



KANSAS CORPORATION COMMISSION 1074243
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 # 6509
Name: Clark, Jim D. dba Cla-Mar Oil, Company
Address 1: PO BOX 1197
Address 2: _____
City: HAYS State: KS Zip: 67601 + 1197
Contact Person: Jim Clark
Phone: (785) 623-1700
CONTRACTOR: License # 33905
Name: Royal Drilling Inc
Wellsite Geologist: none
Purchaser: na

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: Cla-Mar Oil Company
Well Name: C.M. Hadley #7
Original Comp. Date: 11/11/2002 Original Total Depth: 3598
 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 #: _____

<u>07/26/2011</u>	<u>07/27/2011</u>	<u>07/27/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-051-25165-00-01
Spot Description: _____
E2 SE SW NW Sec. 32 Twp. 11 S. R. 17 East West
2310 Feet from North / South Line of Section
1065 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Ellis
Lease Name: C.M. Hadley Well #: 7
Field Name: _____
Producing Formation: na
Elevation: Ground: 2040 Kelly Bushing: 2045
Total Depth: 1295 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 208 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: _____
feet depth to: _____ w/ _____ sx cm.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: _____ 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 #: _____

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: 02/23/2012



1074243

Operator Name: Clark, Jim D. dba Cla-Mar Oil, Company Lease Name: C.M. Hadley Well #: 7
 Sec. 32 Twp. 11 S. R. 17 East West County: Ellis

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 Name Top Datum na
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CASING RECORD <input 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

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	0-1295	60/40	240	4%gel

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. Producing Method:
 Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input 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 checked="" type="checkbox"/> Other (Specify) <u>unable to get down/well plugged</u>	PRODUCTION INTERVAL: _____ _____
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QUALITY OILWELL CEMENTING, INC.

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 5060

Date	7-27-11	Sec.	Twp.	Range	County	State	On Location	Finish
Lease	C.M. Hadley	Well No.	7	0000	Ellis	Kansas		5:00 PM
Contractor	Capital Drilling Rig	Location	Tandon Rd W to Open Range 2nd					
Type Job	Plug	Owner	To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.					
Hole Size	7 7/8	T.D.	Charge To					
Csg.		Depth	To Cla-Mac Oil Co					
Tbg. Size		Depth	Street PO Box 1197					
Tool		Depth	City Hays State KS 67601-1197					
Cement Left in Csg.		Shoe Joint	The above was done to satisfaction and supervision of owner agent or contractor.					
Meas Line		Displace	Cement Amount Ordered 225 cubic feet					

EQUIPMENT

Pumptrk	5	No.	Cement	5 lb Flo-Sand
			Helper	Common 135
Bulktrk	10	No.	Driver	Poz. Mix 90
			Driver	Gel. 8
Bulktrk		No.	Driver	
			Driver	

JOB SERVICES & REMARKS

Remarks:	Hulls
Rat Hole 30 ^{ex}	Salt
Mouse Hole 15 ^{ex}	Flowseal 56 ^{ex}
Centralizers	Kol-Seal
Baskets	Mud CLR 48
D/V or Port Collar	CFL-117 or CD110 GAF 38
1 st Plug Co 1295 50 ^{ex}	Sand
2 nd " " 725 80 ^{ex}	Handling 233
3 rd " " 250 40 ^{ex}	Mileage
4 th " " 40 10 ^{ex}	
Rat Hole 30 ^{ex}	
Mouse Hole 15 ^{ex}	

FLOAT EQUIPMENT

225 ^{ex}	Guide Shoe
	Centralizer
	Baskets
	AFU Inserts
	Float Shoe
	Latch Down
	8 ^{ex} Plug
	Pumptrk Charge
	Mileage 13 Plug

X Signature *[Handwritten Signature]*

Tax
Discount
Total Charge