

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 - 091-23695-00-00  
Spot Description: \_\_\_\_\_  
SW SE NE NE Sec. 32 Twp. 14 S. R. 22  East  West  
4,244 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 #: 28  
Field Name: Edgerton Northeast

Producing Formation: Bartlesville Sand  
Elevation: Ground: 985' 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/ 121 sx cmt.

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 #: \_\_\_\_\_  
11-16-2011 11-18-2011 3-12-2012  
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 #: \_\_\_\_\_

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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: [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: Dog Date: 4/27/11

Operator Name: Petroleum Technologies, Inc. Lease Name: Reitz Well #: 28  
 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<br><i>(Attach Additional Sheets)</i><br><br>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(If no, Submit Copy)</i><br><br>List All E. Logs Run:<br><br><b>Gamma Ray / Neutron / CCL</b> | <input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample<br><br><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>830</td> <td>155</td> </tr> </table> | Name  | Top | Datum | Bartlesville Sand | 830 | 155 |
| Name   | Top   | Datum |     |       |                   |     |     |
| Bartlesville Sand  | 830   | 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                | 20'           | common         | 6 sx         | none                       |
| Production  | 5 5/8"            | 2 7/8"                    | 6.5               | 884'          | 50/50 poz      | 121          | 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<br><input type="checkbox"/> Protect Casing<br><input type="checkbox"/> Plug Back TD<br><input type="checkbox"/> Plug Off Zone |                  |                |              |                            |
|  |                  |                |              |                            |

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br><i>(Amount and Kind of Material Used)</i> | Depth     |
|----------------|---|--|-----------|
| 3              | 830 - 840   | Acid: 75 gal 15% NeHCL   | 830 - 840 |
|                |   | Frac: 3sx 20/40 - 37sx 12/20 w/133 bbls gelled wtr                                       | 830 - 840 |
|                |   |  |           |
|                |   |  |           |

|   |                    |   |
|---|--------------------|---|
| TUBING RECORD: Size: <u>1"</u> Set At: <u>840'</u> Packer At: _____ |                    | Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |
| Date of First, Resumed Production, SWD or ENHR.<br><u>3-14-2012</u> |                    | Producing Method:<br><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 <u>22</u>   |

|   |   |  |
|---|---|--|
| DISPOSITION OF GAS:<br><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br><i>(If vented, Submit ACO-18.)</i> | METHOD OF COMPLETION:<br><input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled<br><i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i><br><input type="checkbox"/> Other <i>(Specify)</i> _____ | PRODUCTION INTERVAL:<br><u>830 - 840</u> |
|---|---|--|



**CONSOLIDATED**  
Oil Well Services, LLC

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

TICKET NUMBER 33096  
LOCATION Ottawa  
FOREMAN Alan Mader

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

| DATE                                    | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE       | COUNTY |
|---|------------|--------------------|---------|----------|-------------|--------|
| 11/18/11                                | 6370       | Kertz 28           | NE 32   | 14       | 22          | 50     |
| CUSTOMER<br>Petroleum Technologies, Inc |            |                    | TRUCK # | DRIVER   | TRUCK #     | DRIVER |
| MAILING ADDRESS<br>801 W 47th Ste 412   |            |                    | 516     | Alan M   | Safety Meet |        |
| CITY<br>Kansas City                     |            |                    | 368     | Alan M   | AM          |        |
| STATE<br>Mo                             |            |                    | 370     | Gary M   | GM          |        |
| ZIP CODE<br>64112                       |            |                    | 558     | Casey K  | CK          |        |

JOB TYPE long sonny HOLE SIZE 5 7/8 HOLE DEPTH 900 CASING SIZE & WEIGHT 2 7/8  
CASING DEPTH 883 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING yes  
DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: held crew next. Established rate. Mixed 2 pumps  
100# gel followed by 121 sk 50150 pot plus 2 1/2 gel  
and 1/4# floreal per each. Circulated cement. Flushed  
pump. Pumped plug to casing TD. Well held 800 PSI  
set float. closed valve.

Evans Energy, Ken

Alan Mader

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL           |         |
|--------------|-------------------|------------------------------------|------------|-----------------|---------|
| 5401         | 1                 | PUMP CHARGE                        |            | 975.00          |         |
| 5426         | 30                | MILEAGE                            |            | 120.00          |         |
| 5402         | 883               | Casing Footage                     |            |                 |         |
| 5407         | 1.4               | ton miles                          |            | 330.00          |         |
| 5502C        | 2                 | 80val                              |            | 180.00          |         |
| 1124         | 121               | 50150 pot                          |            | 1264.45         |         |
| 1118B        | 303               | gel                                |            | 60.60           |         |
| 1107         | 30                | floréal                            |            | 66.60           |         |
| 4402         | 1                 | 2 1/2 plug                         |            | 28.00           |         |
|              |                   |                                    |            | SALES TAX       | 106.83  |
|              |                   |                                    |            | ESTIMATED TOTAL | 3131.48 |

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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