ORIGINAL

NO DRILL

KANSAS CORPORATION COMMISSION LOG OIL & GAS CONSERVATION DIVISION

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

Contact Person: RYAN M. LEIS

CONTRACTOR: License # 33900

Address 1: BOX 223

City: YATES CENTER

Name:

Address 2:_

Phone: (785

VICTOR J. LEIS

313-2567

___ State: KS

API N	lo. 15 - 207-27936 -000
Spot I	Description:
•	SE_NE_SE Sec. 20 Twp. 24 S. R. 16 Fast West
1,34	45 Feet from North / ✓ South Line of Section
220	
Foota	ages Calculated from Nearest Outside Section Corner:
	□NE □NW ØsE □sw
Count	ty: WOODSON
	e Name: CULVER Well #: A-5
Field	Name: VERNON
Produ	ucing Formation: SQUIRREL
Eleva	ition: Ground: NA Kelly Bushing:
Total I	Depth: 1084 Plug Back Total Depth: NA
	unt of Surface Pipe Set and Cemented at: 41 Fee
Multip	ole Stage Cementing Collar Used? ☐ Yes ☑ No
	, show depth set: Fee
	ernate II completion, cement circulated from: 1084
feet d	lepth to: SURFACE w/ 137 sx cm
	ng Fluid Management Plan must be collected from the Reserve Pit)
Chlori	ide content: NA ppm Fluid volume: bbls
	Itering method used:
Locati	tion of fluid disposal if hauled offsite:
Opera	ator Name:
Lease	e Name: License #:
Quart	terSecTwpS. RRECEIVED
Count	ty: Permit #:
	FEB 1 5 2012
	V00
	KCC WICHITZ
	sas Corporation Commission, 130 S. Market - Room 2078, Wichlid," of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information
sted in	writing and submitted with the form (see rule 82-3-107 for confiden-
	shall be attached with this form. ALL CEMENTING TICKETS MUST If temporarily abandoned wells.
	KCC Office Use ONLY
u- th	Letter of Confidentiality Received
1	Date:
	Confidential Release Date:

Name: STEVEN A. LEIS	Lease Name: CULVER Well #: A-5
Wellsite Geologist: NA	Field Name: VERNON
Purchaser: PACER	Producing Formation: SQUIRREL
Designate Type of Completion:	Elevation: Ground: NA Kelly Bushing:
	Total Depth: 1084 Plug Back Fotal Depth: NA
☑ oil ☐ wsw ☐ swd ☐ slow	Amount of Surface Pipe Set and Cemented at: 41
Gas D&A ENHR SIGW	Multiple Stage Cementing Collar Used? ☐ Yes ☑ No
☐ OG ☐ GSW ☐ Temp. At	bd. If yes, show depth set:
CM (Coal Bod Methane)	If Alternate II completion, cement circulated from: 1084
Cathodic Other (Core, Expl., etc.):	feet depth to: SURFACE w/ 137 s
If Workover/Re-entry: Old Well Info as follows:	
Operator: NA	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:	OUT NA
Deepening Re-perf. Conv. to ENHR Conv. to	
Conv. to GSW	Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	Quarter Sec. Twp. S. R. Fast
ENHR Permit #:	RFCCNn
GSW Permit #:	County: Permit #:
9/22/2011 9/23/2011 10/11/2011	FEB 15 2
Spud Date or Pate Reached TD Completion Date or Recompletion Date	KCO was
Kansas 67202, within 120 days of the spud date, recompletion, works of side two of this form will be held confidential for a period of 12 mon	iled with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wicker or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Informaths if requested in writing and submitted with the form (see rule 82-3-107 for confidence to the submitted with this form. ALL CEMENTING TICKETS MUP-111 form with all temporarily abandoned wells.
AFFIDAVIT I am the affiant and I hereby certify that all requirements of the statutes, rulations promulgated to regulate the oil and gas industry have been fully and the statements herein are complete and correct to the best of my kinds and the statements herein are complete and correct to the best of my kinds and the statements herein are complete. Date: 2/12/12	complied with Letter of Confidentiality Received

