

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 # 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 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: 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 #: _____

12/26/2011	12/28/2011	1/12/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 207-28011-0000
Spot Description: _____
NE SW NE NE Sec. 20 Twp. 24 S. R. 16 East West
693 Feet from North / South Line of Section
715 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: WOODSON
Lease Name: STOCKEBRAND Well #: 29
Field Name: VERNON
Producing Formation: SQUIRREL
Elevation: Ground: NA Kelly Bushing: _____
Total Depth: 1067 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/ 123 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. _____ 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: 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 #: 29
 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 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 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	123	NA

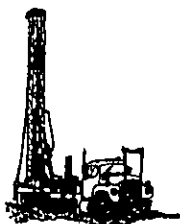
ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
2	PERF 17 SHOTS 999-1007	FRAC W/ 4000LBS SAND/ GELLED WATER	999

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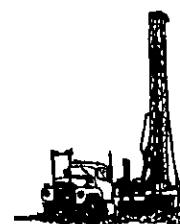
TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>10/11/2011</u> <u>1/12/12</u>		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <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) (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 #: 207-28011-00-00
Operator: Victor J. Leis	Lease: Stockebrand
Address: PO Box 223 Yates Center, KS 66783	Well #: 29
Phone: 913.285.0127	Spud Date: 12-26-11 Completed: 12-28-11
Contractor License: 32079	Location: NE-SW-NE-NE of 20-24-16E
T.D. : 1067 T.D. of Pipe: 1063	693 Feet From North
Surface Pipe Size: 7" Depth: 42'	715 Feet From East
Kind of Well: Oil	County: Woodson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
13	Soil and Clay	0	13	3	Lime	813	816
3	Lime	13	16	24	Shale	816	840
179	Shale	16	195	9	Lime	840	849
54	Lime	195	249	27	Shale	849	876
8	Shale	249	257	3	Lime	876	879
35	Lime	257	292	29	Shale	879	908
5	Shale	292	297	3	Lime	908	911
14	Lime	297	311	3	Shale	911	914
61	Shale	311	372	13	Lime	914	927
8	Lime	372	380	12	Shale	927	939
9	Shale	380	389	3	Lime	939	942
5	Lime	389	394	14	Shale	942	956
2	Shale	394	396	11	Lime	956	967
58	Lime	396	454	9	Shale	967	976
14	Shale	454	468	6	Lime	976	982
2	Lime	468	470	9	Shale	982	991
2	Shale	472	472	1	Lime	991	992
53	Lime	472	525	4	Shale	992	996
3	Shale	525	528	10	Oil Sand	996	1006
2	Lime	528	530	61	Shale	1006	1067
2	Shale	530	532				
64	Lime	532	596				
11	Shale	596	607		T.D.		1067
1	Lime	607	608		T.D. of pipe		1063
3	Shale	608	611				
17	Lime	611	628				
3	Shale	628	631				
24	Lime	631	655				
158	Shale	655	813				

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