

KANSAS CORPORATION COMMISSION  
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**

**ORIGINAL**

OPERATOR: License # 31120  
Name: Pelican Hill Oil & Gas, Inc.  
Address 1: 1401 N. El Camino Real  
Address 2: Ste. 207  
City: San Clemente State: CA Zip: 92672 +  
Contact Person: Jan Winfrey  
Phone: (949) 498-2010  
CONTRACTOR: License # 31120  
Name: Pelican Hill Oil & Gas, Inc.  
Wellsite Geologist: Chris Bean  
Purchaser: \_\_\_\_\_

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.): Dry Hole

If Workover/Re-entry: Old Well Info as follows:

Operator: Beren Corporation  
Well Name: Knoll 1

Original Comp. Date: 1-18-1990 Original Total Depth: 4,107'

- Deepening     Re-perf.     Conv. to ENHR     Conv. to SWD
- Conv. to GSW
- Plug Back: 4,017 Plug Back Total Depth
- Commingled    Permit #: \_\_\_\_\_
- Dual Completion    Permit #: \_\_\_\_\_
- SWD    Permit #: \_\_\_\_\_
- ENHR    Permit #: \_\_\_\_\_
- GSW    Permit #: \_\_\_\_\_

4-29-11	10-5-11
Spud Date or Recompletion Date	Completion Date or Recompletion Date

API No. 15 - 065-20243-00-0001

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

   NW NW SE Sec. 22 Twp. 10 S. R. 25  East  West

2,310 Feet from  North /  South Line of Section

2,310 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE     NW     SE     SW

County: Graham

Lease Name: Knoll Well #: 1

Field Name: Ambrose

Producing Formation: \_\_\_\_\_

Elevation: Ground: 2,520' Kelly Bushing: 2,525'

Total Depth: 3,925' Plug Back Total Depth: 3,840'

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ Feet

Multiple Stage Cementing Collar Used?  Yes  No

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

If Alternate II completion, cement circulated from: \_\_\_\_\_

feet depth to: \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content: \_\_\_\_\_ 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 27 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: Jan Winfrey

Title: Office Manager Date: 2-23-11

**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: WO Dg Date: 3/6/12

Operator Name: Pelican Hill Oil & Gas, Inc. Lease Name: Knoll Well #: 1  
 Sec. 22 Twp. 10 S. R. 25  East  West County: Graham

**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 checked="" type="checkbox"/> Yes <input 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 checked="" 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 Name Top Datum  No Logs
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CASING RECORD <input 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

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 <i>(Amount and Kind of Material Used)</i>	Depth

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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# ALLIED CEMENTING CO., LLC. 036005

TO P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT:

*Oakley KS*

DATE <i>10/5/11</i>	SEC. <i>22</i>	TWP. <i>10</i>	RANGE <i>25</i>	CALLED OUT	ON LOCATION	JOB START <i>12:30p</i>	JOB FINISH <i>1:30p</i>
LEASE <i>Knoll</i>	WELL # <i>1</i>	LOCATION <i>St Peter 25 1/2 mi N. into</i>			COUNTY <i>Graham</i>	STATE <i>KS</i>	
OLD OR NEW (Circle one)							

CONTRACTOR *Alliance Well Service*  
 TYPE OF JOB *PTA*  
 HOLE SIZE \_\_\_\_\_ T.D. \_\_\_\_\_  
 CASING SIZE *4 1/2* \_\_\_\_\_ DEPTH *3920*  
 TUBING SIZE *2 3/8* \_\_\_\_\_ DEPTH *3840*  
 DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_  
 PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_  
 MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_  
 CEMENT LEFT IN CSG. \_\_\_\_\_  
 PERFS. *3894*  
 DISPLACEMENT \_\_\_\_\_

OWNER *Same*  
 CEMENT  
 AMOUNT ORDERED *320 SK, 60/40*  
*470 gel used*  
*400 lb Halls on site used 220 SK*  
 COMMON *162* @ *16 25* *2632 50*  
 POZMIX @ *8 25* *918 25*  
 GEL *9* @ *21* *191 25*  
 CHLORIDE @ \_\_\_\_\_  
 ASC @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 HANDLING *339 SKs* @ *2 25* *262 75*  
 MILEAGE *119 SK/mile* *2050 95*  
 TOTAL *6555 45*

