

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 #: _____

6-27-11 6-29-11 6-29-11

Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 003-25073-00-00

Spot Description: _____

NESW-SE-NE Sec. 14 Twp. 21 S. R. 19 East West

3,159 Feet from North / South Line of Section

732 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Anderson

Lease Name: Carr Well #: 11

Field Name: Bush City shoestring

Producing Formation: squirrel

Elevation: Ground: 1070est. Kelly Bushing: _____

Total Depth: 855' Plug Back Total Depth: 849'

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: 849' w/ 134 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

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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: DG Date: 3/7/12

Operator Name: King Oil Inc. Lease Name: Carr Well #: 11
 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
 (Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No

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

Log Formation (Top), Depth and Datum Sample

Name Top Datum
 see attached log

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		7"		20	Portland	6	
production		27/8"		849	Portland	134	50% flyash

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	772' to 776' 9 perfs		
2	778' to 799' 42 perfs		
2	804' to 808' 9 perfs		

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> 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 (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 #11
API # 15-003-25073-00-00
SPUD DATE 6-27-11

Footage	Formation	Thickness	Set 20' of 7"
2	Topsoil	2	TD 855'
17	lime	15	Ran 849' of 2 7/8
35	shale	18	
54	sandy shale	19	
60	sand	6	
75	shale	15	
81	lime	6	
180	shale	99	
211	lime	31	
251	shale	40	
254	lime	3	
276	shale	22	
328	lime	52	
340	shale	12	
390	lime	50	
565	shale	175	
576	lime	11	
578	shale	2	
587	lime	9	
649	shale	62	
659	lime	10	
690	shale	31	
701	lime	11	
725	shale	24	
729	lime	4	
735	shale	6	
740	lime	5	
772	shale	32	
808	sand	36	
855	shale	47	

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CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 32583
LOCATION Ottawa
FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-29-11	4508	Car #11	SE 14	21	19	AN
CUSTOMER King Oil						
MAILING ADDRESS 27224 NE Utah Rd						
CITY Garnett		STATE KS	ZIP CODE 66032			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			516	Alan M	Safety	Meet
			368	Ken H	KH	
			309	Harold B	HTB	
			503	Gary M	GM	

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 855 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 849 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 4.9 DISPLACEMENT PSI 800 MIX PSI 800 RATE 5 bpm

REMARKS: Held crew meeting. Established rate. Mixed & pumped 100# gel to push hole followed by 134 sk 50150 po2 plus 27# gel. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float. Closed valve.

HAT Drilling

Alan Mader

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	849	casing footage		
5407	min	ton miles		330.00
5502C	2	80 vac		180.00
1124	134 sk	50150 po2		1400.00
1118B	325 #	gel		65.00
4402	1	2 1/2 plug		28.00
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				KCC WICHITA
				SALES TAX
				ESTIMATED
				TOTAL

WO# 242321

SALES TAX
ESTIMATED
TOTAL 116.47
3217.77

Authorization No Company rep
OK'd by Jim Green 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.