



KANSAS CORPORATION COMMISSION 1074631
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

API No. 15 - 15-031-22937-00-00
Spot Description: _____
SE SE SW NW Sec. 33 Twp. 22 S. R. 17 East West
2448 Feet from North / South Line of Section
1090 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Coffey
Lease Name: Lehmann Well #: #12
Field Name: _____

Producing Formation: Squirrel Sand
Elevation: Ground: 1027 Kelly Bushing: 1031
Total Depth: 981 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 955 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 955
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 #: 3362
Quarter SE Sec. 5 Twp. 27 S. R. 10 East West
County: Greenwood Permit #: 15-073-22787

- 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 #: _____

7/19/2011	7/20/2011	7/20/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

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: 02/22/2012



1074631

Operator Name: Dvorachek, Harold A. dba Quest Development Co. Lease Name: Lehmann Well #: #12
 Sec. 33 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 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>960</td> <td>+67</td> </tr> </table>	Name	Top	Datum	Squirrel Sand	960	+67
Name	Top	Datum					
Squirrel Sand	960	+67					

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	955	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: Yes No

Date of First, Resumed Production, SWD or ENHR. <u>7/30/2011</u>		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____					
Estimated Production Per 24 Hours	Oil Bbls. <u>0.0</u>	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 checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: <u>960 to 977</u>
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Lease Name: Lehmann	Spud Date: 7-21-2011	Surface Pipe Size: 7"	Depth: 40'	TD: 981
Operator: Quest Development	Well # 12	Bit Diameter: 5 7/8"		
Footage taken	Sample type			
0_2	soil			
2_15	gravel			
15_120	shale			
120_156	lime			
156_175	shale			
175_232	lime			
232_330	shale			
330_350	lime			
350_355	shale			
355_387	lime			
387_414	shale			
414_417	lime			
417_441	shale			
441_504	lime			
504_526	shale			
526_530	lime			
530_543	shale			
543_556	lime			
556_708	shale			
708_714	lime			
714_730	shale			
730_738	lime			
738_747	shale			
747_755	lime			
755_768	shale			
768_775	lime			
775_824	shale			
824_840	lime			
840_857	shale			
857_861	lime			
861_875	shale			
875_879	lime			
879_886	shale			
886_903	lime			
903_918	shale			
918_924	lime			
924_951	shale			
951_953	1st cap			
953_956	shale			
956_957	lime			
957_959	shale			
959_960	lime			
960_962	broken sand, some free oil			
962_977	good oil sand			
977_981	shale			
	981 TD			

CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER **31401**

LOCATION Eureka

FOREMAN Stevenson

242845

1884, Chanute, KS 66720
31-9210 or 800-487-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-19-11	6605	Manaschreck # 8	32	32S	17E	Coffey
CUSTOMER			TRUCK #			
Quest Development			485			
MAILING ADDRESS			DRIVER			
P.O. Box 413			Alan M			
CITY			513			
Tola			Alan B			
STATE			78			
KS			(Art McCoy Trucking)			
ZIP CODE						
66749						

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH 670' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 17.4^{lb} SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING _____
 DISPLACEMENT 5 1/2 DISPLACEMENT PSI 250^{psi} MIX PSI _____ RATE _____

REMARKS: Soft Meeting 1 Rig up to 2 3/8 Tubing Break circulation with
Water Pump 300^{gpm} Gel Flush Circulated around Tubing Mix 15 sks GWC
Cement w/ 1/2^{lb} Phoro seal per/sk at 17.4^{lb} Shut down Wash pump & line.
Stuff 2 plugs Displace with 5 1/2 bbls fresh water. Stop hole in with
250^{psi}. Good Cement Returns to surface
Job Complete 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
		MILEAGE <u>NC</u>		
1126	115 sks	GWC Cement	17.90	2058.50
1107A	57 ^{lb}	Phoro seal 1/2 ^{lb} per/sk	1.22	69.54
1118B	300 ^{gpm}	Gel Flush	.20	60.00
5407		Ten Mileage Bulk Truck	m/c	330.00
5502C	4 hrs	80 bbl Vacuum Truck	90.00	360.00
1123	3000 gallons	CITY WATER	15.60/1000	46.80
4402	2	2 3/8 Top Rubber Plug	28.00	56.00
		Total 4100.16		
		5% Discant 205.00		
		Net 3895.16		
		Subtotal		3955.84
		SALES TAX		144.33
		ESTIMATED TOTAL		4100.16

Check # 2602

6.3%

Revin 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

Hodown Drilling

INVOICE

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

DATE: August 3, 2011
INVOICE #

Andrew King & Steven Leis (Owners)

FOR: Lehmann well #12

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

DESCRIPTION	HOURS	RATE	AMOUNT
Drilled 981' 5 7/8" hole		6.00	\$ 5,886.00
set surface (10 sacks cement)		included	
5 gallons of gel			250.00
SUBTOTAL			\$ 6,136.00
TAX RATE			
SALES TAX			-
OTHER			
TOTAL			\$ 6,136.00

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!