

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

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 # 33663

Name: King Oil Inc.

Address 1: 27224 N. E. Utah Rd.

Address 2: _____

City: Garnett State: Ks. Zip: 66032

Contact Person: Ricky L. King

Phone: (785) 448-7529

CONTRACTOR: License # 33734

Name: H A T Drilling LLC

Wellsite Geologist: N/A

Purchaser: High Sierra

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 #: _____

7-6-11 7-13-11 7-13-11
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-003-25074-00-00

Spot Description: _____

NW-SWSE-NE Sec. 14 Twp. 21 S. R. 19 East West

3,159 Feet from North / South Line of Section

1,170 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Anderson

Lease Name: Carr Well #: 12

Field Name: Bush City shoestring

Producing Formation: squirrel

Elevation: Ground: 1,059 Kelly Bushing: _____

Total Depth: 857 Plug Back Total Depth: 853

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: surface

feet depth to: 857 w/ 114 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: N/A ppm Fluid volume: N/A bbls

Dewatering method used: offsite

Location of fluid disposal if hauled offsite: _____

Operator Name: King Oil Inc.

Lease Name: Gadelman License #: 33663

Quarter 5W Sec. 8 Twp. 21 S. R. 21 East West

County: Anderson Permit #: D-26310

RECEIVED
FEB 29 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: Ricky L King

Title: Pres. Date: 2-28-12

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: Dlg Date: 3/7/12

Operator Name: King Oil Inc. Lease Name: Carr Well #: 12
 Sec. 14 Twp. 21 S. R. 19 East West County: Anderson

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 Yes No Log Formation (Top), Depth and Datum Sample
 (Attach Additional Sheets)

Samples Sent to Geological Survey Yes No Name Top Datum
 see attached log

Cores Taken Yes No
 Electric Log Run Yes No
 Electric Log Submitted Electronically Yes No
 (If no, Submit Copy)

List All E. Logs Run:

Gamma Ray / Neutron / ccl; Driller log

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
surface		8-5/8"		20'	Portland	6	
production		3-1/2"		853'	O W C	114	

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
2	764' to 770' 13 perfs		
2	771 to 802' 63 perfs		

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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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HAT DRILLING
12371 KS HWY 7
MOUND CITY, KS 66056
LICENSE # 33734

Carr #12
API # 15-003-25074-00-00
SPUD DATE 7-6-11

Footage	Formation	Thickness	Set 20' of 8 5/8" TD 857' Ran 853' of 3 1/2"
2	Topsoil	2	
11	lime	9	
35	shale	24	
42	sand	7	
70	shale	28	
77	lime	7	
178	shale	101	
208	lime	30	
247	shale	39	
262	lime	15	
271	shale	9	
384	lime	113	
562	shale	178	
582	lime	20	
718	shale	136	
722	lime	4	
731	shale	9	
734	lime	3	
764	shale	30	
766	sandy shale	2	odor
804	sand	38	good odor & good blccd
857	shale	53	

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FEB 29 2012
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CONSOLIDATED
Oil Well Services, LLC

copy Carr 12

TICKET NUMBER 32685
LOCATION ottawa
FOREMAN Alan Maden

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-13-11	4508	Carr 12	NE 14	21	19	AN
CUSTOMER King Oil			TRUCK #			
MAILING ADDRESS 27224 NE Utah			DRIVER			
CITY Garnett			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 66032			TRUCK #			
JOB TYPE long string			DRIVER			
HOLE SIZE 6 3/4			TRUCK #			
HOLE DEPTH 857			DRIVER			
CASING DEPTH 853			TRUCK #			
SLURRY WEIGHT			DRIVER			
DISPLACEMENT 7.5			TRUCK #			
DISPLACEMENT PSI			DRIVER			
MIX PSI			TRUCK #			
RATE 5 bpm			DRIVER			

TRUCK #	DRIVER	TRUCK #	DRIVER
516	Alan M	Safety	Meat
368	Ken H	249	
372	Arlen M	ARM	
558	Tim h	AK	

REMARKS: Hold crew meeting. Established rate. Mixed and pumped 100# gel to flush hole followed by 3 351 dye marker. Mixed and pumped 114 sk OWC plus 1/4# flo seal per sk. Circulated dye. Flushed pump. Pumped plug to casing TD. Circulated bb cement set float.

HAT Drilling

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975.00
5406	30	MILEAGE		120.00
5402	853'	casing footage		330.00
5407	min	700 miles		180.00
5502C	2	80 val		64.38
1107	29#	Flo seal		20.00
1118B	100#	gel		2040.60
1126	114	owc		44.00
4423	1	3 1/2 plug		
WD # 242680			RECEIVED	
			FEB 29 2012	
			KCC WICHITA	
			SALES TAX	
			ESTIMATED	
			TOTAL	

Ravin 3737

AUTHORIZATION [Signature] TITLE _____ 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