

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

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 # 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 Bod Methano)
- 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 #: _____

12/28/2011	12/29/2011	1/12/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 207-28012 -0000

Spot Description: _____

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

1,200 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 #: 30

Field Name: VERNON

Producing Formation: SQUIRREL

Elevation: Ground: NA Kelly Bushing: _____

Total Depth: 1068 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: 1064

feet depth to: SURFACE w/ 125 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: [Signature] 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: [Signature] Date: 2/27/12

Operator Name: VICTOR J. LEIS Lease Name: STOCKEBRAND Well #: 30
 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	42	PORTLAND	10	NA
CASING	5 7/8	2 7/8	6	1064	OWC	125	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 20 SHOTS 995-1005	FRAC W/ 4000LBS SAND/ GELLED WATER	995

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

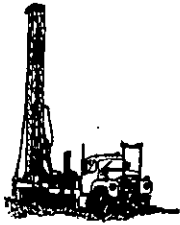
Date of First, Resumed Production, SWD or ENHR: 10/11/2011 11/2/12 Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
10					

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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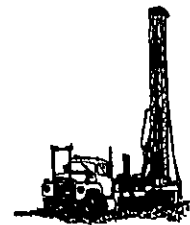
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LEIS OIL SERVICES

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



Operator License #: 5983		API #: 207-28012-00-00	
Operator: Victor J. Leis		Lease: Stockebrand	
Address: PO Box 223 Yates Center, KS 66783		Well #: 30	
Phone: 913.285.0127		Spud Date: 12-28-11 Completed: 12-29-11	
Contractor License: 32079		Location: SE-SW-NE-NE of 20-24-16E	
T.D. : 1068	T.D. of Pipe: 1064	1200	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	2	Lime	914	916
3	Lime	13	16	3	Shale	916	919
173	Shale	16	189	9	Lime	919	928
47	Lime	189	236	4	Shale	928	932
19	Shale	236	255	9	Lime	932	941
114	Lime	255	369	14	Shale	941	955
7	Shale	369	376	12	Lime	955	967
85	Lime	376	461	9	Shale	967	975
8	Shale	461	469	5	Lime	975	980
3	Lime	469	472	7	Shale	980	987
10	Shale	472	482	1	Lime	987	988
3	Lime	482	485	5	Shale	988	993
39	Shale	485	524	10	Oil Sand	993	1003
4	Lime	524	528	35	Shale	1003	1038
5	Shale	528	533	1	Lime	1038	1039
74	Lime	533	607	5	Shale	1039	1044
3	Shale	607	610	1	Lime	1044	1045
13	Lime	610	623	12	Shale	1045	1068
5	Shale	623	628				
6	Lime	628	634				
3	Shale	634	637				
14	Lime	637	651				
159	Shale	651	810		T.D.		1068
4	Lime	810	814		T.D. of pipe		1064
25	Shale	814	839				
8	Lime	839	847				
59	Shale	847	906				
3	Lime	906	909				
5	Shale	909	914				

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12/30/11	2463	Stockerbrand 30	NE 20	24	16	WO
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
D-Roc Oil Co.			506	FREMAD	Safety Mtg	
MAILING ADDRESS			495	HARDEC	H/B	
P.O. Box 223			369	DERMAS	DM	
CITY	STATE	ZIP CODE	503	RYASIN	RS 558	KEICAR KC
Yates Center	KS	66793				

JOB TYPE long string HOLE SIZE 5 9/8 HOLE DEPTH 1067' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 1064' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 2 3/4" Plug
 DISPLACEMENT 6.19 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BBL per min

REMARKS: Establish circulation. Mix Pump 100# Premium Gel Flush
Pump 70 BBL Tell tale dye. Mix + Pump 90 SKS 50/50 Por
Mix Cement 6% Premium Gel. Follow w/ 35SKS OWC Cement
Flush pump & lines clean. Displace 2 7/8" Rubber plug to
Casing TD w/ 6.19 BBLs Fresh Washer. Pressure to 800# PSI
Release pressure to set float valve. Shot in Casing.

J. Heis Drilling Fred Madur

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	60	MILEAGE	495	240 ⁰⁰
5402	1064	Casing Footage		NIC
5407	Minimum	Ton Miles	503	350 ⁰⁰
5407	Minimum	Ton Miles	558	350 ⁰⁰
5502C	3 hrs	80 BBL Vac Truck	368	270 ⁰⁰
1124	90 SKS	50/50 Por Mix Cement		985 ⁵⁰
112p	35 SKS	OWC Cement		658 ⁰⁰
118B	554#	Premium Gel		116 ³⁴
4402	1	2 7/8" Rubber Plug		28 ⁰⁰
			738	

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2463

RAVIN 8737 AUTHORIZATION [Signature] TITLE _____ DATE _____
 SALES TAX ESTIMATED TOTAL 130⁵⁰
4158³⁴

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.