



KANSAS CORPORATION COMMISSION 1074054
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 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 #: _____
7/19/2011 7/20/2011 7/20/2011
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-031-22936-00-00
Spot Description: _____
NW SW NE NE Sec. 32 Twp. 22 S. R. 17 East West
975 Feet from North / South Line of Section
1205 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Coffey
Lease Name: Mannschreck Well #: #8
Field Name: Parmely
Producing Formation: Squirrel Sand
Elevation: Ground: 1044 Kelly Bushing: 1048
Total Depth: 995 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: 970
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, Matthew
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 Garrison Date: 02/15/2012



1074054

Operator Name: Dvorachek, Harold A. dba Quest Development Co. Lease Name: Manschreck Well #: #8
 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 Name Top Datum Squirrel Sand 977' +67'
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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	17.0	40	Portland	10	
Production	5.875	2.875	6.5	970	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 (Amount and Kind of Material Used)	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. 8/15/2011		Producing Method: <input type="checkbox"/> Flowing <input checked="" 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)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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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 #8

DESCRIPTION	HOURS	RATE	AMOUNT
Drilled 995' 5 7/8" hole		6.00	\$ 5,970.00
set surface (10 sacks cement)		included	
SUBTOTAL			\$ 5,970.00
TAX RATE			
SALES TAX			
OTHER			
TOTAL			\$ 5,970.00

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

Yates Center, KS

Lease Name: Mannschreck	Spud Date: 7-19-2011	Surface Pipe Size: 7"	Depth: 40'	TD: 995
Operator: Quest Development	Well #8	Bit Diameter: 5 7/8"		
Footage taken	Sample type			
0_5	soil			
5_25	clay			
25_145	shale			
145_181	lime			
181_198	shale			
198_256	lime			
256_351	shale			
351_409	lime			
409_448	shale			
448_453	lime			
453_492	shale			
492_528	lime			
528_536	shale			
536_561	lime			
561_567	shale			
567_585	lime			
585_733	shale			
733_739	lime			
739_742	shale			
742_749	lime			
749_755	shale			
755_766	lime			
766_768	shale			
768_714	lime			
714_780	shale			
780_788	lime			
788_820	shale			
820_825	lime			
825_852	shale			
852_856	lime			
856_876	shale			
876_880	lime			
880_897	shale			
897_901	lime			
901_925	shale			
925_928	lime			
928_931	shale			
931_936	lime			
936_970	shale			
970_971	1st cap			
971_976	shale			
976_977	lime			
977_978	free oil, sand			
978_984	good oil sand			
984_995	shale			
	995 TD			



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER **31401**

LOCATION Eureka

FOREMAN Stevenson

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
7/19/11	1166	Whunnschrock # 8	32	32S	17E	Coffey
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Quest Development			455	Alan M		
MAILING ADDRESS			513	Allen B		
P.O. Box 413			73	Art (for Trucking)		
CITY	STATE	ZIP CODE				
Tola	KS	66749				

JOB TYPE Logstring HOLE SIZE 5 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH 172' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 17.4' SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 5 1/2 DISPLACEMENT PSI 260' MIX PSI _____ RATE _____

REMARKS: Set 2 1/2" plugs up to 2nd Tubing. Break circulation with
linear Pump 300' G.P. Flush. Circulated 5000' Tubing. Dry 115 SPS GWC
Control 1 1/4" Phoscol 245X at 134'. Shut down Wash pump & line.
Stall 2 hrs. Displace with 5' W's Fresh water. 520' line to well
280'. Good cement returns to surface.
Job complete. Rig down.

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54101	1	PUMP CHARGE	975.00	975.00
		MILEAGE <u>NC</u>		
1176	116 SKs	Quick Cement	17.96	2059.56
1167A	57"	Phoscol 1 1/4" flush	1.22	69.54
1118B	300'	G.P. Flush	.20	60.00
A1107		Trucking Bulk Truck	2100	330.00
5425	4100	8000' Vacuum Truck		360.00
1123	3000 gallons	CITY WATER	15.60 / 1000	46.80
11402	2	2 1/2" Top Rubber Plug	28.00	56.00
		Total 4100.16		
		260' @ 10.00 = 2600.00		
		2895.16		
		Subtotal		3955.81
		SALES TAX 6.3%		744.32
		ESTIMATED TOTAL		4700.16

Ravin 3737

AUTHORIZATION [Signature] TITLE _____ DATE 7/19/2011

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.