

**ORIGINAL**  
KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

NO DRILL  
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 #: \_\_\_\_\_

5/8/2011	5/9/2011	6/1/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 207-27826 - 0000

Spot Description: \_\_\_\_\_

NE NE NW SE Sec. 33 Twp. 23 S. R. 16 ☒ East ☐ West  
2,460 Feet from ☐ North / ☒ South Line of Section  
1,590 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SW

County: WOODSON

Lease Name: TANNAHILL Well #: N-7

Field Name: VERNON

Producing Formation: MISSISSIPPI

Elevation: Ground: NA Kelly Bushing: \_\_\_\_\_

Total Depth: 1423 Plug Back Total Depth: NA

Amount of Surface Pipe Set and Cemented at: 41 Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set: \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from: 1423

feet depth to: SURFACE w/ 180 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 #: \_\_\_\_\_

RECEIVED  
FEB 15 2012

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: Dlg Date: 2/16/12

Operator Name: VICTOR J. LEIS Lease Name: TANNAHILL Well #: N-7  
 Sec. 33 Twp. 23 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 ☐ Yes ☒ No  
 (Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☒ No

Cores Taken ☐ Yes ☒ No

Electric Log Run ☐ Yes ☒ No

Electric Log Submitted Electronically ☐ Yes ☒ No  
 (If no, Submit Copy)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☒ Sample

Name Top Datum  
 MISSISSIPPI 1404

### CASING RECORD ☒ New ☐ 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	41	PORTLAND	12	NA
CASING	6 3/4	4 1/2	11	1422	OWC	180	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
NONE	OPEN HOLE COMPLETION	500 GAL. ACID	1422'

TUBING RECORD: Size: Set At: Packer At: Liner Run: ☐ Yes ☐ No

Date of First, Resumed Production, SWD or ENHR. 6/5/2011		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. 10	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 (If vented, Submit ACO-18.)		METHOD OF COMPLETION: <input checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____		PRODUCTION INTERVAL: _____ _____	
---	--	--	--	--	--



# FIELD TICKET & TREATMENT REPORT CEMENT

FOREMAN Fred Mader

REMARKS: Establish circulation. Mix Pump 200# Premium Gel Flush. Mix Pump 17 BBLs Telltale dye. Mix Pump 180 SKs QWR Cement. Flush pump & lines clean. Displace 4 1/2" Rybber Plug to casing TD w/ 22.57 BBL Fresh water. Pressure to 700# PSI. Release pressure to set Float Valve. Check plug depth. w/ wire line. Shut in casing.

Peewee Leis Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975 <sup>00</sup>
5406	½ 60 mi	MILEAGE		120 <sup>00</sup>
5402	1422	Casing footage		N/C
5407	5562	Ten Miles		700. <sup>81</sup>
5502C	3 hrs	RO BBL Vac Truck		270 <sup>00</sup>
1126	180 sks	OWC Cement		3222 <sup>00</sup>
1118B	200#	Premium Gel P.		40 <sup>00</sup>
4404	1	4½" Rubber plug		42 <sup>00</sup>
			RECEIVED	
		WD # 241281	FEB 15 2012	
			KCC WICHITA	
			SALES TAX	241281

Payin 3737

### AUTHORIZATION

**TITLE**

• DATE

**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.**