



KANSAS CORPORATION COMMISSION 1080520
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 # 4175
Name: Dvorachek, Harold A. dba Quest Development Co.
Address 1: PO BOX 413
Address 2: _____
City: IOLA State: KS Zip: 66749 + 0413
Contact Person: Hal Dvorachek
Phone: (620) 365-5862
CONTRACTOR: License # 33900
Name: Leis, Steven A.
Wellsite Geologist: none
Purchaser: _____

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 #: _____

<u>11/18/2011</u>	<u>11/19/2011</u>	<u>11/19/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-031-23080-00-00

Spot Description: _____

SW SW NE SW Sec. 27 Twp. 22 S. R. 17 East West
1350 Feet from North / South Line of Section
1500 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Coffey

Lease Name: Lehmann A Well #: #1

Field Name: _____

Producing Formation: Squirrel

Elevation: Ground: 1082 Kelly Bushing: 1086

Total Depth: 1206 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 40 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: 0 ppm Fluid volume: 100 bbls

Dewatering method used: Hauled to Disposal

Location of fluid disposal if hauled offsite:

Operator Name: Owen, Matthew

Lease Name: Pike License #: 33662

Quarter SE Sec. 5 Twp. 27 S. R. 10 East West

County: Greenwood Permit #: 15-073-22787

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 Garriss Date: 05/11/2012



1080520

Operator Name: Dvorachek, Harold A. dba Quest Development Co. Lease Name: Lehmann A Well #: #1
 Sec. 27 Twp. 22 S. R. 17 East West County: Coffey

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 type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Cherokee Shale 952' +130
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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	10.0	7.0	17.0	40	Portland	10	
Production	5.875	2.875	6.5	1182	OWC	140	

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

TUBING RECORD: Size: Set At: Packer At: Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

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)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Hodown Drilling

INVOICE

P.O. Box 92
 Yates Center, KS 66783
 (719) 210-8806 (620) 330-6328

DATE: December 1, 2011
 INVOICE #

Andrew King & Steven Leis (Owners)

FOR: Lehmann A #1

BILL TO:
 Hal Dvorachek
 Quest Development Co.
 P.O. Box 413
 Iola, KS 66749

DESCRIPTION	HOURS	RATE	AMOUNT
Drilled 1206' 5 7/8" hole		6.00	\$ 7,236.00
set surface (10 sacks cement)		included	
10 sacks cement		13.00	130.00
SUBTOTAL			\$ 7,366.00
TAX RATE			
SALES TAX			
OTHER			
TOTAL			\$ 7,366.00

Make checks payable to Hodown Drilling
 Total due in 15 days. Overdue accounts subject to a service charge of 1% per month.

THANK YOU FOR YOUR BUSINESS!



CONSOLIDATED
Oil Well Services, LLC

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TICKET NUMBER 33355

LOCATION Eureka

FOREMAN Rick Ledford

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

FIELD TICKET & TREATMENT REPORT
CEMENT

API# 15-031-23080

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/19/11	6605	Lehman A # 1	27	223	17E	Coffey
CUSTOMER <u>Quest Development</u>						
MAILING ADDRESS <u>P.O. Box 413</u>						
CITY <u>Iola</u>		STATE <u>KS</u>	ZIP CODE <u>66749</u>			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			<u>520</u>	<u>Cliff</u>		
			<u>667</u>	<u>Allen B.</u>		
			<u>637</u>	<u>Danny B.</u>		

JOB TYPE L/S 0 HOLE SIZE 5 7/8" HOLE DEPTH 1204' CASING SIZE & WEIGHT _____
 CASING DEPTH 1182' DRILL PIPE _____ TUBING 2 7/8" OTHER _____
 SLURRY WEIGHT 13.5* SLURRY VOL 40 bbl WATER gal/sk 8.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 6.8 bbl DISPLACEMENT PSI 600 ~~PSI~~ 1000 Pump plus RATE _____

REMARKS: Safety meeting. Rig up to 2 7/8" tubing. Break circulation w/ 5 bbl fresh water. Pump 6 sks gel-flush, brought gel to surface w/ pit water. Mixed 140 sks OWC cement w/ 1/2" phenoseal/sk @ 13.5*/gal. Shut down washout pump + lines, drop 2 plugs. Displace w/ 6.8 bbl fresh water. Final pump pressure 600 PSI. Pump plugs to 1000 PSI, release pressure. Float & plugs held. Good cement returns to surface = 5 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
1126	140 sks	O.W.C cement	17.90	2506.00
1107A	70"	1/2" phenoseal/sk	1.22	85.40
1118B	300"	gel-flush	.20	60.00
5407A	7.28	tan mileage bulk tax	1.26	366.91
5502C	4 hrs	80 bbl VAC. TAX	90.00	360.00
1123	3000 gals	city water	15.60/1000	46.80
4402	2	2 7/8" top rubber plugs	28.00	56.00
			Subtotal	4616.11
			6.39% SALES TAX	173.51
			ESTIMATED TOTAL	4789.62

Revin 3737

[Signature]

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

