



KANSAS CORPORATION COMMISSION 1075716
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 # 33556
Name: Drake Exploration, LLC
Address 1: 6535 12TH RD
Address 2: _____
City: DOUGLASS State: KS Zip: 67039 + 9002
Contact Person: Darren Broyles
Phone: (620) 986-5583
CONTRACTOR: License # 5892
Name: Berentz Drilling Co., Inc.
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 #: _____

<u>06/10/2011</u>	<u>06/12/2011</u>	<u>06/12/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-035-24425-00-00

Spot Description: _____
SE NW NE SW Sec. 10 Twp. 35 S. R. 4 East West
2145 Feet from North / South Line of Section
3465 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Cowley
Lease Name: MAYHILL Well #: 1
Field Name: Copeland

Producing Formation: Mississippian

Elevation: Ground: 1201 Kelly Bushing: 1201

Total Depth: 3456 Plug Back Total Depth: 3450

Amount of Surface Pipe Set and Cemented at: 207 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: 207 w/ 135 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 Garrison Date: 03/05/2012



1075716

Operator Name: Drake Exploration, LLC Lease Name: MAYHILL Well #: 1
 Sec. 10 Twp. 35 S. R. 4 East West County: Cowley

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 Name Top Datum no log
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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	7.875	5	12	207	Thick set	125	
production	5.625	2.875	12	3450		125	

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: Flowing Pumping Gas Lift 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)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 30609

LOCATION Eureka

FOREMAN Steve Mead

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT APT # 15-035-24425

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-10-11	2500	Mayhill #1	10	35S	4E	Cowley
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Drake Exploration LLC			485	Alan M.		
MAILING ADDRESS			479	Soey		
6535 12 th Road			437	Jim		
CITY	STATE	ZIP CODE				
Douglas	Ks	67309				

JOB TYPE Longstring HOLE SIZE 7 7/8 HOLE DEPTH 3456' CASING SIZE & WEIGHT 4 1/2 1160*
 CASING DEPTH 3456' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 17.3* SLURRY VOL _____ WATER gal/hr _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 53% DISPLACEMENT PSI 500* MIX PSI Bump Plug 1250* RATE _____

REMARKS: Safety meeting. Rig up to 4' casing. Break circulation with fresh water. Pump 20 bbls ahead. Mix 100* Metasilicate PreFlush 20 bbl water spacer. Mix 125 sks Thick set cement w/ 5* Kal-seal per sk at 17.3* gal/sk. Shut down. Washout pump & lines. Release plug. Displace with 53% bbls fresh water. Final pumping pressure 500* Bump plug to 1200'. Wait 2 min Release pressure plug held. Had good circulation during job. 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	80	MILEAGE	4.00	320.00
1126A	125 sks	Thick set cement	18.30	2287.50
1110A	625*	Kal Seal 5* per/sk	.44	275.00
1111A	100*	Metasilicate PreFlush	1.90	190.00
5407A	6.87 Ton	Ton Mileage Bulk Truck	1.26	692.50
5502C	5 hrs	80 bbl Vacuum Truck	90.00	450.00
1123	3000 gallons	City water	15.60	46.80
4129	3	4 1/2 Centralizers	42.00	126.00
4161	1	4 1/2 AFU Foot Shave	286.00	286.00
4453	1	4 1/2 Latex down Plug	232.00	232.00
		9% DISCOUNT - 30609		
		30609 @ 20 28%		
		Sub Total		6880.80
		SALES TAX		234.15
		ESTIMATED TOTAL		6114.95

Form 3737

AUTHORIZATION [Signature] TITLE 241921 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.