

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 # 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

API No. 15 - 091-23696-00-00
Spot Description: _____
NW NE SE NE Sec. 32 Twp. 14 S. R. 22 East West
3,836 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 #: 29
Field Name: Edgerton Northeast

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.): _____

Producing Formation: Bartlesville Sand
Elevation: Ground: 980' Kelly Bushing: _____
Total Depth: 900' Plug Back Total Depth: 884'
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: 884'
feet depth to: surface w/ 144 sx cmt.

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 #: _____
11-22-2011 11-24-2011 3-6-2012
Spud Date or Date Reached TD Completion Date or Recompletion Date

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
MAR 21 2012

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - **KCC 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: [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: Dlg Date: 4/27/12

Operator Name: Petroleum Technologies, Inc. Lease Name: Reitz Well #: 29
 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 <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: 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>834</td> <td>146</td> </tr> </table>	Name	Top	Datum	Bartlesville Sand	834	146
Name	Top	Datum					
Bartlesville Sand	834	146					

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	20'	common	6 sx	none
Production	5 5/8"	2 7/8"	6.5	884'	50/50 poz	144	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 <i>(Amount and Kind of Material Used)</i>	Depth
3	834 - 844	Acid: 75 gal 15% NeHCL	834 - 844
		Frac: 3sx 20/40 - 37sx 12/20 w/132 bbls gelled wtr	834 - 844

TUBING RECORD:	Size: <u>1"</u>	Set At: <u>848'</u>	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	KCC WICHITA
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Date of First, Resumed Production, SWD or ENHR. <u>3-15-2012</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
Estimated Production Per 24 Hours	Oil Bbls. <u>2</u>	Gas Mcf <u>0</u>	Water Bbls. <u>7</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 <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" 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: <u>834 - 844</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 33130

LOCATION Ottawa KS

FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/30/11	6370	Reitz # 29	NE 32	14	22	JD
CUSTOMER Petroleum Technology Linc			TRUCK #			
MAILING ADDRESS 801 W 47th St 412			DRIVER		TRUCK #	
CITY Kansas City			DRIVER		TRUCK #	
STATE Mo			DRIVER		TRUCK #	
ZIP CODE 64112			DRIVER		TRUCK #	
			DRIVER		TRUCK #	

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 900' CASING SIZE & WEIGHT 2 7/8 EOE
 CASING DEPTH 884' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 5.14 DISPLACEMENT PSI _____ MIX PSI _____ RATE 58 BPM

REMARKS: Establish pump rate Mix + Pump 100# Premium Gel Flush
Mix + Pump 144 BKS 50/50 Por Mix Cement 2% Gel 1/4" Flo
Seal pack Cement to surface. Flush pump & lines clean.
Displace 2 1/2" Rubber plug to casing TD w/ 5.14 BBL Fresh
Water Pressure to 800# PSI - Release pressure to set
Float valve - Shut in casing.

Evans Energy Dev. Inc. (Mihalch)

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	975.00
5406	30 mi	MILEAGE	495	120.00
5402	884	Casing footage		N/C
5407	Minimum	Ton Miles		330.00
5502C	2 hrs	80 BBL Vac Truck		180.00
1124	144 SKS	50/50 Por Mix Cement		1504.80
1115B	342 #	Premium Gel		684.00
1107	36 #	Flo Seal		79.92
4402	1	2 1/2" Rubber Plug		28.00
				RECEIVED
				MAR 21 2012
				KCC WICHITA
				<u>246228</u>
			7.525% SALES TAX	126.51
ESTIMATED TOTAL				3412.63

Ravin 3737

AUTHORIZATION Mo Co. Rep on site

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.