



KANSAS CORPORATION COMMISSION 1075508  
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 (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 #:  
5/9/2011 5/12/2011 7/20/2011  
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-125-32083-00-00  
Spot Description: SE SW SW NE Sec. 2 Twp. 34 S. R. 14  East  West  
2475 Feet from  North /  South Line of Section  
2295 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Montgomery  
Lease Name: MELANDER Well #: 5  
Field Name: Wayside-Havana  
Producing Formation: Wayside  
Elevation: Ground: 881 Kelly Bushing: 884  
Total Depth: 726 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 Gantior Date: 03/06/2012



1075508

Operator Name: Horton, Jack Lease Name: MELANDER Well #: 5  
 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: none;"> <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>658</td> <td>223</td> </tr> </table>	Name	Top	Datum	Wayside	658	223
Name	Top	Datum					
Wayside	658	223					

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	658-668	6000lbs sand	658-668

TUBING RECORD:	Size: <u>1</u>	Set At: <u>658</u>	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>7/22/2011</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>4</u>	Gas Mcf	Water Bbls. <u>25</u>	Gas-Oil Ratio <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>658</u> <u>668</u>
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**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 31352  
LOCATION Europea  
FOREMAN Rick Ledford

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

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT** API# 15-125-32083

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2/9/11		Melander #5	2	34	19E	MG
CUSTOMER <u>Jack Harten</u>			TRUCK #			
MAILING ADDRESS <u>80 Box 97</u>			DRIVER			
CITY <u>Sedan</u>			TRUCK #			
STATE <u>KS</u>			DRIVER			
ZIP CODE <u>67361</u>			TRUCK #			
			DRIVER			

JOB TYPE L/S 0 HOLE SIZE 5 5/8" HOLE DEPTH 726' CASING SIZE & WEIGHT \_\_\_\_\_  
 CASING DEPTH 722 DRILL PIPE \_\_\_\_\_ TUBING 2 3/8 OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.4# SLURRY VOL 23 Bbl WATER gal/sk 8.0 CEMENT LEFT IN CASING 0'  
 DISPLACEMENT 4.2 Bbl DISPLACEMENT PSI 500 MIX PSI 1000 Pump plugs RATE \_\_\_\_\_

REMARKS: Safety meeting - Rig up to 2 3/8" tubing. Break circulation w/ fresh water.  
Pump 4 sec gel-flush, 18 Bbl water spacer. Mixed 75 sec thickset cement w/ 5" Kalsol/sr @ 12.9#/gal. yield 1.75. washout pump + lines, shut down, release 2 plugs.  
Displace w/ 4.2 Bbl fresh water. Final pump pressure 500 PSI. Pump plugs to 1000 PSI.  
Closed well in @ 500 PSI. Good cement returns to surface = 9 Bbl slurry to pit.  
Job complete. Rig down

*"Thank You"*

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
1126A	75 sec	thickset cement	17.30	1372.50
1108A	375#	5" Kalsol/sr	.44	165.00
1118A	200#	gel-flush	.20	40.00
5407	4.12	tan mileage bulk tax	n/c	330.00
55026	5 hrs	80 Bbl ure. TRU	90.00	450.00
1128	3300 gal	city water	15.00/1000	52.50
4402	2	2 3/8" top rubber plugs	28.00	56.00
Total - 3706.13				
-5% disc. - 185.31				
<u>\$ 3520.82</u>				
			Subtotal	3579.98
			SALES TAX	106.15
			ESTIMATED TOTAL	3706.13

Form 3737

042600

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 conditions of service on the back of this form are in effect for services identified on this form