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KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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SEP 13 2010

Form ACO-1
June 2009

KCC WICHITA

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: P.O. Box 223
Address 2: _____
City: Yates Center State: KS Zip: 66783 + _____
Contact Person: Ryan M. Leis
Phone: (785) 313-2567
CONTRACTOR: License # 33900
Name: Steve Leis
Wellsite Geologist: n/a
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: _____
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 #: _____

7/5/2010 7/6/2010 7/21/2010
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 207-27634-0000

Spot Description: _____
N2_N2_SE_NW Sec. 20 Twp. 24 S. R. 16 East West
1,540 Feet from North / South Line of Section
1,980 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Woodson

Lease Name: Goebel Well #: 4

Field Name: Vernon

Producing Formation: Squirrel

Elevation: Ground: 1075 est. Kelly Bushing: _____

Total Depth: 1105' Plug Back Total Depth: n/a

Amount of Surface Pipe Set and Cemented at: 40 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: n/a Feet

If Alternate II completion, cement circulated from: 1097

feet depth to: surface w/ 132 sx cmt.

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 #: _____

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: _____

Title: _____ Date: _____

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: DJg Date: 9/14/10

Operator Name: Victor J. Leis Lease Name: Goebel Well #: 4
 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 Wireline 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 checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: n/a	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample Name RECEIVED Datum See attached SEP 13 2010 KCC WICHITA
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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
Surface	10"	7"	23.5	40	portland	11	n/a
Production	5 7/8"	2 7/8"	6	1097'	50/50 poz.	132	n/a

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
n/a			

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. n/a	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____				
Estimated Production Per 24 Hours	Oil Bbls. n/a	Gas Mcf 0	Water Bbls. 0	Gas-Oil Ratio n/a	Gravity n/a

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 type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Hodown Drilling
 Steven Leis and Andrew King
 Yates Center, KS 66783
 (620) 537-2653 or (620) 625-3679
 Wk (620)330-6328 or (719)210-8806

1 1/2 x 2 1/2

TD

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Set Surface 7-11-10 Drilling 7-12-10

KCC WICHITA

Operator License #:	API#
Operator: <u>Dino Oak</u>	Lease Name: <u>Onbel</u>
Address:	Well #: <u>H</u>
Phone #:	Spud date: _____ Completed: _____
Contractor License #: <u>33900</u>	Location: Twp. _____ Rg. _____
T.D.: <u>1107</u> T.D. of Pipe:	Ft. from _____ Line _____
Surface Pipe Size: <u>7</u> Depth <u>43' 4 1/2"</u>	Ft. from _____ Line _____
Kind of Well (Oil, Gas, Water, Dry):	

DRILLER'S LOG

Thickness	Strata	From	To
	Soil	0	3
	Clay	3	9
	Lime	9	14
	Shale	14	40
	Lime	40	43
	Shale	43	194
	Lime	194	239
	Shale	239	255
	Lime	255	452
	Shale	452	476
	Lime	476	483
	Shale	483	490
	Lime	490	494
	Shale	494	527
	Lime	527	656
	Shale	656	824
	Lime	824	894
	Shale	894	854
	Lime	854	864
	Shale	864	868
	No Order Sandly Shale	868	873
	Shale	873	879
	Shale	879	915
	Lime	915	918

Thickness	Strata	From	To
SI	Shale	918	921
	Lime	921	926
	Shale	926	934
	Lime	934	936
	Shale	936	940
	Lime	940	941
	Shale	941	948
Cir 1002	Lime	948	952
Cir 1006	Shale	952	976
Cir 1009	Lime	976	1000
Cir 1012	Shale	1002	1016
Cir 1014	Sandstone	1016	1024
Cir 1026	Sandy Shale	1024	1028
Cir 1029 Gas	Cond. Water	1029	
Cir 1033	Red br Sand	1033	985 cedar
Cir 1037	Red br Sand	1037	Gas cedar
Cir 1057-1042	Gas Sand	965	Sand
	Sand	1046	
	Shale	1054	
	Broken		
Cir 1055-1059	Shale		
	Shale	1059	1107

Cir
 Cir
 Cir



TICKET NUMBER 26996
 LOCATION Ottawa
 FOREMAN Alan Mader

PO Box 884, Chanuta, KS 66720
 820-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
2/21/10	5353	Goebels 4	NW 20	24	16	WD	
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER	
Midway Oil			516	Alan M	542/163	Jim Mead	
MAILING ADDRESS			464	Arlen Mc		Jim	
P.O. Box 1000			503	Derek M	DM	Jim	
CITY			548	Tim U		Jim	
Miami		STATE	ZIP CODE				
OK		74354					
JOB TYPE	long string	HOLE SIZE	5 7/8	HOLE DEPTH	1105	CASING SIZE & WEIGHT	2 7/8
CASING DEPTH	1097	DRILL PIPE		TUBING		OTHER	
SLURRY WEIGHT		SLURRY VOL		WATER gal/sk		CEMENT LEFT IN CASING	yes
DISPLACEMENT	6.4	DISPLACEMENT PSI	800	MIX PSI	200	RATE	4 bpm

REMARKS: Held crew meeting. Established rate. Mixed & pumped 100 lb gel to flush hole, followed by 9 gal dye marker. Mixed & pumped 97 sk 50/150 poz (69 gal). Circulated dye. Mixed & pumped 35 sk OWC. Flushed pump, pumped plug to casing TD. Circulated cement. Well held 800 PSI. Set float. Closed valve.

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 KCC WICHITA

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		925.00
5406	1	MILEAGE		3.65
5402	1697	casing footage		
5407A	106.93	ton mileage	523	128.32
5407A	264.81	ton mileage	548	317.77
5501C	2 1/2	transport		280.00
1125	589 #	gel		117.80
1124	91	50/150 poz		895.44
1126	35	OWC		595.00
4422	1	2 1/2 plug		23.00
				NO# 235408
SALES TAX				119.09
ESTIMATED TOTAL				3405.07

RAVIN 3737
 AUTHORIZATION *[Signature]* TITLE Owner DATE 2-21-10

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.