

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

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 # 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 #: _____
12/17/2009 12/17/2009 12/29/2009
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 207-27539-0000
Spot Description: _____
NW SW NW SE Sec. 33 Twp. 23 S. R. 16 East West
1,958 Feet from North / South Line of Section
2,475 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: WOODSON
Lease Name: TANNAHILL Well #: N-3
Field Name: VERNON
Producing Formation: SQUIRREL
Elevation: Ground: NA Kelly Bushing: _____
Total Depth: 1112 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: 1109
feet depth to: SURFACE w/ 124 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 #: _____

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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: TANNAHILL Well #: N-3
 Sec. 33 Twp. 23 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 <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: GAMMA RAY/ NEUTRON	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample Name Top Datum SEE 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
SURFACE	10"	7"	23.5	42	PORTLAND	10	NA
CASING	5 7/8	2 7/8	6	1109 124 11/2	OWC	125 124	NA

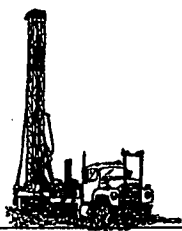
ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

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
2	PERF 40 SHOTS 1060-1081	FRAC W/ 7000LBS SAND/ GELLED WATER	1060

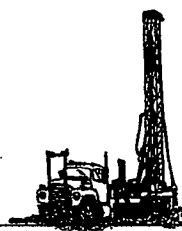
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR. 10/11/2011		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> 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 <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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
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LEIS OIL SERVICES



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

Operator License #: 5983	API #: 207-27539-0000
Operator: Victor J. Leis	Lease: Tannahill
Address: PO Box 223 Yates Center, KS 66783	Well #: N-3
Phone: (785) 313-2567	Spud Date: 12.17.09 Completed: 12.17.09
Contractor License: 32079	Location: NW-SW-NW-SE of 33-23-16E
T.D. : 1112 T.D. of Pipe: 1109	1958 Feet From South
Surface Pipe Size: 7" Depth: 42'	2475 Feet From East
Kind of Well: Oil	County: Woodson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
18	Soil and Clay	0	18	5	Lime	987	992
20	Broken Lime	18	38	5	Shale	992	997
168	Shale	38	206	3	Black Shale	997	1000
59	Lime	206	265	2	Lime	1000	1002
25	Shale	265	290	6	Shale	1002	1008
204	Lime	290	494	5	Oil Sand	1008	1013
11	Shale	494	505	31	Shale	1013	1044
6	Lime	505	511	1	Lime	1044	1045
31	Shale	511	542	4	Shale	1045	1049
43	Lime	542	585	2	Lime	1049	1051
9	Shale	585	594	1	Shale	1051	1052
49	Lime	594	643	16	Oil Sand	1052	1068
4	Black Shale	643	647	44	Shale	1068	1112
19	Lime	647	666				
169	Shale	666	835				
4	Lime	835	839				
16	Shale	839	855				
11	Lime	855	866				
57	Shale	866	923				
3	Lime	923	926				
6	Shale	926	932				
7	Lime	932	939				
13	Shale	939	952		TD		1112
3	Lime	952	955		TD of pipe		1108
2	Black Shale	955	957				
11	Shale	957	968				
6	Lime	968	974				
13	Shale	974	987				

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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 20029
LOCATION Ottawa
FOREMAN Alan Made

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
12.18.09	5353	Tannahill N-#3	SW 33	23	16	WD
CUSTOMER			TRUCK #			
Midway O:1			516	Alan M	436	Chris Mead
MAILING ADDRESS			495	Cassy K		
P.O. Box 100			237	Chuck L		
CITY		STATE	ZIP CODE	548	Jasen H	
Miami		OK	74354			

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 1110 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 1108 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING YES
 DISPLACEMENT 6.4 DISPLACEMENT PSI 900 MIX PSI 200 RATE 5 bpm

REMARKS: Established water. Mixed + pumped 100# gel to flush hole followed by 11 bbl dye marker. Mixed + pumped 88 sk 50150 poz 4% gel. Circulated dye. Mixed + pumped 40 sk OWC. Flushed pump. Pumped plug to casing TD. Circulated 5 bbl cement. Set float. Closed valve.

John's Rig

Alan Made

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		870.00
5406	1	MILEAGE		13.80
5402	1108	Casing footage		NC
5407	1/2 mi	tax miles	548	148.00
5407A	240.24	tax miles	237	278.68
5502L	3	80 vac		282.00
1118B	396#	gel		63.36
1124	84 sk	50150 poz		777.00
1126	40 sk	OWC		640.00
4402	1	2 1/2 plug		22.00
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WD# 232498				
KOC WICHITA				
6.3%				
SALES TAX				94.65
ESTIMATED TOTAL				3189.49

Ravin 3737

AUTHORIZATION [Signature] TITLE _____ DATE _____