

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 # 31203
Name: Owen's Pumping Service
Address 1: 640 E Sunset Ave
Address 2: _____
City: Russell State: KS Zip: 67665 + 3128
Contact Person: Owen McQuade
Phone: (785) 483-6321
CONTRACTOR: License # 33350
Name: Southwind Drilling, Inc
Wellsite Geologist: Jim Musgrove
Purchaser: none

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 #: _____

04/29/2011 05/05/2011
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-053-21262-00-00
Spot Description: _____
SE NE NE NW Sec. 19 Twp. 15 S. R. 10 East West
1,350 Feet from North / South Line of Section
2,800 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: ELLSWORTH
Lease Name: BRANDA Well #: 2
Field Name: HOCH WEST
Producing Formation: _____
Elevation: Ground: 1780 Kelly Bushing: _____
Total Depth: 3323 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 394FT @ 404 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: _____ ppm Fluid volume: _____ bbls
Dewatering method used: _____
Location of fluid disposal if hauled offsite: _____
Operator Name: Owen's Pumping Service
Lease Name: Amy License #: 31203
Quarter SW/4 Sec. 13 Twp. 15 S. R. 11 East West
County: Russell Permit #: D-30621

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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: Owen McQuade
Title: owner Date: 2/23/2011

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
 - Confidential Release Date: _____
 - Wireline Log Received
 - Geologist Report Received
 - UIC Distribution
- ✓ AFF - Dlg - 3/6/12

Operator Name: Owen's Pumping Service Lease Name: BRANDA Well #: 2

Sec. 19 Twp. 15 S. R. 10 East West County: ELLSWORTH

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 type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input 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	12.25	8.625	20	404	COMMON	200	3% CC, 2% gel

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

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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.		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

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 type="checkbox"/> Open Hole <input 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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Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 4995

Date	Sec.	Twp.	Range	County	State	On Location	Finish
4-30-11	19	15	10	Ellsworth	Ks		2:15 AM

Lease Branda Well No. #2 Location Wilson, Ks - 65, SE, 3/4

Contractor Southwind #4 Owner

Type Job Surface To Quality Oilwell Cementing, Inc.
You are hereby requested to rent cementing equipment and furnish
cementer and helper to assist owner or contractor to do work as listed.

Hole Size 12 1/4" T.D. 400' Charge To Owen's Pumping Service

Csg. 8 5/8" Depth 400' Street

Tbg. Size Depth City State

Tool Depth

Cement Left in Csg. 15' Shoe Joint 15' The above was done to satisfaction and supervision of owner agent or contractor.

Meas Line Displace 24 1/2 BLS Cement Amount Ordered 200 3x Common 3% Gel, 2% Gel

EQUIPMENT

Pumptrk	No.	Cementer	Helper	Common
1		Cisco		200
Bulktrk	No.	Driver		Pos. Mix
3		Boag		
Bulktrk	No.	Driver		Gel.
p.u.		Rick		4

JOB SERVICES & REMARKS

Remarks: Cement did Circulate

Rat Hole Salt

Mouse Hole Flowseal

Centralizers Kol-Seal

Baskets Mud CLR 48

D/V or Port Collar CFL-117 or CD110 CAF 38

FLOAT EQUIPMENT

Guide Shoe

Centralizer

Baskets

AFU Inserts

Float Shoe

Latch Down

Quality Oilwell Cementing

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Pumptrk Charge Surface

Mileage 25

Signature Robert Stevenson

MAY 19 2011

Tax

Discount

Total Charge

#3000

QUALITY OILWELL CEMENTING, INC.

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 4902

Date	5-5-11	Sec.	19	Twp.	15	Range	10	County	Ellsworth	State	Ks	On Location		Finish	5:15 AM	
Lease	Brandon	Well No.	2		Location		Wilson, Ks - 6S, 1/2 E, 3/5									
Contractor	Southwind #4				Owner		To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.									
Type Job	Plug				Charge To		Owner's Pumping Service									
Hole Size	7 7/8"		T.D.		3323'		Street									
Csg.			Depth		3230'		City									
Tbg. Size	4 1/2"		Depth		3230'		State									
Tool			Shoe Joint		The above was done to satisfaction and supervision of owner agent or contractor.											
Cement Left in Csg.			Displace		H2O / mud		Cement Amount Ordered 180 SX 60/40 75% Gel									
Meas Line							1/4# F.S.									
EQUIPMENT																
Pumptrk	1	No.	Cementor		Cisco		Common									10B
Bulktrk	3	No.	Driver		Cody		Poz. Mix									72
Bulktrk	p.m.	No.	Driver		Rick		Gel.									S
JOB SERVICES & REMARKS																
Remarks:	Cement did				Circulate.		Calcium									
Rat Hole												Hulls				
Mouse Hole												Salt				
Centralizers												Flowseal		45#		
Baskets												Kol-Seal				
D/V or Port Collar												Mud CLR 48				
3230' - 35SX												CFL-117 or CD110 CAF 38				
1300' - 35SX												Sand				
950' - 35SX												Handling		186		
450' - 35SX												Mileage				
FLOAT EQUIPMENT																
60' - 25SX - w/ Dry hole plug												Guide Shoe				
Reathole = 15SX												Centralizer		RECEIVED FEB 27 2012		
Cement did Circulate.												Baskets				
Plugging orders Rec: KCC												AFU Inserts		KCC WICHITA		
Patrick												Float Shoe				
												Latch Down				
												1 - Dry hole plug				
												Pumptrk Charge				
												Mileage		25		
Signature: Robert Stevenson																
													MAY 19 2011			
													Tax			
													Discount			
													Total Charge			