

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 # 32679
Name: AAS Oil Company Inc.
Address 1: 2508 Edgemont Dr. Ste. #4
Address 2: _____
City: Arkansas City State: KS Zip: 67005 + _____
Contact Person: Dennis K. Shurtz
Phone: (620) 442 7940
CONTRACTOR: License # 32854
Name: Gulick Drilling Company
Wellsite Geologist: Mike Engelbretch
Purchaser: Coffeyville Resources

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 #: _____

9-24-11	9-28-11	10-31-11
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 035-24448-00-00
Spot Description: _____
W 2 SE SW Sec. 28 Twp. 34 S. R. 3 East West
660 Feet from North / South Line of Section
1,650 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Cowley
Lease Name: Baird Well #: 28-1
Field Name: Gibson
Producing Formation: Cleveland
Elevation: Ground: 1154 Kelly Bushing: 1162
Total Depth: 3510 Plug Back Total Depth: 3100
Amount of Surface Pipe Set and Cemented at: 312 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: _____
feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 3000 ppm Fluid volume: 500 bbls
Dewatering method used: Natural
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

RECEIVED
MAR 01 2012

KCC WICHITA

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2000, Kansas City, 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: _____
Title: President Date: 2-27-12

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: Dlg Date: 3/7/12

Operator Name: AAS Oil Company Inc. Lease Name: Baird Well #: 28-1
 Sec. 28 Twp. 34 S. R. 3 East West County: Cowley

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input 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:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Mississippi</td> <td>3448</td> <td>.2294</td> </tr> <tr> <td>Bartlesville</td> <td>3395</td> <td>.2233</td> </tr> <tr> <td>Cleveland</td> <td>3035</td> <td>.1881</td> </tr> </table>	Name	Top	Datum	Mississippi	3448	.2294	Bartlesville	3395	.2233	Cleveland	3035	.1881
Name	Top	Datum											
Mississippi	3448	.2294											
Bartlesville	3395	.2233											
Cleveland	3035	.1881											

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	12 1/4	8 5/8	23	312	Common	20	
Production	7 7/8	4 1/2	10.5	3507	Class A	200	

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				

RECEIVED
MAR 01 2012

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
4	Perforated Mississippi 3448-3452, set plug 3440	Acidize 250 gal. 15% MCA	3448-3452
4	Perforated Bartlesville 3398-3402, set plug 3250	Acidized 250 gal. 15% MCA	3398-3402
4	Perforated Marmaton 3173-3178, set plug 3100	Acidized 800 gal. 15% MCA	3173-3178
	and 3144-3148	Acidized 350 gal. 15% MCA	3035-3040
4	Perforated Cleveland 3035-3040	Fracture 48 sax 20/20 2.5 sax 20/20	3035-3040

KCC WICHITA

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. _____		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. 5	Gas Mcf	Water Bbls. 80
			Gas-Oil Ratio
			Gravity 40

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: _____ _____
--	---	--



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 31740

LOCATION 180

FOREMAN Larry Storm

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT APT-15-03-14448-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-1-11	1091	BAIRD #28-1	28	345	3E	Nowata
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
KAS OPI			539	LARRY		
MAILING ADDRESS			446	Jeff		
2508 Edgewood Dr Ste #4			442	MARK		
CITY	STATE	ZIP CODE				
Arkansas City	KS	67005				

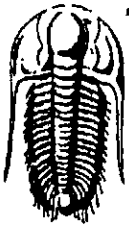
JOB TYPE ROD HOLE SIZE 1 7/8 HOLE DEPTH 3310 CASING SIZE & WEIGHT 4 1/2 11.6
 CASING DEPTH 3508 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15.25 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 ft
 DISPLACEMENT 54.22 DISPLACEMENT PSI 900 MIX PSI 0 RATE 5 bbl/s

REMARKS: Rigged up to 4 1/2 Csg - broke circulation - pumped 10 bbls
Fresh water. Ahead of 228 sks Thick set + 5 lbs hot-seal + 16
Poly-Flake. Flushed Pump & Pipes - Displaced plug with 54 bbls
water to launch plug at 1500 lbs,

Launched Plug at 1500 lbs - Float held.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	60	MILEAGE	4.00	240.00
5402	1010	Footage	.21	212.10
1126A	225	Thick set	18.30	4117.50
1110A	1125	lbs hot-seal	.44	495.00
1107	112	lbs Poly-Flake	2.22	249.84
5407	60	Bulk DeProxyl x 12.43 lbs x	1.26	939.71
4161	1	4 1/2 AFD Float shoe	286.00	286.00
4453	1	4 1/2 Latch down Plug	232.00	232.00
4103	3	4 1/2 BASKETS	218.00	654.00
4129	10	4 1/2 CENTERS/LETS	42.00	420.00
4311	1	4 1/2 COLLAR	45.65	45.65
4310	1	4 1/2 DIDDLE	68.25	68.25
		Subtotal		8933.86
		SALES TAX		446.66
		ESTIMATED TOTAL		9380.41

RAVIN 3737
 AUTHORIZATION Larry Storm TITLE DAP 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.



