

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 # 8866
Name: Jack McFadden
Address 1: Box 394
Address 2: _____
City: Iola State: ks Zip: 66749 + _____
Contact Person: Jack McFadden
Phone: (620) 496-7946
CONTRACTOR: License # 3373
Name: Micheal Drilling LLC
Wellsite Geologist: N/A
Purchaser: Coffeville Resources

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: N/A
Well Name: N/A

- 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 #: _____

<u>4/20/11</u>	<u>4/21/11</u>	<u>4/22/11</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 001-30175-0000

Spot Description: _____
NE_SW_SW Sec. 2 Twp. 24 S. R. 18 East West
1,280 Feet from North / South Line of Section
4,500 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Allen
Lease Name: Sutherland Well #: 7
Field Name: Iola
Producing Formation: Tucker
Elevation: Ground: 991 Kelly Bushing: _____
Total Depth: 902 Plug Back Total Depth: 902
Amount of Surface Pipe Set and Cemented at: 20 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 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: [Signature]
Title: [Signature] Date: 2/14/12

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: [Signature] Date: 2/14/12

FEB 13 2012

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Operator Name: Jack McFadden Lease Name: Sutherland Well #: 7
 Sec. 2 Twp. 24 S. R. 18 East West County: Allen

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 checked="" 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
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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
Well casing	7 7/8	5 1/5	14	906	portland	163	
surf		7.00		20			

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 (Amount and Kind of Material Used)	Depth

TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.			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.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	2	Na	5		18

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 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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
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RECEIVED

FEB 13 2012

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CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 27027
LOCATION Chanute, KS
FOREMAN Cacey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
		<u>Oxley Mrazek/interland #7</u>				<u>AK</u>
CUSTOMER <u>Jack McFadden</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			<u>506</u>	<u>Peckem</u>	<u>AK</u>	
CITY			<u>465</u>	<u>Harlow</u>		
STATE			<u>503</u>	<u>Timber</u>		
ZIP CODE			<u>570</u>	<u>Del 14.2</u>		

JOB TYPE hoisting HOLE SIZE 7 7/8" HOLE DEPTH 921' CASING SIZE & WEIGHT 5 1/2"
 CASING DEPTH 906' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 211 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 5.5 bpm

REMARKS: rod held safely in casing, established circulation mixed cement 2007
premium gel followed by variable pump water, mixed & pumped 1163 stb 50/50
premium cement w/ 2% premium gel per stb, cement to surface, displaced cement
w/ 211 stb hole water, job in casing.

Handwritten signature/initials

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
<u>5401</u>	<u>1</u>	<u>PUMP CHARGE cement pump</u>		<u>95.00</u>
<u>5406</u>	<u>47 miles</u>	<u>MILEAGE pump truck</u>		<u>188.00</u>
<u>5402</u>	<u>906'</u>	<u>casing footage</u>		<u>0.00</u>
<u>5407A</u>	<u>329.123</u>	<u>hour mileage</u>		<u>415.07</u>
<u>5502C</u>	<u>3 hrs</u>	<u>80 bbl Var truck</u>		<u>270.00</u>
<u>1124</u>	<u>1163 stb</u>	<u>50/50 cement</u>		<u>1703.35</u>
<u>1124</u>	<u>1163</u>	<u>premium gel</u>		<u>94.90</u>

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KCC WICHITA

SALES TAX 7.3% 151.26
ESTIMATED TOTAL 3777.18

AUTHORIZATION [Signature] TITLE _____ DATE _____
 I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's unit records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

No. 44833



OIL PATCH PUMP & SUPPLY INC.

OIL COUNTRY & INDUSTRIAL SUPPLY HOUSE
P.O. BOX 591 CHANUTE, KANSAS 66720 620-431-1890
CHANUTE: 1-800-279-0116 OSAWATOMIE: 1-800-432-0217
INDEPENDENCE: 1-620-331-4580 IOLA: 1-620-365-5265
MADISON: 1-620-437-2100 WELLSVILLE: 1-785-883-4500
www.oilpatchpump.com

SOLD TO

MCFADDEN JACK
P.O. BOX 394
IOLA KS 66749
620 365 324

DATE 4/21/11		CUSTOMER P.O.	
DELIVERED ✓		PICK-UP	
CHARGE X	CASH	RETURN	QUOTE

QUANTITY	DESCRIPTION	PART #	UNIT LIST PRICE	DISC.	AGREED TERMS	AMOUNT
915	5 1/2" end 17 x B New Rg 2 L.S. lining (30 fts)	AS-RS-TC 17.5-2				
1	5 1/2" end Slapper type flat steel					
1	15 1/2" radius clamp					
RECEIVED DEC 12 2011 KGC WICHITA						
RECEIVED BY: <i>[Signature]</i>						SUBTOTAL
LOCATION:						SALES TAX
COUNTY: AL						TOTAL

QUALITY OF USED PRODUCTS ARE BASED ON GOOD FAITH OPINION ONLY
WITHOUT WARRANTIES OR GUARANTIES OF ANY KIND.
FORMAL ACCOUNTING WILL BE MADE ON ALL PRICES IN EFFECT AT TIME OF
MACHINE BILLING.

PACKING SLIP