



KANSAS CORPORATION COMMISSION 1077672
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 # 7786
Name: Cody, Ken L.
Address 1: 1125 RD 27
Address 2: _____
City: LONGTON State: KS Zip: 67352 + 9020
Contact Person: Ken L. Cody
Phone: (620) 642-6123
CONTRACTOR: License # 5831
Name: M.O.K.A.T.
Wellsite Geologist: Ken L. Cody

Purchaser: _____
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 #: _____
12/12/2011 12/13/2011 12/13/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-049-22558-00-00
Spot Description: _____
SW NE SW NE Sec. 2 Twp. 30 S. R. 12 East West
3350 Feet from North / South Line of Section
1880 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Elk
Lease Name: Tredway Well #: 2-5
Field Name: Longton North
Producing Formation: Layton
Elevation: Ground: 996 Kelly Bushing: 999
Total Depth: 886 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 40 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: _____
feet depth to: _____ w/ _____ sx cml.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 0 ppm Fluid volume: 48 bbls
Dewatering method used: Hauled to Disposal
Location of fluid disposal if hauled offsite:
Operator Name: Ken L. Cody
Lease Name: Tredway License #: 7786
Quarter NE Sec. 2 Twp. 30 S. R. 12 East West
County: Elk Permit #: E-30509

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	
<input type="checkbox"/>	Letter of Confidentiality Received
Date: _____	
<input type="checkbox"/>	Confidential Release Date: _____
<input checked="" type="checkbox"/>	Wireline Log Received
<input type="checkbox"/>	Geologist Report Received
<input type="checkbox"/>	UIC Distribution
ALT <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III	Approved by: <u>NAOMI JAMES</u> Date: <u>04/04/2012</u>



1077672

Operator Name: Cody, Ken L. Lease Name: Tredway Well #: 2-5
 Sec. 2 Twp. 30 S. R. 12 East West County: Eik

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 checked="" type="checkbox"/> Yes <input 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: Compensated Density Induction	<input 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>Big Salt s.s.</td> <td>578</td> <td>+418</td> </tr> <tr> <td>Layton s.s.</td> <td>770</td> <td>+226</td> </tr> </table>	Name	Top	Datum	Big Salt s.s.	578	+418	Layton s.s.	770	+226
Name	Top	Datum								
Big Salt s.s.	578	+418								
Layton s.s.	770	+226								

CASING RECORD <input type="checkbox"/> New <input checked="" 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	12.00	8.625	20.0	40	protland	15	none
Production	6.750	4.50	10.5	885	thick set	100	1/2 pd. flocel

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 <i>(Amount and Kind of Material Used)</i>	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
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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 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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 33520
LOCATION Eureka, KS
FOREMAN Shannon Feck

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8876

FIELD TICKET & TREATMENT REPORT
CEMENT API # N/A

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-21-11	9999	Treadway 2-5	2	30	12	Elk

CUSTOMER			TRUCK #		DRIVER	
RE. CO			520	John S		
Mailing Address			515	Calin H		
3342 SW Friar			437	Merle R		
CITY	STATE	ZIP CODE	637	Jim m		
Topeka	KS	66614				

Gus Jones Pulling unit

JOB TYPE Longstring 0 HOLE SIZE 6 3/8" HOLE DEPTH 887' CASING SIZE & WEIGHT 4 1/2" @ 9.5 #
 CASING DEPTH 885.5 6.2 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.2-13.6 # SLURRY VOL 32 Bbl WATER gal/sk 9.0 CEMENT LEFT IN CASING None
 DISPLACEMENT 14.3 Bbl DISPLACEMENT PSI 600 Bumped rig to 1100 PSI RATE 5 BPM

REMARKS: Rig up to 4 1/2 casing with wash head, Break circulation & wash down 2.5' of pipe w/ 50 Bbl water. Shut down rig up head & manifold, mixed 300# of gel flush, followed by 10 Bbl water spacer, mixed 100sk Thick set cement w/ 5# kol-seal/sk @ 13.2-13.6 #/gal. Shut down wash out pump & lines & displace w/ 14.3 Bbl of water. Good circulation 5 Bbl slurry to pit. Final pumping pressure of 600 psi, bumped plug to 1000psi. Plug & float held good. Job Complete.

* Thanks Shannon & crew *

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	40	MILEAGE	4.00	160.00
1126 A	100SKS	Thick set cement	19.20	1920.00
1110 A	500 #	Kol-seal @ 5#/SK	.46	230.00
			.21	63.00
1118 B	300 #	Gal Flush		
1123	6000 gal	City water	16.50/1000 gal	99.00
5502 C	4 Hours	80 Bbl Val Truck - # 437	90.00/HR	360.00
5502 C	4 Hours	80 Bbl Val Truck - # 637	90.00/HR	360.00
5407	5.5 Tons	Ton mileage bulk truck	M/C	350.00
4404	1	4 1/2 Rubber Plug	45.00	45.00
		<u>590 (2394.67)</u>		
		<u>0.4249.61</u>		
			7.3%	
		Sub Total		4617.00
		SALES TAX		172.01
		ESTIMATED TOTAL		4789.01

Ravin 5787

046185

AUTHORIZATION Ken L. Cody 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.