



KANSAS CORPORATION COMMISSION 1074039
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 # 4175
Name: Dvorachek, Harold A. dba Quest Development Co.
Address 1: PO BOX 413
Address 2: _____
City: IOLA State: KS Zip: 66749 + 0413
Contact Person: Hal Dvorachek
Phone: (620) 365-5862
CONTRACTOR: License # 33900
Name: Leis, Steven A.
Wellsite Geologist: none
Purchaser: High Sierra

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 #: _____
7/18/2011 7/19/2011 7/19/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-031-22935-00-00
Spot Description: _____
NE SW NE NE Sec. 32 Twp. 22 S. R. 17 East West
750 Feet from North / South Line of Section
860 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Coffey
Lease Name: Mannschreck Well #: #7
Field Name: _____
Producing Formation: Squirrel Sand
Elevation: Ground: 1044 Kelly Bushing: 1048
Total Depth: 990 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 40 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 966
feet depth to: 0 w/ 115 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 00 ppm Fluid volume: 80 bbls
Dewatering method used: Hauled to Disposal
Location of fluid disposal if hauled offsite:
Operator Name: Owen, Mathew
Lease Name: Pike License #: 33662
Quarter SE Sec. 5 Twp. 27 S. R. 10 East West
County: Greenwood Permit #: 15-073-22787

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 Garfso Date: 02/15/2012



1074039

Operator Name: Dvorachek, Harold A. dba Quest Development Co. Lease Name: Manschreck Well #: #7
 Sec. 32 Twp. 22 S. R. 17 East West County: Coffey

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input checked="" 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>Squirrel Sand</td> <td>974</td> <td>+70'</td> </tr> </table>	Name	Top	Datum	Squirrel Sand	974	+70'
Name	Top	Datum					
Squirrel Sand	974	+70'					

CASING RECORD <input type="checkbox"/> New <input checked="" 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	10.0	7.0	17	40	Portland	10	
Production	5.875	2.875	6.5	966	OWC	115	

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

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input 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. 0.0	Gas Mcf	Water Bbls. _____ Gas-Oil Ratio _____ Gravity 26

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" 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: 972-985
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PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 31399

LOCATION Chanute

FOREMAN Steve

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-19-11	666	Adams 50-10-15 #1	32	32S	17E	Coffey
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			456	M...		
CITY			477			
STATE			488	J...		
ZIP CODE						
766						
KS						
66743						

JOB TYPE Well Completion HOLE SIZE 5 7/8 HOLE DEPTH CASING SIZE & WEIGHT
 CASING DEPTH 966 DRILL PIPE TUBING 2 3/8 OTHER
 SLURRY WEIGHT SLURRY VOL WATER gal/sk CEMENT LEFT in CASING 0
 DISPLACEMENT 5.5/100 DISPLACEMENT PSI 500 MIX PSI RATE

REMARKS: Safety on Trip. Rig up in 2 3/4 hours. Rig up circulation with bit. May
 300' G I.F. (lost) G.I. cement in 30' and tubing May 1/4" G.I. cement
 with 4" ph. 20' G.I. 30' tubing. Lost bit pipe 1/4" May 1/4" G.I.
 cement in 10' to 12' in 10' G.I. 5' shut down in 50'. 100' G.I.
 cement 20' to 25' in 5' 1/4" pipe.
 See Appendix. Rig down.

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5402	40	MILEAGE	4.30	172.00
1126	115.50	5/8" T. Cement	17.90	2058.50
1127	59	1/2" ph. 20' G.I. 30'	1.22	69.58
1128	300	G.I. 5'	.20	15.00
541.18		T. Cement		330.00
5502	41.50	5/8" T. Cement	98.00	3600.00
1123	300	G.I. 5'	15.00	4500.00
440	2	2 3/8" T. Cement	28.00	56.00
		SubTotal		4115.84
		SALES TAX (6.3%)		144.32
		ESTIMATED TOTAL		4260.16

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.

Hodown Drilling

INVOICE

P.O. Box 92
Yates Center, KS 66783
(719) 210-8806 (620) 330-6328

Andrew King & Steven Leis (Owners)

BILL TO:
Hal Dvorachek
Quest Development Co.
P.O. Box 413
Iola, KS 66749

DATE: August 3, 2011
INVOICE #

FOR: Mannschrech #7

DESCRIPTION	HOURS	RATE	AMOUNT
Drilled 990' 5 7/8" hole		6.00	\$ 5,940.00
set surface (10 sacks cement)		included	
SUBTOTAL			\$ 5,940.00
TAX RATE			
SALES TAX			-
OTHER			
TOTAL			\$ 5,940.00

Make checks payable to Hodown Drilling
Total due in 15 days. Overdue accounts subject to a service charge of 1% per month.

THANK YOU FOR YOUR BUSINESS!

Hodown Drilling

P.O. Box 92
 Yates Center, KS 66783
 (719) 210-8806 (620) 330-6328

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TAX RATE			
SALES TAX			
OTHER			
TOTAL			\$ 5,940.00

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 Total due in 15 days. Overdue accounts subject to a service charge of 1% per month.

THANK YOU FOR YOUR BUSINESS!



Oil Well Services, LLC

LOCATION Cherokee
FOREMAN Steve

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

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-17-11	665	Abraham	38	38S	17E	Cherokee

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Customer Name	456	Alvin		
Mailing Address	419			
City	440	Jim		
State				
Zip Code				

JOB TYPE	HOLE SIZE <u>5 7/8"</u>	HOLE DEPTH	CASING SIZE & WEIGHT
CASING DEPTH <u>900'</u>	DRILL PIPE	TUBING <u>2 3/4"</u>	OTHER
LURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>0</u>
DISPLACEMENT <u>500 lbs</u>	DISPLACEMENT PSI <u>500</u>	MIX PSI	RATE

REMARKS: Cemented 7" casing to 900' depth. Cement volume 500 lbs. Water added. Slurry volume 500 gal. Cement left in casing 0. Job completed.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
2401	1	PUMP CHARGE	97.00	97.00
5420	40	MILEAGE	4.15	166.00
4100	115.00	Cement	17.91	2058.45
4100	50	Water	1.82	91.00
4100	300	Slurry	2.00	600.00
4100	2	Tools	165.00	330.00
4100	400	Slurry	2.25	900.00
4100	300	Cement	13.60	408.00
4400	2	24" Tool Joint	28.00	56.00
		Subtotal		4115.45
		SALES TAX 6.3%		259.18