

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 SLOW
- 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 #: _____

<u>5/10/2011</u>	<u>5/12/2011</u>	<u>6/1/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 207-27827-0008

Spot Description: _____
NE NW NE SE Sec. 33 Twp. 23 S. R. 16 East West

2,460 Feet from North / South Line of Section

815 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-9
 Field Name: VERNON
 Producing Formation: MISSISSIPPI
 Elevation: Ground: NA Kelly Bushing: _____
 Total Depth: 1427 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: 1426
 feet depth to: SURFACE w/ 190 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

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market Street, Kansas City, 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: DG Date: 2/16/12

Operator Name: VICTOR J. LEIS Lease Name: TANNAHILL Well #: N-9
 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 <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 checked="" type="checkbox"/> Sample Name Top Datum MISSISSIPPI 1400
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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	41	PORTLAND	12	NA
CASING	6 3/4	4 1/2	11	1425	OWC	190	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	1425'

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 Bbbs. 10	Gas Mcf	Water Bbbs.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" 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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CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8576

TICKET NUMBER 31950
LOCATION Ottawa KS
FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5/12/11	5353	Tanna Hill # N-9	SE 33	23	16	WO
CUSTOMER			TRUCK #			
MIDWAY OIL CO.			506	FREMAN	Safet	MD
MAILING ADDRESS			368	KENNAM	KH	
PO Box 1000			370	ARLMD	ARM	
CITY	STATE	ZIP CODE	543	SHAFEC	ST	
Miami	OK					

JOB TYPE long string HOLE SIZE 6 3/4 HOLE DEPTH 1426 CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 1425 DRILL PIPE Type A Packers hoe OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 4 1/2" P-9
 DISPLACEMENT 22.6 BBL DISPLACEMENT PSI _____ MIX PSI 0-200 RATE 4 BPM

REMARKS: Dropped brass ball. Pressured to 1100 PSI to open packer
Mix + Pump 200# Premium Gel Flush Follow w/ 190 SKS
DWC Cement. Flush pump + lines clean. Displace 4 1/2"
Rubber plug to casing TD w/ 22.6 BBL Fresh water.
Pressure to 700 PSI. Release pressure to set float valve.
Check plug depth w/ wire line. Shut in casing

Steve Leis Drilling Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975 ⁰⁰
5406	1/2 60 mi	MILEAGE		120 ⁰⁰
5402	1425	Casing footage		N/C
5407	557.1	Ten Miles		739 ²⁵
5502C	3 hrs	80 BBL Vac Truck		270 ⁰⁰
1126	190 SKS	DWC Cement		3401 ⁰⁰
11180	200#	Premium Gel		40 ⁰⁰
4404	1	4 1/2" Rubber Plug		42 ⁰⁰
425L170	1	4 1/2" Type A Packershoe		1323 ⁰⁰
			RECEIVED	
			W/O # 241348	
			FEB 15 2012	
			KCC WICHITA	
			7.3%	
			SALES TAX ESTIMATED	350 ⁰⁰
			TOTAL	7264 ⁵⁷

Rev'n 5757

AUTHORIZATION [Signature] TITLE Owner DATE 2/12/11

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.