



KANSAS CORPORATION COMMISSION 1080106
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 # 34560
Name: Circle E Investments
Address 1: 3820 W. 52ND ST
Address 2: _____
City: ROELAND PARK State: KS Zip: 66205 + _____
Contact Person: Joe Wagner
Phone: (816) 985-4497
CONTRACTOR: License # 5786
Name: McGown Drilling, Inc.
Wellsite Geologist: none
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 #: _____

<u>02/08/2012</u>	<u>02/08/2012</u>	<u>2/10/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-045-21714-00-00

Spot Description: _____
NW SW SW SW Sec. 28 Twp. 12 S. R. 20 East West
495 Feet from North / South Line of Section
5115 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Douglas

Lease Name: VOGELLAND, LLC Well #: 1

Field Name: _____

Producing Formation: squirrel

Elevation: Ground: 822 Kelly Bushing: 0

Total Depth: 862 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 52 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: 52 w/ 40 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 1500 ppm Fluid volume: 80 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 Gantner Date: 05/17/2012



1080106

Operator Name: Circle E Investments Lease Name: VOGELLAND, LLC Well #: 1
 Sec. 28 Twp. 12 S. R. 20 East West County: Douglas

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: GammaRay/Neutron/CCL	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum GammaRay
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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	11	7	10	52	Portland	40	50/50 POZ
Completion	5.6250	2.8750	8	843	50/50	140	50/50 POZ

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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) _____		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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McGown Drilling, Inc.
Mound City, Kansas

Operator:
Circle E Investments
Roeland Park, Kansas

Vogelland, LLC #1
Douglas County, KS
28-12S-20E
API # 15-045-21714

Spud Date:	2/8/2012	Surface Bit:	11"
Surface Casing:	7"	Drill Bit:	5.875"
Surface Length:	52.60'	Longstring:	843.85'
Surface Cement:	Cemented by Consolidated	Longstring Date:	2/10/2012
		Longstring Size:	2 7/8 EUE

Driller's Log

Top	Bottom	Formation	Comments
0	2	Soil & clay	
2	50	Silt & sand	
50	64	Lime	
64	93	Shale	
93	110	Lime	
110	142	Shale	
142	208	Lime	
208	223	Shale	
223	233	Lime	
233	254	Shale	
254	261	Lime	
261	270	Shale	
270	378	Lime	
378	489	Big Shale	
489	497	Lime	
497	542	Shale	
542	547	Lime	
547	554	Shale	
554	556	Lime	
556	564	Shale	
564	570	Lime	
570	586	Shale	
586	588	Lime	
588	596	Shale	
596	602	Lime	

913.795.2259 office
620.224.7406 Chris' cell

mcgowndrilling@gmail.com

PO Box K
Mound City, KS

Vogelland LLC #1
Douglas Co., KS

602	621	Shale	
621	628	Lime	
628	634	Shale	
634	636	Lime	
636	637	Shale	
637	639.5	Sand	Broken, fair oil show, very shaly
639.5	681	Shale	
681	682	Coal	
682	689	Shale	
689	692	Sand	Laminated, dry
692	700	Shale	
700	715	Sand	Odor, trace oil bleed
715	735	Sand	Fair to good oil show, best 725-735
735	736	Coal	
736	741	Shale	
741	743	Lime	
743	748	Shale	
748	749	Coal	
749	851	Shale	
851	860	Sand	Grey, dry
860	862	Shale	
862	TD		

Coring

Run	Footage	Recovery
1	637-657	20'

Mud

Mixes 24 sx gel to set surface



CONSOLIDATED
Oil Well Services, LLC

PO Box 894, Chanute, KS 66720
620-431-9210 or 800-487-8676

TICKET NUMBER 36461

LOCATION Ottawa

FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-8-12	1862	Kogelland #1	SW 28	12	20	06
CUSTOMER <u>Circle E Investment</u>						
MAILING ADDRESS <u>3820 W 52nd</u>						
CITY <u>Hoeland Park</u>		STATE <u>KS</u>	ZIP CODE <u>66025</u>			

TRUCK #	DRIVER	TRUCK #	DRIVER
516	Alan M	Safety	Maat
368	Alan M	ABM	
369	Derek M	DM	
503	Daniel G	DG	

JOB TYPE Grout HOLE SIZE 11 1/4 HOLE DEPTH 52 CASING SIZE & WEIGHT 7
 CASING DEPTH 52 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/ok _____ CEMENT LEFT in CASING YES
 DISPLACEMENT 2.1 DISPLACEMENT PSI 100 MIX PSI _____ RATE 4.6 gpm

REMARKS: Held crew meet. Established rate. Mixed & pumped 40 SK 50/50 cement plus 27 gal. Mixed with calcium water. Stirred in floeal on the fly. Circulated cement. Displaced casing with clean water.

McGowan, Frank

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405	1	PUMP CHARGE		
5406		MILEAGE		825.00
5402	52	casing footage		
5407	1/2 min	for mileage		
5502C	1	80 gal	90.00	175.00
1124	40	50/50 cement		438.00
1118B	67	gel		14.00
1107	25	floeal		58.75
1102	500	calcium		37.00
<u>247791</u>				

SALES TAX ESTIMATED TOTAL 39.99
1677.85

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



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

TICKET NUMBER 36463

LOCATION Ottawa

FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-10-12	1862	Vegetland #1	SW 28	12	20	26
CUSTOMER Circle E Investments			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 3820 W 52nd			316	Alan M	Safety	Meat
CITY Roeland Park			368	Arland	MM	
STATE KS			370	Gary M	GM	
ZIP CODE 66025			503	Daniel G	DG	
JOB TYPE Long String	HOLE SIZE 3 5/8	HOLE DEPTH 862	CASING SIZE & WEIGHT 2 7/8			
CASING DEPTH 843	DRILL PIPE	TUBING	OTHER			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT IN CASING yes			
DISPLACEMENT 4.9	DISPLACEMENT PSI 800	MIX PSI 200	RATE 4.6 ppm			

REMARKS: Held crew meeting. Established rate. Mixed & pumped 100# gel. Gel cured by 140 sk 50/50 cement plus 2% gel. Circulated cement. Flushed pump. Pumped plug to casing TD. Well hold 800 PSI. Set float. Closed valve.

McGowan, Frank.

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	35	MILEAGE		140.00
5402	873'	casing footage		
5407	mjn	ten miles		350.00
5502C	2	80 gal		180.00
1124	140 sk	50/50 cement		1533.00
1118B	335 #	gel		70.35
4402	1	2 1/2 plug		28.00
				SALES TAX
				ESTIMATED TOTAL
				119.09
				3450.44

247812

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.