EQUIPMENT

PUMP TRUCK CEMENTER *Alan*  
 # *422* HELPER *Wayne*  
 BULK TRUCK  
 # *396* DRIVER *Chris*  
 BULK TRUCK  
 # \_\_\_\_\_ DRIVER \_\_\_\_\_

REMARKS:

*Top @ 3840 mix 125 SKs w/ 200 lb Halls*  
*Pull to 2250 mix 125 SKs to Circulate*  
*Conert to Surface w/ 200 lb Halls.*  
*TOP OFF w/ 25 SKs*

*Thank You Alan, Wayne, Chris*

CHARGE TO: *Pelican Hill*  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SERVICE

DEPTH OF JOB *3840'*  
 PUMP TRUCK CHARGE *1250 00*  
 EXTRA FOOTAGE @ \_\_\_\_\_  
 MILEAGE *55 x 2* @ *7 00* *270 00*  
 MANIFOLD @ \_\_\_\_\_  
*Site Vehicle 55 x 2* @ *4 00* *440 00*  
 RECEIVED @ \_\_\_\_\_

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TOTAL *2460 00*

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PLUG & FLOAT EQUIPMENT

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

To Allied Cementing Co., LLC.  
 You are hereby requested to rent cementing equipment

271 Lake RD • Pratt, KS 67124  
24 Hour Phone: 785-623-3014 • Fax: 620-672-5020

WORK TICKET  
NEW WELL   
OLD WELL   
RIG # 19 DATE 10-5-11

COMPLETE   
INCOMPLETE

COMPANY pelican Hill JOB TYPE Plug job  
ADDRESS \_\_\_\_\_ LEASE Knoll WELL # 1  
CITY / STATE \_\_\_\_\_ SEC \_\_\_\_\_ TWP \_\_\_\_\_ ANG \_\_\_\_\_  
ZIP CODE \_\_\_\_\_ COUNTY Graham STATE K.S

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	<u>Genzo</u>				<u>9</u>
DEARICK HAND	<u>Frick</u>				<u>9</u>
FLOOR HAND	<u>Joaquin</u>				<u>9</u>

JTS	PULLED	WELL EQUIPMENT	JTS	RRN
		RODS		
		RODS		
		PONY RODS		
		POLISHED RODS		
		PUMP / VALVES		
		TUBING		
		PUPS		
		SN / BBL		
		ANCHOR / PACKER		
		OTHER		

DESCRIPTION OF WORK BEING PERFORMED

m.r.d.u. Rlu. tub ran tub to 3840. rlu. allied w/ 200 lb hulls  
Rlu. tub. pull to 2250. Rlu. allied w/ hulls & cement. rlu. tub.  
pull remainder tub. poured cement to surface.

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Double Drum Rig w/2 Men	<u>9</u> Hrs @ <u>\$ 210.<sup>00</sup></u> Per Hour	Total	<u>\$ 1890.<sup>00</sup></u>
Travel Time	_____ Hrs @ _____ Per Hour	Total	_____
Swab Cups No. _____ Size _____ Type _____	Per Each _____	Total	_____
Misc <u>tongs</u>	@ <u>\$ 100.<sup>00</sup></u>	Total	<u>\$ 100.<sup>00</sup></u>
Misc <u>dope</u>	@ <u>\$ 50.<sup>00</sup></u>	Total	<u>\$ 50.<sup>00</sup></u>
Misc <u>stripping rubber 2 3/8</u>	@ <u>\$ 100.<sup>00</sup></u>	Total	<u>\$ 100.<sup>00</sup></u>
Misc <u>H.W</u>	@ <u>\$ 225.<sup>00</sup></u>	Total	<u>\$ 225.<sup>00</sup></u>
Misc _____		Total	_____
Misc _____		Total	_____
x _____		Total	_____
Company Representative _____	Date _____	<b>TOTAL</b>	_____