

KANSAS CORPORATION COMMISSION
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

ORIGINAL

OPERATOR: License # 6407
Name: Flowers Production Co., Inc.
Address 1: P.O. Box 249
Address 2: _____
City: El Dorado State: KS Zip: 67042 + _____
Contact Person: Dallas Flowers
Phone: (316) 321-0550
CONTRACTOR: License # 32701
Name: C&G Drilling, Inc.
Wellsite Geologist: William Stout
Purchaser: _____

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 #: _____

01/01/11	01/05/11	01/05/11
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 115-21418-00-00
Spot Description: W2 NW SW SE
_____-_____-_____- Sec. 23 Twp. 19 S. R. 3 East West
1,155 Feet from North / South Line of Section
2,310 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Marion
Lease Name: Melsing Well #: 1-23
Field Name: Lost Springs
Producing Formation: Mississippi
Elevation: Ground: 1351 Kelly Bushing: 1356
Total Depth: 2460 Plug Back Total Depth: N/A
Amount of Surface Pipe Set and Cemented at: 212 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: Fresh Water ppm Fluid volume: 60 bbls
Dewatering method used: Evaporation
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

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: [Signature]
Title: Owner Date: 03/07/12

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: DJG Date: 3/13/12

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MAR 09 2012
KCC WICHITA

Operator Name: Flowers Production Co., Inc. Lease Name: Meisinger Well #: 1-23
 Sec. 23 Twp. 19 S. R. 3 East West County: Marion

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 type="checkbox"/> Yes <input checked="" 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: None	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" 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 Chert</td> <td>2401</td> <td>1045</td> </tr> </table>	Name	Top	Datum	Mississippi Chert	2401	1045
Name	Top	Datum					
Mississippi Chert	2401	1045					

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#	212	Class A	135	3% CC

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
	None	None	

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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) <u>Dry Hole</u>
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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 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: None <u>RECEIVED</u>
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C&G Drilling, Inc
 701 E River
 Eureka, KS 67045
 Office M-F 620-583-5318

Invoice

Date	Invoice #
1/13/2011	10023

Bill To
Flowers Production Co. P.O. Box 249 El Dorado, KS 67042

P.O. No.	Terms	Project
	Due on receipt	

Quantity	Description	Rate	Amount
2,380	Meisinger 1-23 Drilling 2389-9 ft KB	14.00	33,320.00
14.25	Rig Time	400.00	5,700.00
	Cir cond hole at 223 ft, TOO, Run 212 ft of 8 5/8 in casing, Cement Jet pits, WOC 10 hrs, LDDP, Plug hole 4.25 hrs, 35 sks at 254 ft, 25 sks at 60 ft, 15 sks rh, 10 sks mh,		
15	Hours Dozer Work	130.00	1,950.00
	Dig pits, Move in		
1	Premix Tank	800.00	800.00
1	Move In	4,500.00	4,500.00
0.5	Bit	2,400.00	1,200.00T
12	Hours - Vac Truck 1-3-11	85.00	1,020.00
12	Hours - Vac Truck 1-3-11	85.00	1,020.00
14	Hours - Vac Truck 1-4-11	85.00	1,190.00
14	Hours - Vac Truck 1-4-11	85.00	1,190.00
	Butler County	6.30%	75.60
		Total	\$51,965.60

RECEIVED
 FEB 16 2012
 KCC WICHITA



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 239072

Invoice Date: 01/13/2011 Terms:

Page 1

FLOWERS PRODUCTION
604 STATE
P.O. BOX 249
EL DORADO KS 67042
(316) 321-0550

MEISINGER 1-23
29842
01-03-11

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	135.00	13.5000	1822.50
1102	CALCIUM CHLORIDE (50#)	320.00	.7500	240.00
1118B	PREMIUM GEL / BENTONITE	550.00	.2000	110.00
1107	FLO-SEAL (25#)	100.00	2.1000	210.00

Description	Hours	Unit Price	Total
446 CEMENT PUMP (SURFACE)	1.00	725.00	725.00
446 EQUIPMENT MILEAGE (ONE WAY)	48.00	3.65	175.20
502 MIN. BULK DELIVERY	1.00	315.00	315.00

Handwritten notes:
C/W
2

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KCC WICHITA

Parts: 2382.50 Freight: .00 Tax: 173.92 AR 3771.62
Labor: .00 Misc: .00 Total: 3771.62
Sublt: .00 Supplies: .00 Change: .00

