



KANSAS CORPORATION COMMISSION 1079774
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

OPERATOR: License # 31173
Name: Massey, Gary R.
Address 1: 1085 180TH ST
Address 2:
City: EUREKA State: KS Zip: 67045 + 4227
Contact Person: kGary R. Massey
Phone: (620) 583-5747
CONTRACTOR: License # 33900
Name: Leis, Steven A.
Wellsite Geologist: n/a
Purchaser: n/a

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 #: _____

04/10/2012	04/11/2012	04/11/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-205-27993-00-00

Spot Description: _____

NW SW SE SE Sec. 13 Twp. 28 S. R. 15 East West
638 Feet from North / South Line of Section
1217 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Wilson

Lease Name: MORSE Well #: 14

Field Name: Benedict

Producing Formation: Bartlesville

Elevation: Ground: 840 Kelly Bushing: 840

Total Depth: 1023 Plug Back Total Depth: 1013

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: 1013

feet depth to: 0 w/ 110 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 0 bbls

Dewatering method used: Evaporated

Location of fluid disposal if hauled offsite:

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

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.

Submitted Electronically

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: Deanna Garrison Date: 04/30/2012



1079774

Operator Name: Massey, Gary R. Lease Name: MORSE Well #: 14
 Sec. 13 Twp. 28 S. R. 15 East West County: Wilson

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
sandy shale	962	
shale	1023	

List All E. Logs Run:
 Drillers log

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	9.875	7	14	21	OWC	110	
production	5.625	2.875	14	1013		110	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Perforate				
Protect Casing				
Plug Back TD	-			
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

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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Lease Name: Morse	Spud Date: 4-10-2012	Surface Pipe Size: 7"	Depth: 21'	TD:1023
Operator: Gary Massey	Well # 14	Bit Diameter: 5 7/8"		
Footage taken	Sample type			
0_3	soil			
3_10	clay			
10_19	clay and gravel			
19_32	shale			
32_35	lime			
35_38	shale			
38_48	lime			
48_145	shale			
145_154	lime			
154_227	shale			
227_239	lime			
239_247	shale			
247_348	lime			
348_353	shale			
353_380	lime			
380_385	shale			
385_389	lime			
389_396	shale			
396_412	lime			
412_420	shale			
420_468	lime			
468_541	shale			
541_558	lime			
558_611	shale			
611_614	lime			
614_660	shale			
660_663	lime			
663_668	shale			
668_689	lime			
689_740	soft lime			
740_747	black shale			
747_753	lime			
753_835	shale			
835_837	lime			
837_839	black shale			
839_847	sandy shale			
847_900	shale			
900_909	sand oil			
909_912	dark sandy shale			
912_916	dark shale			
916_924	shale			
924_927	black shale			
927_933	dark shale some odor			
933_936	shale lighter			
936_942	free oil			
942_945	broken sand oil			
945_953	good oil			
953_957	darker sand oil			
957_962	sandy shale			
962_1023	shale			
	1023:TD			



CONSOLIDATED
OIL FIELD SERVICES, LLC

ENTERED

TICKET NUMBER 30401

LOCATION Eureka

FOREMAN Rick Letford

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
4-11-12	5405	Morse # 14				Wilson
CUSTOMER Gary Massey - POI Oil			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 1085 180 th St.			520	John		
CITY Eureka			515	Celia		
STATE KS			637	Chris B.		
ZIP CODE 67045						

JOB TYPE L/S 0 HOLE SIZE 5 7/8" HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH 1013' DRILL PIPE _____ TUBING 2 7/8" OTHER _____
 SLURRY WEIGHT 13.6* SLURRY VOL 30 bbl WATER gal/sk 8.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 5.7 DISPLACEMENT PSI 700 RRV PSI 1100 Sup plus RATE _____

REMARKS: Safety meeting - Rig up to 2 7/8" tubing. Break circulation w/ 3 bbl fresh water. Pump 4 sks gel-flush, circulated gel to surface w/ pit water. Mixed 110 sks O.W.C cement w/ 1/2" phenoxal /sk @ 13.6*/gal. washout pump + lines, shut down, release latch down plug. Displace w/ 5.7 bbl fresh water. Final pump pressure 700 PSI. Pump plug to 110 PSI. release pressure, float + plug held. Good cement returns to surface = 5 bbl slurry to pit. Closed well in @ 0 PSI. Job complete. Rig down.

Note: Ken wireless tagged float shoe @ 1013'

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	20	MILEAGE	4.00	80.00
1126	110 sks	O.W.C cement	18.80	2068.00
1107A	55*	1/2" phenoxal /sk	1.29	70.95
1118B	200*	gel-flush	.21	42.00
5407	5.72	ten mileage bulk tax	rate	350.00
5502C	3 hrs	80 bbl vas. TRK	90.00	270.00
1123	3000 gals	city water	16.50/1000	49.50
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> 5% Discount <205.05> 3795.90 </div>				
			Subtotal	3960.45
			SALES TAX	140.52
			ESTIMATED TOTAL	4100.97

Ravin 3737

AUTHORIZATION

Gary R Massey

TITLE Owner

249005

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