

ORIGINAL

NO DRILL

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

LOG  
AVAILABLE

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 # 33900  
Name: STEVEN A. 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 #:

5/16/2011 5/18/2011 6/1/2011  
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 207-27856-000

Spot Description:

N2 N2 NW NW Sec. 4 Twp. 24 S. R. 16  East  West  
220 Feet from  North /  South Line of Section  
660 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE  NW  SE  SW

County: WOODSON

Lease Name: TANNAHILL Well #: A-11

Field Name: VERNON

Producing Formation: SQUIRREL

Elevation: Ground: NA Kelly Bushing:

Total Depth: 1125 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: 1125

feet depth to: SURFACE w/ 150 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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KCC WICHITA

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: Date:

Operator Name: VICTOR J. LEIS Lease Name: TANNAHILL Well #: A-11  
 Sec. 4 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 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:	<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	12"	8"	24	42	PORTLAND	12	NA
CASING	6 3/4	4 1/2	11	1122	OWC	150	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 (Amount and Kind of Material Used)	Depth
2	PERF 29 SHOTS 1063-1077'	FRAC W/ 7000LBS SAND/ GELLED WATER	1063

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TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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**KCC WICHITA**

Date of First, Resumed Production, SWD or ENHR. <b>6/5/2011</b>	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.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity	
	10					

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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