

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

Form Must Be Typed
Form must be Signed
Forms must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

~~NO DRILL~~
~~AMERS~~
ORIGINAL

OPERATOR: License # 5983
Name: VICTOR J. LEIS
Address 1: BOX 223
Address 2: _____
City: YATES CENTER State: KS Zip: 66783 + _____
Contact Person: RYAN M. LEIS
Phone: (785) 313-2567
CONTRACTOR: License # 32079
Name: JOHN E. LEIS
Wellsite Geologist: NA
Purchaser: PACER

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 (Corr, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: NA
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 #: _____

12/22/2011	12/26/2011	1/12/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 207-28010-0000

Spot Description: _____

NW SW NE NE Sec. 20 Twp. 24 S. R. 16 East West

693 Feet from North / South Line of Section

1,155 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: WOODSON

Lease Name: STOCKEBRAND Well #: 28

Field Name: VERNON

Producing Formation: SQUIRREL

Elevation: Ground: NA Kelly Bushing: _____

Total Depth: 1066 Plug Back Total Depth: NA

Amount of Surface Pipe Set and Cemented at: 42 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 1063

feet depth to: SURFACE w/ 119 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: NA ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____

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: Agent Date: 2/12/12

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: DIG Date: 2/27/12

Operator Name: VICTOR J. LEIS Lease Name: STOCKEBRAND Well #: 28
 Sec. 20 Twp. 24 S. R. 16 East West County: WOODSON

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 Wireline 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: GAMMA RAY/ NEUTRON	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample Name Top Datum SEE ATTACHED
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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	10"	7"	23.5	41	PORTLAND	10	NA
CASING	5 7/8	2 7/8	6	1063	OWC	119	NA

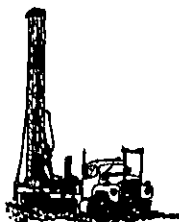
ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

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
2	PERF 20 SHOTS 1004-1014	FRAC W/ 4000LBS SAND/ GELLED WATER	1004

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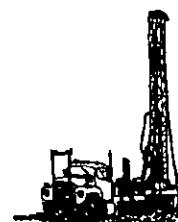
TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>10/11/2011</u> <u>11/2/12</u>		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbls. 10	Gas Mcf	Water Bbls. Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" 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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
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LEIS OIL SERVICES

111 East Mary • Yates Center, Kansas 66783 • (620) 625-3676



Operator License #: 5983		API #: 207-28010-00-00	
Operator: Victor J. Leis		Lease: Stockebrand	
Address: PO Box 223 Yates Center, KS 66783		Well #: 28	
Phone: 913.285.0127		Spud Date: 12-22-11 Completed: 12-26-11	
Contractor License: 32079		Location: NW-SW-NE-NE of 20-24-16E	
T.D. : 1066	T.D. of Pipe: 1063	693	Feet From North
Surface Pipe Size: 7" Depth: 42'		1155	Feet From East
Kind of Well: Oil		County: Woodson	

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
13	Soil and Clay	0	13	2	Lime	882	884
2	Lime	13	15	29	Shale	884	913
186	Shale	15	201	2	Lime	913	915
32	Lime	201	233	5	Shale	915	920
2	Shale	233	235	14	Lime	920	934
24	Lime	235	259	11	Shale	934	945
3	Shale	259	262	3	Lime	945	948
4	Lime	262	266	16	Shale	948	964
4	Shale	266	270	8	Lime	964	972
121	Lime	270	391	11	Shale	972	983
4	Shale	391	395	5	Lime	983	988
68	Lime	395	463	6	Shale	988	994
15	Shale	463	478	2	Lime	994	996
2	Lime	478	480	5	Shale	996	1001
11	Shale	480	491	11	Oil Sand	1001	1012
5	Lime	491	496	34	Shale	1012	1046
34	Shale	496	530	1	Lime	1046	1047
83	Lime	530	613	3	Shale	1047	1050
3	Shale	613	615	1	Lime	1050	1051
22	Lime	615	637	15	Shale	1051	1066
3	Shale	637	639				
26	Lime	639	665				
155	Shale	665	820		T.D.		1066
4	Lime	820	824		T.D. of pipe		1063
22	Shale	824	846				
10	Lime	846	856				
11	Shale	856	867				
1	Lime	867	868				
14	Shale	868	882				

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CONSOLIDATED
Oil Well Services, LLC

Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8676

TICKET NUMBER 33176

LOCATION Ottawa KS

FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12/27/11	2463	Stockerbrand #20	NE 20	24	16	WA
CUSTOMER			TRUCK #			
D. Pac Oil Company			506	FREMAID	506	MLK
MAILING ADDRESS			495	HARREC	495	F
P.O. Box 223			370	GARMOD	370	GM
CITY	STATE	ZIP CODE	558	KEICAR	558	KE
Yates Center	KS	66793	515-CAL-H			
JOB TYPE <u>Longstring</u>		HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>1066</u>	CASING SIZE & WEIGHT <u>2 3/8 EOE</u>		
CASING DEPTH <u>1063</u>		DRILL PIPE	TUBING	OTHER		
SLURRY WEIGHT		SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>2 1/2" Plug</u>		
DISPLACEMENT <u>6.18 BBL</u>		DISPLACEMENT PSI	MIX PSI	RATE <u>5.3 PM</u>		

REMARKS: Establish circulation. Mix pump 100# Premium Gel flush.
Mix Pump 9.0 BBL Tell tale dye. Mix Pump SKS 50/50
Por Mix Cement 6% gel Mix Pump 35 SKS OWC cement
Cement to surface. Flush pump & lines clean. Displace 2 1/2"
rubber plug to casing. TD w/ 6.18 BBL Fresh water. Pressure
to 900# PSIT Release pressure to set float valve. Shut in
Casing.

John Heis Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1020.00
5406	70 mi	MILEAGE	495	280.00
5402	1063	Casing footage		MLK
5407	minimum	Ton Miles	558	350.00
5407	minimum	Ton Miles	515	350.00
55020	3 hrs	80 BBL Vac Truck	370	270.00
1124	84 SKS	50/50 Por Mix Cement		919.00
1126	35 SKS	OWC Cement		652.00
1158	524#	Premium Gel		110.00
4402	1	2 1/2" Rubber Plug		28.00

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246717
SC
137

SALES TAX 125.25
ESTIMATED TOTAL 4121.09

AUTHORIZATION [Signature] TITLE Owner 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.