

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 # 7564
Name: R&W Energies
Address 1: % Diana Smith Accounting P.O.Box 427
Address 2: _____
City: Madison State: KS Zip: 66860 + _____
Contact Person: Kevin F. Hough
Phone: (620) 583 4785
CONTRACTOR: License # 33900
Name: Steven Leis
Wellsite Geologist: Kevin F. Hough
Purchaser: Kelly Maclaskey

API No. 15 - 073-24172-00-00
Spot Description: NW NW NW 23/24/9e
nm nm nm Sec. 23 Twp. 24 S. R. 9 East West
150 Feet from North / South Line of Section
330 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Greenwood
Lease Name: Gray-Divine Well #: SWD #1
Field Name: Thrall-Aggard

Producing Formation: Douglas Sand
Elevation: Ground: 1175 Kelly Bushing: 1177
Total Depth: 1150 Plug Back Total Depth: 1133
Amount of Surface Pipe Set and Cemented at: 40' 30sx Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 1150
feet depth to: Ground Level w/ 165 sx cmt.

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SLOW
 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 #: _____

4-13-12 4-17-12 4-17-12
Spud Date or Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

Chloride content: 1500 ppm Fluid volume: 200 bbls
Dewatering method used: Let Dry and Backfill

Location of fluid disposal if hauled offsite:
Operator Name: _____
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

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KCC WICHITA

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: Kevin F. Hough
Title: AGENT Date: 4/24/2012

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: DG Date: 4/24/12

Operator Name: R&W Energies Lease Name: Gray-Divine Well #: SWD #1
 Sec. 23 Twp. 24 S. R. 9 East West County: Greenwood

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 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: Gamma Ray-Neutron Cement Bond Log	<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>Winfield</td> <td>915</td> <td></td> </tr> <tr> <td>Douglas Sand</td> <td>1046</td> <td></td> </tr> </table>	Name	Top	Datum	Winfield	915		Douglas Sand	1046	
Name	Top	Datum								
Winfield	915									
Douglas Sand	1046									

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	8 3/4	7" surface	20lb/ft	40'	common	30	
Production	5 7/8	2 7/8	6lb/ft	1133	60/40 Poz	165	4% 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	N/A			
	N/A			

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
2 Shots/FT	1056-1066 1078-1088 1095-1105	300 gal 15% Mud Acid and 25 bbl	1056-
	1108-1118 13shots 1120-1126	water	to 1126
	97 total shots		

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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. SWD		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.	Gas Mcf	Water Bbls. Gas-Oil Ratio Gravity
			100 bbl/day

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)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: Disposal
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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 36440
LOCATION Eureka
FOREMAN Steve Mead

PO Box 884, Chanute, KS 66720
320-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-17-12	7263	Gray-Divine SWD#1				Greenwood

CUSTOMER
R+W Energy
MAILING ADDRESS
P.O. Box 427
CITY Madison STATE KS ZIP CODE 66860

TRUCK #	DRIVER	TRUCK #	DRIVER
485	Alan M		
515	Calin		

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 1140' CASING SIZE & WEIGHT _____
CASING DEPTH 1133' DRILL PIPE _____ TUBING 2 3/8 OTHER _____
SLURRY WEIGHT 13.6* SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 766ls DISPLACEMENT PSI 700* MIX PSI 1200* RATE _____

REMARKS: Safety Meeting: Rig up to 2 3/8 Tubing. Break circulation w/ 566ls Fresh water. Mix 165 sks 60/40 Pozmix Cement w/ 4% Gel, 1% CaCl2 + 1/2" per/sk AT 13.6* per/sk. Shut down wash out pump & lines. Stab 2 plugs. Displace with 766ls Fresh water. Final pumping pressure 700*. Bump Plug to 1200* Shut down Good Cement Return to surface. Rig back up to well. Pressure up well to 600* to MIT Well 600* For 1 hr. Good Test

Sub Complete Rigdown

Thank You

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	15	MILEAGE	4.00	60.00
1131	165 sks	60/40 Pozmix Cement	12.55	2070.75
1118B	570*	Gel 4%	.21	119.70
1102	150*	CaCl2 1%	.74	111.00
1107	54*	Flo-Cele 1/2" per/sk	2.35	126.90
5407	7.10 Tons	700 mileage bulk Truck	MLL	350.00
4402	2	2 3/8 Tap Rubber Plug	28.00	56.00
			RECEIVED	
			APR 24 2012	
			KCC WICHITA	
			SubTotal	3924.35
			7.3%	SALES TAX 181.36
			ESTIMATED TOTAL	4105.71

AUTHORIZATION [Signature] TITLE Agent DATE 4-17-2012

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's...