Amount Ordered <u>140 Compuser 10% Salt</u>				
Meas Line:	Displace <u>53 3/4 Bbl</u>		500 Gal Mud Charge				

EQUIPMENT

Pumptrk	No.	Cementer		Common
		Helper		
Bulktrk	No.	Driver		Poz. Mix
		Driver		
Bulktrk	No.	Driver		Gal.
		Driver		

JOB SERVICES & REMARKS

Remarks:	Calcium
Rat Hole <u>30"</u>	Hulls
Mouse Hole	Salt
Centralizers <u>1 3 5 7 9 11 13</u>	Flowseal
Baskets <u>2</u>	Kol-Seal
D/V or Port Collar	Mud CLR 48
	CFL-117 or CD110 CAF 38
	Sand
	Handling
	Mileage

FLOAT EQUIPMENT

Guide Shoe	
Centralizer <u>7 Turbos</u>	
Baskets <u>1</u>	
AFU Inserts	
Float Shoe <u>1</u>	
Latch Down <u>1</u>	

Pumptrk Charge	
Mileage	
Tax	
Discount	
Total Charge	

X Signature: [Signature]