



KANSAS CORPORATION COMMISSION 1080046
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 # 8509
Name: Evans Energy Development, Inc.
Wellsite Geologist: none
Purchaser: Pacer

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 #: _____
12/30/2011 1/3/2012 1/4/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-103-21319-00-00
Spot Description: _____
NE SW SW SW Sec. 27 Twp. 12 S. R. 20 East West
495 Feet from North / South Line of Section
4785 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Leavenworth
Lease Name: KENT NUNEMAKER Well #: 1
Field Name: Wildcat
Producing Formation: Squirrel
Elevation: Ground: 815 Kelly Bushing: 0
Total Depth: 696 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 60 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: _____
feet depth to: 60 w/ 35 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 Garrico Date: 05/17/2012



1080046

Operator Name: Circle E Investments Lease Name: KENT NUNEMAKER Well #: 1
 Sec. 27 Twp. 12 S. R. 20 East West County: Leavenworth

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
--	---

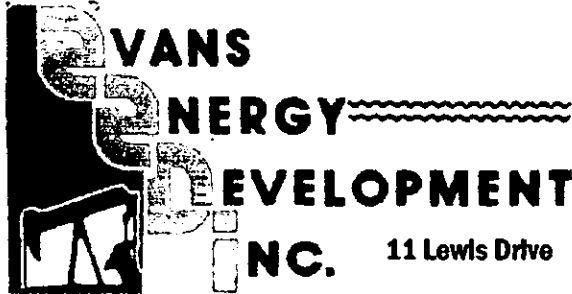
CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	9	7	10	60	Portland	35	50/50POZ
Completion	5.6250	2.8750	8	728	Portland	120	50/50 POZ

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	-	50/50		
	-			

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 Bbbs.	Gas Mcf	Water Bbbs. 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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
---	--	--



11 Lewis Drive

Paola, KS 66071

Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

Circle E Investments

Kent Nunemaker #1

API #15-103-21,319

December 30, 2011 - January 4, 2012

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
60	sandstone	60
12	lime	72
7	shale	79
13	lime	92
22	shale	114
5	lime	119
34	shale	153
61	lime	214
21	shale	235
4	lime	239
18	shale	257
2	lime	259
2	shale	261
8	lime	269
21	shale	290
13	lime	303
51	shale	354
25	lime	379 base of the Kansas City
178	shale	557
12	lime	569
10	shale	579
6	lime	585
28	shale	613
12	lime	625
30	shale	655
2	broken sand	657
1	oil sand	658
0.5	limey sand	658.5
1.5	oil sand	660
2	broken sand	662
5	silty shale	667
19	shale	686
5	grey sand	691
21	shale	712
1	coal	713
17	shale	730
2	grey sand	732
4	white sand	736

Kent Nunemaker #1

Page 2

4	silty shale	740
20	shale	760

Drilled a 10" hole to 64'

Drilled a 5 5/8" hole to 760'

Set 64' of 7" surface casing cemented by Consolidated Oil Services.

Set 728.7' of 2 7/8" threaded and coupled 8 round upset tubing with 3 centralizers, 1 float shoe, and 1 clamp.

	Core Times	
	<u>Minutes</u>	<u>Seconds</u>
656		36
657		40
658		39
659		17
660		20
661		24
662		26
663		29
664		25
665		26
666		29
667		31
668		32
669		36
670		31
671		32
672		34
673		33
674		42
675		33



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 36777

LOCATION Ortawg

FOREMAN Alan Mader

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
12/30/11	1862	K. Numemaker #1	SUC 87	12	30	LV
CUSTOMER Circle E MAILING ADDRESS 3820 W 32nd CITY Hoeland Park STATE KS ZIP CODE 67205			TRUCK #	DRIVER	TRUCK #	DRIVER
			5K	Alan M	Safety	Meel
			368	Alex M	AM	
			370	Gary M	GM	
			548	Keith D	kd	
JOB TYPE <u>Surface</u>		HOLE SIZE <u>9 1/2</u>	HOLE DEPTH <u>64</u>	CASING SIZE & WEIGHT <u>7"</u>		
CASING DEPTH <u>64</u>		DRILL PIPE	TUBING	OTHER		
SLURRY WEIGHT		SLURRY VOL	WATER gal/sek	CEMENT LEFT In CASING <u>Yes</u>		
DISPLACEMENT <u>2.6</u>		DISPLACEMENT PSI <u>100</u>	MIX PSI <u>-</u>	RATE <u>450m</u>		

REMARKS: Held crew meetings. Acted as mud pump while drilling @ Ortawg. Last 3'. Mixed & pumped 100# gel to clean hole. Pulled steel out & ran 7" casing. Mixed & pumped 35.5k 50/50 cement plus 29# gel & 1/2 flo seal per sack. Mixed with water & 50# calcium. Circulated cement. Displaced casing with 2 1/2 bbl clean water. Closed valve.

Erans Energy, Ken

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54019	1	PUMP CHARGE		825.00
5406		MILEAGE		
5402	64	casing footage		
5407	1/2 min	ton miles		175.00
5502C	2	80vac		180.00
1124	35	50/50 cement		383.25
1183	159#	gel		33.39
1107	18#	flo seal		47.30
1122	30#	calcium		37.00
246829				
SALES TAX			7.3	36.21
ESTIMATED TOTAL				1712.15

NO company rep
Jim Okid

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



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 36797
LOCATION Ottawa KS
FOREMAN Fred Maden

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
11/4/12	1862	Nursemaker #1	14th SW 27	12	20	LV
CUSTOMER Circle E Investments LLC			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 3820 W 52nd			506	FREMAD	Safety	MM
CITY Roeland Park	STATE KS	ZIP CODE 66205	475	HARBEC	HAB	O
			370	ARMCO	ARM	
			503	RYAN	RS	

JOB TYPE Logging HOLE SIZE 5 7/8 HOLE DEPTH 760 CASING SIZE & WEIGHT 2 7/8" EUE
CASING DEPTH 725 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
DISPLACEMENT 4.23 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5BPM

REMARKS: Establish pump rate. Mix & Pump 100# Premium Gel Flush.
Mix & Pump 5Ks 50/50 Por Mix Cement 2 1/2" Gel. Cement
to surface. Flush pump & line clean. Displace 2 1/2" Rubber
plug to casing TD w/ 4.23 BBL Fresh Water. Pressure to
500# PSI. Release pressure to set float valve. Shut in
Casing.

Evans Energy Prod Inc.

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	35 mi	MILEAGE	455	140 ⁰⁰
5402	725	Casing footage		N/C
5407	Minimum	Ten Miles	503	250 ⁰⁰
5502	2 hrs	80 BBL Vac Truck		180 ⁰⁰
1124	120 SKS	50/50 Por Mix Cement		1314 ⁰⁰
1119B	302#	Premium Gel		638 ⁰⁰
4402	1	2 1/2" Rubber plug		28 ⁰⁰
			7.870	SALES TAX
				ESTIMATED TOTAL
				3208 ⁰¹

246904

Revised 3/78 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 account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form