

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 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 #: _____

12/29/2011	1/2/2012	1/12/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 207-28015-0000
Spot Description: _____
SW SW SW NE Sec. 20 Twp. 24 S. R. 16 East West
2,475 Feet from North / South Line of Section
2,475 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: WOODSON
Lease Name: STOCKEBRAND Well #: 33
Field Name: VERNON
Producing Formation: SQUIRREL
Elevation: Ground: NA Kelly Bushing: _____
Total Depth: 1072 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: 1069
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: 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: [Signature] Date: 2/27/12

Operator Name: VICTOR J. LEIS Lease Name: STOCKEBRAND Well #: 33
 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	42	PORTLAND	10	NA
CASING	5 7/8	2 7/8	6	1069	OWC	125	NA

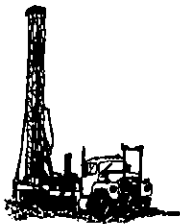
ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
2	PERF 20 SHOTS 1002.5-1012.5	FRAC W/ 4000LBS SAND/ GELLED WATER	1002.5

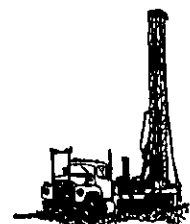
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TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. 10/11/2011 1/12/12		Producing Method: <input type="checkbox"/> Flowing <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 #: 207-28015-00-00
Operator: Victor J. Leis	Lease: Stockebrand
Address: PO Box 223 Yates Center, KS 66783	Well #: 33
Phone: 913.285.0127	Spud Date: 12-29-11 Completed: 1-2-12
Contractor License: 32079	Location: SW-SW-SW-NE of 20-24-16E
T.D. : 1072 T.D. of Pipe: 1069	2475 Feet From North
Surface Pipe Size: 7" Depth: 42'	2475 Feet From East
Kind of Well: Oil	County: Woodson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
12	Soil and Clay	0	12	3	Lime	944	947
2	Lime	12	14	14	Shale	947	961
131	Shale	14	145	6	Lime	961	967
59	Lime	145	254	16	Shale	967	983
10	Shale	254	264	4	Lime	983	987
3	Lime	264	267	5	Shale	987	992
3	Shale	267	270	3	Lime	992	995
189	Lime	270	459	3	Shale	995	998
29	Shale	459	488	2	Lime	998	1000
4	Lime	488	492	9	Oil Sand	1000	1009
37	Shale	492	529	3	Broken Sand	1009	1012
70	Lime	529	599	60	Shale	1012	1072
8	Shale	599	607				
25	Lime	607	632				
3	Shale	632	635				
7	Lime	635	642				
2	Shale	642	644				
15	Lime	644	659		T.D.		1072
158	Shale	659	817		T.D. of pipe		1069
3	Lime	817	820				
24	Shale	820	844				
14	Lime	844	858				
9	Shale	858	867				
5	Lime	867	872				
41	Shale	872	913				
3	Lime	913	916				
5	Shale	916	921				
12	Lime	921	933				
11	Shale	933	944				

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TICKET NUMBER 36794

LOCATION Ottawa KS

FOREMAN Fred Mader

PO Box 884, Chanute, KS 65720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1/31/12	2463	Storckbraud 33	NE 20	24	12	WO
CUSTOMER			TRUCK #			
D. Roe Oil Company			506	FREMAN	Safety	W/M
MAILING ADDRESS			495	HARBEC	NDB	
P.O. Box 223			369	DERMAS	DM	
CITY	STATE	ZIP CODE	510	RYASIN	558	REICAR KK
Yates Center	KS	66783				

JOB TYPE hang string HOLE SIZE 5 7/8 HOLE DEPTH 1072' CASING SIZE & WEIGHT 2 1/8 EUE
 CASING DEPTH 1069 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 6.21 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 53PM

REMARKS: Establish circulation. Mix + Pump 100% Premium Gel Flush.
 Mix Pump 10 BBL Tell tale dye Mix + Pump 90 SPS 50/50
 Poz Mix Cement 6% Gel Follow w/ 35SKS OWC Cement.
 Flush pump + lines clean. Displace 2 1/2" Rubber Plug to
 casing TD w/ 6.21 BBL Fresh water. Pressure to 880 PSI
 Release pressure to set float valve. Shut in casing.

J-Leis Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	.60 mi.	MILEAGE	495	297 ⁰⁰
5402	1069	Casing Footage		N/C
5407	Minimum	Ten Miles	510	350 ⁰⁰
5407	Minimum	Ten Miles	558	350 ⁰⁰
5502C	3hr	80 BBL Vac Truck	369	270 ⁰⁰
1124	90 SKS	50/50 Poz Mix Cement		985 ⁵⁰
1126	35 SKS	OWC Cement		658 ⁰⁰
1115B	554 #	Premium Gel		116 ⁸⁴
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
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				KCG WICHITA
			7.37%	SALES TAX
				ESTIMATED
				TOTAL
				4158 ³⁴

2/16/12 908

Rev'n 9787

AUTHORIZATION [Signature] 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.