



KANSAS CORPORATION COMMISSION 1069894
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 # 32485
Name: Patteson, Thomas Wade
Address 1: 484 Osage Trail
Address 2: _____
City: MOLINE State: KS Zip: 67353 + 9718
Contact Person: Wade Patteson
Phone: (620) 647-3667
CONTRACTOR: License # 32485
Name: Patteson, Thomas Wade
Wellsite Geologist: Tim Priest
Purchaser: Plains

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: _____
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 #: _____

<u>12/19/2011</u>	<u>12/22/2011</u>	<u>12/30/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-049-22560-00-00
Spot Description: Lat. 37 18.869 Long. 096 17.843
SE NW NW NE Sec. 34 Twp. 31 S. R. 10 East West
4865 Feet from North / South Line of Section
2004 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Elk
Lease Name: McSpadden Well #: 5
Field Name: Lisco
Producing Formation: arbuckle
Elevation: Ground: 1099 Kelly Bushing: 1106
Total Depth: 2375 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: 1521 Feet
If Alternate II completion, cement circulated from: 0
feet depth to: 2320 w/ 390 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 0 bbls
Dewatering method used: Evaporated
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

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

- Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanna Garcia Date: 02/27/2012



1069894

Operator Name: Patteson, Thomas Wade Lease Name: McSpadden Well #: 5
 Sec. 34 Twp. 31 S. R. 10 East West County: Elk

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Compensated Density Sidewall Neutron Microlog	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:70%;">Name</th> <th style="width:15%;">Top</th> <th style="width:15%;">Datum</th> </tr> </thead> <tbody> <tr> <td>pawnee</td> <td>-503</td> <td>-503</td> </tr> <tr> <td>fort scott</td> <td>-547</td> <td>-546</td> </tr> <tr> <td>Cherokee Shale</td> <td>-587</td> <td>-588</td> </tr> <tr> <td>Mississippi</td> <td>-878</td> <td>-877</td> </tr> <tr> <td>Kinderhook Shale</td> <td>-1130</td> <td>-1130</td> </tr> <tr> <td>Arbuckle</td> <td>-1174</td> <td>-1173</td> </tr> </tbody> </table>	Name	Top	Datum	pawnee	-503	-503	fort scott	-547	-546	Cherokee Shale	-587	-588	Mississippi	-878	-877	Kinderhook Shale	-1130	-1130	Arbuckle	-1174	-1173
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Arbuckle	-1174	-1173																				

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
Casing	7.875	5.5	15.50	2320	thickset	390	surface
surface	12.25	8.625	23	40	type A	45	surface

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Perforate	2281-2284			
<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	2281-2284		

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 checked="" type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>2281-2375</u>
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STATEMENT

09013

ELMORE'S INC.
 Box 87 - 776 HWY99
 Sedan, KS 67361
 Cell: (620) 249-2519
 Eve: (620) 725-5538

Date
 12-29-11

Customer Wade Patterson
 Address _____
 City _____ State _____ Zip _____

Qty.	Description	Price	Amount
2	hr Pulling Unit	120.00	240.00
2	hr Cement Pump	110.00	220.00
2	hr Water Truck	85.00	170.00
1	Bowlk Tank	85.00	85.00
330	1/2" Tubing	.10	33.00
60	Sks Cement	10.00	600.00
			1340.00
	Cemented 5 1/2" casing		111.88
	330' To Surface with		1759.88
	60 Sks Cement.		
	Mr Spaden Well #5		

Thank You - We appreciate your business!

Rec'd. by _____

TERMS: Account due upon receipt of services. A 1 1/2% Service Charge, which is an annual percentage rate of 18% will be charged to accounts after 30 days.



CONSOLIDATED
Oil Well Services, L.L.C.

ENTERED

TICKET NUMBER 33505

LOCATION Flicka

FOREMAN Rick Ladford

Shannon Fick

PO Box 884, Chenuta, KS 66720
620-431-8210 or 800-467-8678

FIELD TICKET & TREATMENT REPORT
CEMENT

API# 15-049-22500

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12/28/11	62888	M ^c Spadden #5	34	31	10E	EM
CUSTOMER Mailing Address 484 Orange trail City: <u>Malva</u> STATE: <u>KS</u> ZIP CODE: <u>67353</u>			C+G Or's		TRUCK # DRIVER TRUCK # DRIVER	
			445 Dave			
			611 Chris B.			
			477 Allen B.			
			637 Jim			

JOB TYPE L/S O HOLE SIZE 7 7/8" HOLE DEPTH 2375' CASING SIZE & WEIGHT 5 1/2" 15.50 lb/ft
 CASING DEPTH 2323' G.L. DRILL PIPE _____ TUBING _____ OTHER 2320' 0570 G.L.
 SLURRY WEIGHT 12.50 SLURRY VOL 101 Bbl WATER gal/ft 9.0-8.0 CEMENT LEFT IN CASING 2' On the
 DISPLACEMENT 55% Bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting - Rig up to 5 1/2" casing. D.V. Tool set @ 1521' below ground level. Set packer shoe @ 1100' P.S.Z. Pump 10 Bbl water ahead. Circled 100 lbs thickset cement w/ 5" Kal-seal/yr + 1" phenoxol/yr @ 12.50/gal. Washout pump + loss, release floater. Displace w/ 55% oil water. Final pump pressure 700 P.S.Z. Pump plus @ 1000' P.S.Z. Release pressure, plug held. Top of plug held with 2 min. Open tool @ 1200' P.S.Z. circulate cement to surface w/ mud pump @ 8 Bbl slurry to plug. Circulate for 2 hrs. Stage 1 complete. Stage 2 - Pump 10 Bbl water ahead. Circled 220 lbs 60/40 Repair cement w/ 2" gel + 1" phenoxol/yr @ 12.50/gal. Washout pump + loss, release casing plug. Displace w/ 36" Bbl water. Final pump pressure 700 P.S.Z. Release tool @ 1100' P.S.Z. Pump plus to 1100' P.S.Z. Release pressure, plug held. Good circulation @ 98 times while cementing. No cement returns to surface. Job complete. Rig down.

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	90	MILEAGE	4.00	1160.00
8901	1	2nd stage	1030.00	1030.00
1128A	110 lbs	thickset cement	19.20	2112.00
1109	550#	5" Kal-seal/yr	.46	253.00
1102A	110#	1" phenoxol/yr	1.29	141.90
1131	220 lbs	60/40 Repair cement	12.55	2761.00
1118B	1515#	80% gel	.21	318.15
1102	220#	1" phenoxol/yr	1.29	283.80
5497A	15.5'	for mileage bulk truck x2	1.34	207.84
58026	4 hrs	80 Bbl HSE-TEE	90.00	360.00
1123	3000 gals	city water	4.30/1000	1290.00
4104	2	5 1/2" baseets	229.00	458.00
4130	4	5 1/2" x 2 1/2" chokes	48.00	192.00
4253	1	5 1/2" Type A Packer shoe	1589.00	1589.00
4277	1	5 1/2" D.V. Tool	3220.00	3220.00
4310	1	5 1/2" float collar body only	212.50	212.50
4310	1	5 1/2" stop ring	30.00	30.00
4310	1	thread loc kit	30.00	30.00
			ESTIMATED TOTAL	15,062.19

AUTHORIZATION Jessie Nelson TITLE 246690 DATE 12/28/11

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

