

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 # 8653
Name: Petroleum Technologies, Inc.
Address 1: 801 W 47th Street
Address 2: Suite 412
City: Kansas City State: MO Zip: 64112 + 1253
Contact Person: Alan J. Seaton
Phone: (816) 531-6904
CONTRACTOR: License # 8509
Name: Evans Energy Development Inc.
Wellsite Geologist: Alan J. Seaton
Purchaser: Sequoyah Trading & Transportation

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.): _____

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 #: _____
11-14-2011 11-16-2011 3-5-2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 091-23697-00-00
Spot Description: _____
SW NE SE NE Sec. 32 Twp. 14 S. R. 22 East West
3,428 Feet from North / South Line of Section
595 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Johnson
Lease Name: Reitz Well #: 30
Field Name: Edgerton Northeast
Producing Formation: Bartlesville Sand
Elevation: Ground: 981' Kelly Bushing: _____
Total Depth: 895' Plug Back Total Depth: 884'
Amount of Surface Pipe Set and Cemented at: 21' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 884'
feet depth to: surface w/ 129 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 #: _____

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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: _____
Title: President Date: March 15, 2012

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: 4/27/12

Operator Name: Petroleum Technologies, Inc. Lease Name: Reitz Well #: 30
 Sec. 32 Twp. 14 S. R. 22 East West County: Johnson

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets) 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 (If no, Submit Copy) List All E. Logs Run: Gamma Ray / Neutron / CCL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Bartlesville Sand</td> <td>826</td> <td>155</td> </tr> </table>	Name	Top	Datum	Bartlesville Sand	826	155
Name	Top	Datum					
Bartlesville Sand	826	155					

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 7/8"	7"	20	21'	common	6 sx	none
Production	5 5/8"	2 7/8"	6.5	884'	50/50 poz	129	2% gel, 1/4# Flo Seal

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
3	826 - 836	Acid: 75 gal 15% NeHCL	826 - 836
		Frac: 3sx 20/40 - 37sx 12/20 w/133 bbls gelled wtr	826 - 836

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TUBING RECORD: Size: <u>1"</u> Set At: <u>845'</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	KCC WICHITA
Date of First, Resumed Production, SWD or ENHR. <u>3-12-2012</u>		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbls. <u>2</u>	Gas Mcf <u>0</u>	Water Bbls. <u>8</u>
		Gas-Oil Ratio	Gravity <u>22</u>

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: <u>826 - 836</u>
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CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 33118
LOCATION Ottawa, KS
FOREMAN Cassey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/16/11	6370	Reitz # 30	NE 32	14	22	JO

TRUCK #	DRIVER	TRUCK #	DRIVER
481	Cas Ken	CK	
495	Har Bec	HB	
558	Kei Det	KD	
505-1106	Cec Par	CHP	

CUSTOMER: Petroleum Technologies Inc
MAILING ADDRESS: 801 W 47th St Suite 412
CITY: Kansas City STATE: Mo ZIP CODE: 64112

JOB TYPE: Logging HOLE SIZE: 5 5/8" HOLE DEPTH: 895' CASING SIZE & WEIGHT: 2 1/2" EUE
CASING DEPTH: 883' DRILL PIPE: _____ TUBING: _____ OTHER: _____
SLURRY WEIGHT: _____ SLURRY VOL: _____ WATER gal/sk: _____ CEMENT LEFT in CASING: 2 1/2" rubber plug
DISPLACEMENT: 5.13 bbls DISPLACEMENT PSI: _____ MIX PSI: _____ RATE: 5.5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 100# Premium Gel followed by 10 bbls fresh water, mixed & pumped 129 sks 50/50 Pozmix cement w/ 2% Gel & 1/4# FloSeal per sk, cement to surface, flushed pump clean, displaced 2 1/2" rubber plug to casing TD w/ 5.13 bbls fresh water, pressured to 800 PSI, released pressure to set float valve, shot in casing.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE cement pump	495	975.00
5406	30	MILEAGE pump truck	495	120.00
5402	883'	casing footage		
5407	minimum	ton mileage	558	330.00
5501 C	1.5 hrs	Water transport	505-1106	168.00
1124	129 sks	50/50 Pozmix cement	10.45	1348.05
1118B	317 #	Premium Gel	.20	63.40
1107	32 #	FloSeal	2.22	71.04
4402	1	2 1/2" rubber plug		28.00

Ravin 3737

SALES TAX: 7.525% ESTIMATED TOTAL: 3217.16

AUTHORIZATION: No Co. Rep. on location 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 fo

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