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

AAS Oil Co
2508 Edgemont Dr Ste #4
Arkansas City, KS 67005
ATTN: Max Lovely

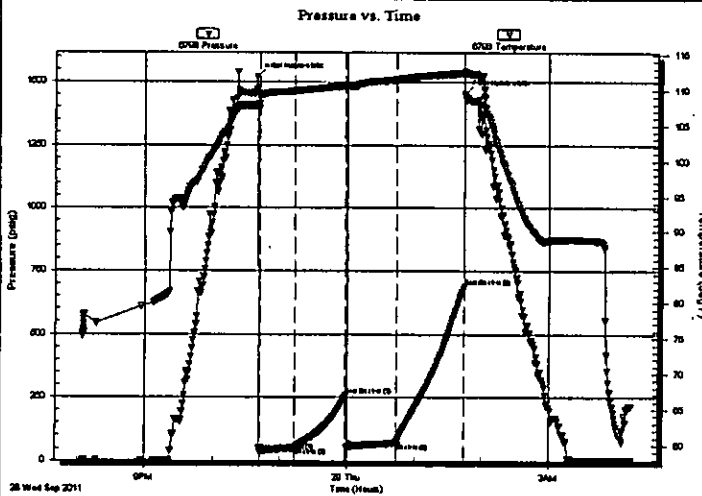
28-34S-3E Cowley
Baird 28-1
Job Ticket: 43992 DST#: 1
Test Start: 2011.09.28 @ 20:04:24

GENERAL INFORMATION:

Formation: **Cleveland**
Deviated: **No Whipstock:** ft (KB)
Time Tool Opened: 22:41:39
Time Test Ended: 04:14:54
Interval: **2998.00 ft (KB) To 3058.00 ft (KB) (TVD)**
Total Depth: **3058.00 ft (KB) (TVD)**
Hole Diameter: **7.88 inches** Hole Condition: **Good**
Test Type: **Conventional Bottom Hole (Initial)**
Tester: **Leal Cason**
Unit No: **45**
Reference Elevations: **1162.00 ft (KB)**
1154.00 ft (CF)
KB to GR/CF: **8.00 ft**

Serial #: 6798 Inside
Press@RunDepth: **71.79 psig @ 2999.00 ft (KB)**
Start Date: **2011.09.28** End Date: **2011.09.29**
Start Time: **20:04:25** End Time: **04:14:54**
Capacity: **8000.00 psig**
Last Calib.: **2011.09.29**
Time On Btm: **2011.09.28 @ 22:39:09**
Time Off Btm: **2011.09.29 @ 01:45:24**

TEST COMMENT: IF: Strong Blow, BOB in 5 minutes
IS: No Blow back
FF: Strong Blow, BOB in 1 minute
FSI: No Blow back



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1518.22	107.92	Initial Hydro-static
3	37.12	108.11	Open To Flow (1)
34	51.83	109.89	Shut-In(1)
79	259.43	110.66	End Shut-In(1)
80	51.47	110.55	Open To Flow (2)
125	71.79	111.51	Shut-In(2)
186	689.11	112.45	End Shut-In(2)
187	1453.11	112.62	Final Hydro-static

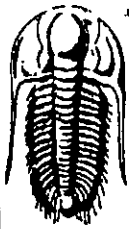
RECEIVED
MAR 01 2012
KCC WICHITA

Recovery

Length (ft)	Description	Volume (bbl)
0.00	502 GIP	0.00
58.00	SOGCM 2%O 8%G 90%M	0.29
60.00	GCM 2%G 98%M	0.30

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

AAS Oil Co

28-34S-3E Cowley

2508 Edgemont Dr Ste #4
Arkansas City, KS 67005

Baird 28-1

Job Ticket: 43992

DST#: 1

ATTN: Max Lovely

Test Start: 2011.09.28 @ 20:04:24

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 48.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 10.49 in³

Gas Cushion Type:

Gas Cushion Pressure:

psig

Resistivity: ohm.m

Salinity: 2300.00 ppm

Filter Cake: 0.20 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
0.00	502 GIP	0.000
58.00	SOGCM 2%O 8%G 90%M	0.285
60.00	GCM 2%G 98%M	0.295

Total Length: 118.00 ft Total Volume: 0.580 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