Side Two

Operator Name: VIC	TOR J. LEIS		Lease	Name: _	CULVER		. Well #:A-	5		
Sec. 20 Twp.24	s. R. <u>16</u>				DDSON				·	
time tool open and clo	osed, flowing and shu es if gas to surface te	d base of formations per t-in pressures, whether s est, along with final chart well site report.	shut-in pres	sure rea	ched static level,	hydrostatic press	ures, bottom l	hole temp	perature, fluid	
Drill Stem Tests Taker (Attach Additional	Yes ☑ No	∕es ✓ No ✓			n (Top), Depth an	ith and Datum		✓ Sample		
· ,		Yes No	Yes 🗸 No		Name SEE ATTACHED		Тор		Datum	
Cores Taken				JEE F	TIACHED					
Electric Log Run		☑ Yes ☐ No								
Electric Log Submitte (If no, Submit Cop)		☐ Yes ✓ No								
List All E. Logs Run: GAMMA RAY	/ NEUTRON									
		CASING Report all strings set-	RECORD conductor, sa	√ No urface, int	—	on, etc.				
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Wei		Setting Depth	Type of Cement	# Sacks Used		and Percent	
SURFACE	10"	7*	23.5		41	PORTLAND	11	NA		
CASING	5 7/8	2 7/8	6		1082	owc	137	NA		
L.		ADDITIONAL	L CEMENTI	NG / SQI	JEEZE RECORD	<u> </u>	 	<u>. </u>		
Purpose:	Depth Top Bottom	Type of Cement	# Sacks	# Sacks Used Type			and Percent Additives			
Perforate Protect Casing Plug Back TD										
Plug Off Zone			-							
					l					
Shots Per Foot		ON RECORD - Bridge Plug Footage of Each Interval Per			Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)				Depth	
2	PERF 20 SHOTS	995-1005; 4 SHOTS	1041-44)41-44 FRAC W/ 4000LBS S/			AND/ GELLED WATER 995			
							REC		EIVED	
									LIVED	
		· · · · · · · · · · · · · · · · · · ·				·		FEB_	5 2012	
			····				K	CC W	ICHITA	
TUBING RECORD:	Size:	Set At:	Packer A	t	Liner Run:	Yes No		•		
Date of First, Resumed Production, SWD or ENHR. Producing Met 10/12/2011 Producing Met			od: Pumping Gas Lift Other (Explain)							
Estimated Production Per 24 Hours	Oil 10	Bbls. Gas	Mcf	Wat	er Bi	ols. G	Sas-Oil Ratio		Gravity	
MISO SIN	ON OF GAS:		METHOD OF	COMBI	-TION:		DOON ICT	ON INTER	N/A1 ·	
DISPOSITION OF GAS: Vented Sold Vused on Lease			Open Hole Perf. Dually Comp. Commingled				PRODUCTI	ONINTER	VAL:	
(If vented, Suit	_	Other (Specify)	(Submit ACO-5) (Submit ACO-4)							



TICKET NUMBER LOCATION Athama FOREMAN Frad Mady

DATE

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

FIELD TICKET & TREATMENT REPORT **CEMENT**

DATE	CUSTOMER#	WE	LL NAME & NUME	BER	SECTION	TOWNSHIP	RANGE	COUNTY
7/23/11 OSTOMER	2463	Colus	~ # A.	Ś	SF 20	24	16	Wo
AILING ADDRE	Roc O	il Com	Octobral.		TRUCK#	DRIVER	TRUCK #	DRIVER
AILING ADDRE	SS				506	FREMAD	Sakh	
	Box 22	<i>.</i>		į	495	NARBES	MIB	1
ITY	,	STATE	ZIP CODE	1	5e	KEIDET	KD	
Yaxles Ca	enter	KS	66783	A E	503	DERWAS T	452/763	JAMME
OB TYPE		HOLE SIZE	57/8	HOLE DEPTH		CASING SIZE & V		
ASING DEPTH	4052-	DRILL PIPE_	-	TUBING	i		OTHER	
LURRY WEIGH		SLURRY VOL		WATER gal/s	k	CEMENT LEFT in	CASING 25	Plus
SPLACEMENT		DISPLACEME		MIX PSI		RATE SAP	<u> </u>	
EMARKS: E	stablish.	pump R	ata Mi	x x Pum	1004 g	remium o	Cal Float	
—W;	xx Pump	9 BB	Telly	aledy		x + Pum		SKS
<u>50/5</u>	so por h	11x Car	runx 6	la hal	Follow			Cemey
Flu		0 + 1 mas				Robbarsky	4	
	/			Waxer.	Presur		4 ASI.	•
RJ	ease fie	SOUTE)	to set f	loox V	alve. Ci		BBLSlu	1VV
to	piy.		1					
	·		 -		·	1/6		
<u> علائ</u>	veheis D	HILAY	<u>.</u>		· · · · · · · · · · · · · · · · · · ·	full /	Mole	
ACCOUNT		- 1	·	·		<u> </u>		
CODE	QUANITY	or UNITS	DES	SCRIPTION of	SERVICES or PF	RODUCT	UNIT PRICE	TOTAL
5401			PUMP CHARGE			485		97500
5406		o ni	MILEAGE		· .	495		240 %
5402	10		Cosing	Koo Kee	<u> </u>	- · · · · · · · · · · · · · · · · · · ·		N/C.
5407	Montre		Ton	niles	:	573		33000
5407	320.		Ten n	riles	· · · · · · · · · · · · · · · · · · ·	570		4032
22015	21	<u> </u>	Trans	port		452/763		22400
	•		<u> </u>					
	· · · · · · · · · · · · · · · · · · ·	<u> </u>	 		- ‡			
1124		Zsks	50/50	an Miz	Comen	<u> </u>		10659
1126		55/45	DWC	Cones	d			62650
11188	61	4#	Prem	1	1 :		DECI	11/21/22 €
4405	··	<u> </u>	38" K	, 66 er	Plus		- NEO!	VED 22 €
			<u> </u>		<i>V</i>		FEB 1	5 2012
			 					
				·······························	\		KCC W	ICHITA
·· ` \			ļ ·	abolt.	\			
			+	411	i 			
			1 4	1	•			
n 3737						7.20	SALES TAX	13490
	Vida J	Λi				_	ESTIMATED TOTAL	414830

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.

