



KANSAS CORPORATION COMMISSION 1074722
OIL & GAS CONSERVATION DIVISION

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 # 31173
Name: Massey, Gary R.
Address 1: 1085 180TH ST
Address 2: _____
City: EUREKA State: KS Zip: 67045 + 4227
Contact Person: Gary R. Massey
Phone: (620) 583-5747
CONTRACTOR: License # 33900
Name: Leis, Steven A.
Wellsite Geologist: n/a
Purchaser: n/a

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: _____
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 #: _____

06/15/2011	06/16/2011	06/16/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-205-27949-00-00
Spot Description: _____
SE SW SW SE Sec. 13 Twp. 28 S. R. 15 East West
165 Feet from North / South Line of Section
2098 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Wilson
Lease Name: MORSE Well #: 11
Field Name: Benedict
Producing Formation: Bartlesville
Elevation: Ground: 843 Kelly Bushing: 843
Total Depth: 1032 Plug Back Total Depth: 1004
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: 0
feet depth to: 1004 w/ 110 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 0 bbls
Dewatering method used: Evaporated
Location of fluid disposal if hauled offsite:
Operator Name: _____
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

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.

Submitted Electronically

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: Deanna Gerrico Date: 02/23/2012



1074722

Operator Name: Massey, Gary R. Lease Name: MORSE Well #: 11
 Sec. 13 Twp. 28 S. R. 15 East West County: Wilson

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 Wireline 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 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 <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>shale</td> <td>1010</td> <td></td> </tr> <tr> <td>brk sand, some odor</td> <td>1023</td> <td></td> </tr> <tr> <td>shale</td> <td>1032</td> <td></td> </tr> </table>	Name	Top	Datum	shale	1010		brk sand, some odor	1023		shale	1032	
Name	Top	Datum											
shale	1010												
brk sand, some odor	1023												
shale	1032												

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	9.875	7	14	20	oil well cement	110	
production	5.625	2.875	14	1004		110	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing	-			
___ Plug Back TD				
___ Plug Off Zone	-			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes 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 _____

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 type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Lease Name: Morse	Spud Date: 6-15-11	Surface Pipe Size: 7"	Depth: 20'	TD: 1032
Operator: Gary Massey	Well # 11	Bit Diameter: 5 7/8"		
Footage taken	Sample type			
0_4	soil			
4_12	clay			
12_18	sand			
18_45	shale			
45_75	lime			
75_166	shale			
166_184	lime			
184_216	shale			
216_225	black shale			
225_262	shale			
262_401	lime			
401_448	shale			
448_484	lime			
484_556	shale			
556_568	lime			
568_574	shale			
574_585	lime			
585_667	shale			
667_669	lime			
669_678	shale			
678_685	lime			
685_689	shale			
689_702	lime			
702_731	shale			
731_750	lime			
750_754	shale			
754_760	lime			
760_773	shale			
773_779	lime			
779_827	shale			
827_828	lime			
828_830	shale			
830_831	lime			
831_842	shale			
842_848	lime			
848_815	shale			
815_820	some sand with odor			
820_827	mostly shale, some odor			
827_834	shale			
834_837	shale, faint odor			
837_840	black shale			
840_848	shale			
848_849	sandy shale, no oil			
849_853	mostly sand free oil			
853_862	good oil sand			
862_868	black sand, not a lot of oil			
868_1010	shale			
1010_1023	broken sand, some odor			
1023_1032	shale			
	1032: TD			



CONSOLIDATED
Oil Well Services, LLC

U **UNIVERSITY**

LOCATION Evicks
FOREMAN Roy Ledford

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-457-8578

FIELD TICKET & TREATMENT REPORT

CEMENT

AP# 15-205-27949

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-16-11	5945	Morse #11	13	29S	15E	Wilson
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
GARY MORSEY - POI 011			445	Dave		
MAILING ADDRESS			479	Jay		
1025 180th St						
CITY	STATE	ZIP CODE				
Evicks	KS	62025				

JOB TYPE Logging HOLE SIZE 5 7/8 HOLE DEPTH 1012 CASING SIZE & WEIGHT _____
 CASING DEPTH 1012 DRILL PIPE _____ TUBING 2 7/8 OTHER _____
 SLURRY WEIGHT 13.6 SLURRY VOL 28 Bbl WATER 20 CEMENT LEFT IN CASING 0
 DISPLACEMENT 5.8 Bbl DISPLACEMENT PER 100 BBS/100 Bbl Rate

REMARKS: Safety meeting - Rig up to 2 7/8 tubing. Bore circulation w/ 5 Bbl fresh water. Pump & seals get flush. Brought gel to surface w/ pt water. Circled 110 sec O.W.C count w/ 1/2" phenol/sec @ 12.4"/gal. Washout pump & lines. Release 2 plugs. Displace w/ 5.8 Bbl fresh water. Final pump pressure 100 PSI. Pump plug to 1000 PSI. Closed well in @ 250 PSI. Good cement returns to surface = 6 Bbl slurry to pit. Job complete. Rig down.

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	20	MILEAGE	4.00	80.00
1126	110 sec	O.W.C count	17.90	1969.00
11029	55	1/2" phenol/sec	1.22	67.10
11185	200	get-flat	.20	40.00
5407	5.72	two mileage back to	m/l	370.00
4402	2	2 7/8" top cutter plug	28.00	56.00
7127	2	2 7/8" centralizers	30.00	60.00
4152	1	2 7/8" float shoe	187.00	187.00
		0% Discount		
		(194.64)		
		3198.09		
		Subtotal		3744.10
		SALES TAX		149.16
		ESTIMATED TOTAL		3893.26

Form 3737

AUTHORIZATION [Signature] TITLE OWNER DATE 6-16-11

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.