

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Form ACO-1

June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

OPERATOR: License # 5983
Name: VICTOR J. LEIS
Address 1: BOX 223
Address 2: _____
City: YATES CENTER State: KS Zip: 66783 + _____
Contact Person: RYAN M. LEIS
Phone: (785) 313-2567
CONTRACTOR: License # 32079
Name: JOHN E. LEIS
Wellsite Geologist: NA
Purchaser: PACER

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: NA
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 #: _____

1/2/2012	1/3/2012	1/12/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 207-28016-0000
Spot Description: _____
SW SW SW NE Sec. 20 Twp. 24 S. R. 16 ☒ East ☐ West
2,475 Feet from ☒ North / ☐ South Line of Section
2,080 Feet from ☒ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☒ NE ☐ NW ☐ SE ☐ SW
County: WOODSON
Lease Name: STOCKEBRAND Well #: 34
Field Name: VERNON
Producing Formation: SQUIRREL
Elevation: Ground: NA Kelly Bushing: _____
Total Depth: 1072 Plug Back Total Depth: NA
Amount of Surface Pipe Set and Cemented at: 42 Feet
Multiple Stage Cementing Collar Used? ☐ Yes ☒ No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 1069
feet depth to: SURFACE w/ 125 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: NA ppm Fluid volume: _____ bbls
Dewatering method used: _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West
County: _____ Permit #: _____

FEB 15 2012

KCC WICHITA

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: [Signature]
Title: Agent Date: 2/12/12

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: Dig Date: 2/17/12

Operator Name: VICTOR J. LEIS Lease Name: STOCKEBRAND Well #: 34
 Sec. 20 Twp. 24 S. R. 16 ☒ East ☐ West County: WOODSON

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 ☐ Yes ☒ No
 (Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☒ No

Cores Taken ☐ Yes ☒ No

Electric Log Run ☒ Yes ☐ No

Electric Log Submitted Electronically ☐ Yes ☒ No
 (If no, Submit Copy)

List All E. Logs Run:

GAMMA RAY/ NEUTRON

☒ Log Formation (Top), Depth and Datum ☒ Sample

Name Top Datum
 SEE ATTACHED

CASING RECORD ☒ New ☐ 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"	7"	23.5	42	PORTLAND	10	NA
CASING	5 7/8	2 7/8	6	1069	OWC	125	NA

ADDITIONAL CEMENTING / SQUEEZE RECORD

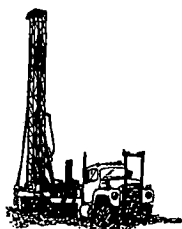
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
____ Perforate				
____ Protect Casing				
____ Plug Back TD				
____ Plug Off Zone				

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
2	PERF 20 SHOTS 999-1008	FRAC W/ 4000LBS SAND/ GELLED WATER	999

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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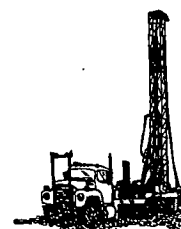
Date of First, Resumed Production, SWD or ENHR. 10/11/2011 11:12:12		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls. 10	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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LEIS OIL SERVICES

111 East Mary • Yates Center, Kansas 66783 • (620) 625-3676



Operator License #: 5983	API #: 207-28016-00-00
Operator: Victor J. Leis	Lease: Stockebrand
Address: PO Box 223 Yates Center, KS 66783	Well #: 34
Phone: 913.285.0127	Spud Date: 1-2-12 Completed: 1-3-12
Contractor License: 32079	Location: SE-SW-SW-NE of 20-24-16E
T.D. : 1072 T.D. of Pipe: 1069	2475 Feet From North
Surface Pipe Size: 7" Depth: 42'	2080 Feet From East
Kind of Well: Oil	County: Woodson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
14	Soil and Clay	0	14	5	Lime	981	986
2	Lime	14	16	5	Shale	986	991
180	Shale	16	196	2	Lime	991	993
27	Lime	196	223	2	Shale	993	995
5	Shale	223	228	2	Lime	995	997
23	Lime	228	251	12	Oil Sand	997	1009
15	Shale	251	266	59	Shale	1009	1068
193	Lime	266	459				
70	Shale	459	529				
71	Lime	529	600				
7	Shale	600	607				
53	Lime	607	660				
136	Shale	660	796				
2	Lime	796	798				
18	Shale	798	816				
4	Lime	816	820				
20	Shale	820	840				
10	Lime	840	850		T.D.		1068
3	Shale	850	853		T.D. of pipe		1064
7	Lime	853	860				
8	Shale	860	868				
2	Lime	868	870				
41	Shale	870	911				
3	Lime	911	914				
16	Shale	914	930				
13	Lime	930	943				
16	Shale	943	959				
7	Lime	959	966				
15	Shale	966	981				

RECEIVED

FEB 15 2012

KCC WICHITA

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 36795

LOCATION Oxtawa KS

FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1/4/12	2463	Stockebrand #34	NE 20	24	16	WD
CUSTOMER						
D-Roc Oil Co.						
MAILING ADDRESS						
P.O. Box 223						
CITY	STATE	ZIP CODE				
Yates Center	KS	66783				

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 1065' CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 1064' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" ply
 DISPLACEMENT 6.19 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish circulation. Mix & Pump 100# Premium Gel
Flush. Pump 10 BBL Tell tale dye Mix & Pump 90 SPS
50/50 Pomix Cement 6 1/2 bbl. Follow w/ 35 sbs OWCCement
Flush pump & liner clean. Displace 2 1/2" Rubber plug to
casing. TD w/ 10. F.B.A. Fresh water. Pressure to 800# PSI
Release pressure to set float valve. Shut in casing.

Fred Maden

J. Leis Drilling

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	60 mi	MILEAGE	495	290 ⁰⁰
5402	1064	Casing footage		141C
5407	Minimum	Ton Miles	310	350 ⁰⁰
5407	Minimum	Ton Miles	588	350 ⁰⁰
550KC	3 hrs	Transport	505/7106	336 ⁰⁰
1124	90 SRS	50/50 Por Mix Cement		985 ⁵⁰
1126	356KJ	O.W.C Cement		658 ⁰⁰
1118B	454#	Premium Coal		9534
4402	1	2 1/2" Rubber Plug		28 ²⁹
				RECEIVED
				FEB 15 2012
				KCC WICHITA
				246913
			7.3%	SALES TAX
				ESTIMATED TOTAL
				12827
				4201 ⁸¹

Rayin 9737

AUTHORIZATION

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