



KANSAS CORPORATION COMMISSION 1075471
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 # 31486
Name: Horton, Jack
Address 1: PO BOX 97
Address 2: _____
City: SEDAN State: KS Zip: 67361 + 0097
Contact Person: Jack Horton
Phone: (620) 249-4476
CONTRACTOR: License # 31486
Name: Horton, Jack
Wellsite Geologist: Fred Jones
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 (Cora, 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>7/13/2011</u>	<u>7/15/2011</u>	<u>9/13/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-125-32066-00-00
Spot Description: _____
SW SW SW NE Sec. 2 Twp. 34 S. R. 14 East West
2475 Feet from North / South Line of Section
2625 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Montgomery
Lease Name: MELANDER Well #: L2
Field Name: _____
Producing Formation: Wayside Sand
Elevation: Ground: 885 Kelly Bushing: 888
Total Depth: 728 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 20 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 0
feet depth to: 722 w/ 75 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 300 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 Garrison Date: 03/06/2012



1075471

Operator Name: Horton, Jack Lease Name: MELANDER Well #: L2
 Sec. 2 Twp. 34 S. R. 14 East West County: Montgomery

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 checked="" type="checkbox"/> Yes <input 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: Gamma Ray Neutron	<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>Wayside</td> <td>662</td> <td>220</td> </tr> </table>	Name	Top	Datum	Wayside	662	220
Name	Top	Datum					
Wayside	662	220					

CASING RECORD <input type="checkbox"/> New <input checked="" 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	9.875	6.625	18	20	Portland	8	
Long string	5.625	2.875	6.5	722	Thickset	75	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ 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	662-676	6000lbs of sand	662-676

TUBING RECORD: Size: <u>1"</u> Set At: <u>662</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>9/15/2011</u>		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. <u>10</u>	Gas Mcf <u>30</u>	Water Bbls. <u>30</u>
Gas-Oil Ratio		Gravity <u>32</u>	

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 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: <u>662</u> <u>676</u>
---	---	--



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 30668

LOCATION Eureka, KS

FOREMAN Shannon Feck

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

FIELD TICKET & TREATMENT REPORT

CEMENT API # 125-32066-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-15-11	3546	Melander L2	2	345	14E	Montgomery
CUSTOMER Jack Horton			TRUCK #			
MAILING ADDRESS P.O. Box 97			DRIVER			
CITY SEDAN			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 67361			TRUCK #			
			DRIVER			

JOB TYPE Longstring ° HOLE SIZE 5 7/8" HOLE DEPTH 728" CASING SIZE & WEIGHT _____
 CASING DEPTH 722' DRILL PIPE _____ TUBING 2 3/4" OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/ek _____ CEMENT LEFT in CASING none
 DISPLACEMENT 4.2 Bbl DISPLACEMENT PSI 500 MIX PSI 1000 bump Plug RATE 1BPM

REMARKS: Rig up to 2 3/4" tubing. Break circulation with fresh water, Pump 200# gel flush, 10 Bbl water Spacer. Mixed 75 SKS Thickset cement with 5# Kol-seal/SK @ 134#/gal. Washout pump + lines, shut down, Release two plugs & displace with 4.2 Bbl fresh water. Final pumping pressure of 500 psi, bumped plugs to 1000 psi. Closed well in @ 500 psi. Good circulation @ all times, 4 Bbl Slurry to pit. Job Complete

!! Thanks Shannon & Crew !!

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	40	MILEAGE	4.00	160.00
1126 A	75 SKS	Thickset Cement	18.30	1372.50
1110 A	375 #	Kol-seal 5#/SK	.44	165.00
1118 B	200 #	Gel-flush	.20	40.00
5407	4.1 Tons	Ton-mileage bulk truck	m/L	330.00
5502 C	5 Hours	80 Bbl Vek truck	90.00/HR	450.00
1173	3200 units	city isolator	15.60/1000	51.48
4402	2	2 3/4" top Rubber Plugs	28.00	56.00
Total - 3706.13			Check 2054	
-5% discount -185.31				
3520.82				
			Sub total	3599.98
			6.3% SALES TAX	106.16
			ESTIMATED TOTAL	3706.14

Ravin 3721

212800

AUTHORIZATION

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.