KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1074133

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

Name: S & K Oil Production, Inc. Address 1: PO BOX 184 Address 2:	OPERATOR: License # 33551	API No. 15
Address 1: PO BOX 184 Address 2:	S & K Oil Denduction Inc	
Address 2: City: BLUE MOUND	PO BOX 184	
City: BLUE MOUND State: KS Zip: 66010 + 0184 Contact Person: Steve Jackson		
Phone: (913) 756-2622 CONTRACTOR: License # 33551 Name: S & K Oil Production, Inc. Wellsite Geologist: 0 Purchaser: Designate Type of Completion: New Well Re-Entry Workover	City: BLUE MOUND State: KS Zip: 66010 + 0184	
CONTRACTOR: License # _ 33551 Name: S & K Oil Production, Inc. Wellsite Geologist: 0 Purchaser:		Footages Calculated from Nearest Outside Section Corner:
CONTRACTOR: License # _ 33551 Name: S & K Oil Production, Inc. Wellsite Geologist: 0 Purchaser:	Phone: (913) 756-2622	□ne □nw ☑se □sw
Name: S & K Oil Production, Inc.	CONTRACTOR: License #_33551	
Wellsite Geologist: 0 Purchaser: Designate Type of Completion: New Well	Name: S & K Oil Production, Inc.	
Designate Type of Completion: New Well	Wellsite Geologist: 0	
Designate Type of Completion: New Well	Purchaser:	Producing Formation: Bartlesville
New Well		Elevation: Ground: 1046 Kelly Bushing: 0
Oil	✓ New Well Re-Entry Workover	Total Depth: 730 Plug Back Total Depth:
GG GSW Temp. Abd. GM (Coal Bed Methane)	☑ Oil	Amount of Surface Pipe Set and Cemented at: 21 Feet
CM (Coal Bed Methane)	☐ Gas ☐ D&A ☐ ENHR ☐ SIGW	Multiple Stage Cementing Collar Used? ☐ Yes ✓ No
CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.): feet depth to: 21 w/ 5 ss If Alternate II completion, cement circulated from: 0 feet depth to: 21 w/ 5 ss Sy	☐ OG ☐ GSW ☐ Temp. Abd.	If yes, show depth set:Feet
Cathodic Other (Core, Expl., etc.): feet depth to: 21	_ ,	
If Workover/Re-entry: Old Well Info as follows: Operator: Well Name: Original Comp. Date: Deepening Re-perf. Conv. to ENHR Conv. to SWD Conv. to GSW Plug Back: Plug Back: Plug Back Total Depth Commingled Permit #: Dual Completion Permit #: SWD Permit #: GSW Permit #: GSW Permit #: 10/7/2011 10/7/2011 10/12/2011 Spud Date or Date Reached TD Completion Date or	Cathodic Other (Core, Expl., etc.):	
Well Name:Original Comp. Date:Original Total Depth:One pening	If Workover/Re-entry: Old Well Info as follows:	W SX CIII.
Original Comp. Date: Original Total Depth: Conv. to SWD Deepening Re-perf. Conv. to ENHR Conv. to SWD Dewatering method used: Dewatering method used: Dewatering method used: Commingled Permit #: Dual Completion Permit #: ENHR Permit #: GSW Permit #: County: Permit #: Permit #:	Operator:	
Original Comp. Date: Original Total Depth: Conv. to ENHR	Well Name:	
□ Deepening □ Re-perf. □ Conv. to ENHR □ Conv. to SWD □ Conv. to GSW □ Dewatering method used: □ Plug Back: □ Plug Back Total Depth □ Location of fluid disposal if hauled offsite: □ Dual Completion □ Permit #: □ Operator Name: □ License #: □ SWD □ Permit #: □ Quarter □ Sec. □ Twp. □ S. R. □ □ East □ 10/7/2011 □ GSW □ Permit #: □ County: □ Permit #: □ 10/7/2011 □ 10/7/2011 □ 10/12/2011 □ Spud Date or □ Date Reached TD Completion Date or	Original Comp. Date: Original Total Depth:	,
Plug Back:	☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD	
Commingled Permit #: Operator Name:	Conv. to GSW	Dewatering method used:
Dual Completion Permit #: Lease Name: License #: SWD Permit #: Quarter Sec. TwpS. R East' GSW Permit #: County: Permit #: 10/7/2011 10/7/2011 10/12/2011 Spud Date or Date Reached TD Completion Date or	Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Dual Completion Permit #: Lease Name: License #: SWD Permit #: Quarter Sec. TwpS. R East' GSW Permit #: County: Permit #: 10/7/2011 10/7/2011 10/12/2011 Spud Date or Date Reached TD Completion Date or	Commingled Permit #:	Operator Name:
SWD Fermit #: Quarter Sec. Twp. S. R. East Tensor	Dual Completion Permit #:	
GSW Permit #: County: Permit #:	SWD Permit #:	111111111111111111111111111111111111111
10/7/2011 10/7/2011 10/12/2011 Spud Date or Date Reached TD Completion Date or	ENHR Permit #:	
Spud Date or Date Reached TD Completion Date or		County: Permit #:
	10/12/2011	

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 I II Approved by: Deanna Gamisor Date: 02/15/2012				

Side Two



1074133

Operator Name: S &				Lease I	Name: .	Swisher		Well #:2	7	
Sec. 18 Twp.25	s. r. <u>22</u>	_ ✓ East	West	County	Bou	rbon				
NSTRUCTIONS: Sho ime tool open and clos recovery, and flow rate ine Logs surveyed. At	sed, flowing and sr s if gas to surface t	iut-in press test, along	ures, whether s with final charte	shut-in press	sure rea	ached static leve	 hydrostatic pre 	ssures hottom	hale temperature flu	
Drill Stem Tests Taken ☐ Yes ✓ No (Attach Additional Sheets)						.og Formatio	on (Top), Depth	and Datum	☐ Sample	
Samples Sent to Geolo	ogical Survey	Y	es 🗸 No		Name Bartlesville			Top Datum		
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy)	Electronically	=			barue	sville		710	722	
ist All E. Logs Run:										
			ort all strings set-	RECORD		ew 🗸 Used ermediate, produc	tion, etc.			
Purpose of String	Size Hole Drilled		e Casing (In O.D.)	Weig Lbs./		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives	
Surface	10	7		6		21	One	5	None	
Casing	5.6250	2.875		6		730	One	80	none	
700 000			40017101141							
Purpose: —— Perforate	Depth Top Bottom	Type of Cement		# Sacks Used		Type and Percent Additives				
Protect Casing Plug Back TD Plug Off Zone	-							1441		
Shots Per Foot	PERFORAT Specify	ION RECOR Footage of E	D - Bridge Plug Each Interval Perl	s Set/Type orated			cture, Shot, Ceme mount and Kind of M		rd Depth	
UBING RECORD:	Size:	Set At:		Packer At:		Liner Run:				
Date of First, Resumed Pr	roduction, SWD or EN	IHR.	Producing Meth	od:		Gas Lift	Yes No			
Estimated Production Per 24 Hours	Oil	Bbls.		Mcf	Wate		other (Explain) ols.	Gas-Oil Ratio	Gravity	
DISPOSITION Vented Sold	OF GAS: Used on Lease it ACO-18.)	✓ 0	M pen Hole	ETHOD OF (COMPLE Dually	Comp. Con	nmingled	PRODUCTIO	ON INTERVAL:	

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