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

GILLETTE, WY
307/686-4914

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 29842

LOCATION #80 Eldorado

FOREMAN Jacob Storm

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
1-3-10	2991	McSinger 1-23	23	19	3 E	marion																
CUSTOMER Flowers Production			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>446</td> <td>Jeff</td> <td></td> <td></td> </tr> <tr> <td>502</td> <td>Kevin</td> <td></td> <td></td> </tr> <tr> <td>511</td> <td>Jacob</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	446	Jeff			502	Kevin			511	Jacob		
TRUCK #	DRIVER	TRUCK #					DRIVER															
446	Jeff																					
502	Kevin																					
511	Jacob																					
MAILING ADDRESS Po box 249																						
CITY Eldorado	STATE KS	ZIP CODE 67042																				

J.S. meeting JB K.V. JS.

JOB TYPE Surface B HOLE SIZE 12 1/4 HOLE DEPTH 223 CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 212.99 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 132.5 DISPLACEMENT PSI 100 MIX PSI 100 RATE 4 bpm

REMARKS: Softly meeting, pumped to break circulation pumped 10 bbl dried water, mixed 135 sks class A 3% CC 4% gel 3/4 lb poly displac with 13 bbl water, shut in, circulated cement to surface, at 12.5 bbl

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	725.00	725.00
5406	48	MILEAGE	3.65	175.80
8407	1	min bulk delivery	315.00	315.00
11045	135 sks	class A cement	13.50	1822.50
1102	320 lbs	calcium chloride	0.75	240.00
1118B	550 lbs	gel	0.20	110.00
1107	100 lbs	poly	2.10	210.00
			RECEIVED	
			FEB 16 2012	
			KCC WICHITA	
			Subtotal	3597.80
			SALES TAX	113.90
			ESTIMATED TOTAL	3711.70

Ravin 3737

AUTHORIZATION Duke Gault TITLE tool pusher DATE 1-3-11

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.



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 239075

Invoice Date: 01/13/2011 Terms:

Page 1

FLOWERS PRODUCTION
604 STATE
P.O. BOX 249
EL DORADO KS 67042
(316) 321-0550

MEISINGER 1-23
29843
01-05-11

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	90.00	11.3500	1021.50
1118B	PREMIUM GEL / BENTONITE	400.00	.2000	80.00

Description	Hours	Unit Price	Total
442 MIN. BULK DELIVERY	1.00	315.00	315.00
446 P & A NEW WELL	1.00	925.00	925.00
446 EQUIPMENT MILEAGE (ONE WAY)	48.00	3.65	175.20

RECEIVED
FEB 16 2012
KCC WICHITA

Parts:	1101.50	Freight:	.00	Tax:	80.41	AR	2597.11
Labor:	.00	Misc:	.00	Total:	2597.11		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 29843

LOCATION #180 Eldorado

FOREMAN Jacob Storn

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-5-11	2991	Meisinger 1-23	23	19	3E	Marion
CUSTOMER Flowers Production			SAFETY MEETING T.S.			
MAILING ADDRESS Po box 249			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Eldorado			446	Jeff		
STATE KS			442	Tedd		
ZIP CODE 67042			511	Jacob		

JOB TYPE Plug B HOLE SIZE 7 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT N/A
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.016 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI 200 MIX PSI 200 RATE 4bpm

REMARKS: Safety meeting, mixed 35 sks 60/40 poz 4/gal at 290 ft displaced with 1.5 bbl water and pulled pipe to 60 ft mixed 25 sks and cured cement to surface, pulled pipe out, pumped 15 sks 60/40 poz in Rat hole, and 10 sks 60/40 4/gal in mouse hole, topped collar off with 5 sks 60/40 poz 4/gal.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	925.00	925.00
5406	48	MILEAGE	3.65	175.20
5407	1	min bulk delivery	315.00	315.00
1131	90 sks	60/40 poz	11.35	1021.50
1118B	400 lbs	gel	0.20	80.00
			RECEIVED	
			FEB 16 2012	
			KCC WICHITA	
			Subtotal	2516.70
			SALES TAX	80.41
			ESTIMATED TOTAL	2597.11

Rev'n 3737

AUTHORIZATION Duke Colton 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.