



KANSAS CORPORATION COMMISSION 1080104
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>02/01/2012</u>	<u>02/01/2012</u>	<u>2/6/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-045-21755-00-00

Spot Description: _____
W2 NE NE NE Sec. 33 Twp. 12 S. R. 20 East West
4950 Feet from North / South Line of Section
495 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Douglas
Lease Name: Irene Vogel Trust Well #: 4
Field Name: _____
Producing Formation: squirrel
Elevation: Ground: 818 Kelly Bushing: 0
Total Depth: 766 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 54 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: 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	
<input type="checkbox"/> Letter of Confidentiality Received	Date: _____
<input type="checkbox"/> Confidential Release Date: _____	
<input checked="" type="checkbox"/> Wireline Log Received	
<input type="checkbox"/> Geologist Report Received	
<input type="checkbox"/> UIC Distribution	
ALT <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III	Approved by: <u>Deanna Gantner</u> Date: <u>05/17/2012</u>



1080104

Operator Name: Circle E Investments Lease Name: Irene Vogel Trust Well #: 4
 Sec. 33 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
--	---

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	54	Portland	40	50/50 POZ
Completion	5.6250	2.8750	8	754	Portland	119	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 (Amount and Kind of Material Used)	Depth
3	652.5-658.5	2" DML RTG	6

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

McGown Drilling, Inc.
Mound City, Kansas

Operator:
Circle E Investments
Roeland Park, Kansas

Irene Vogel Trust #4
Douglas County, KS
33-12S-20E
API # 15-045-21755

Spud Date:	2/1/2012	Surface Bit:	11"
Surface Casing:	7"	Drill Bit:	5.875"
Surface Length:	53.80'	Longstring:	754.45'
Surface Cement:	Cemented by Consolidated	Longstring Date:	2/2/2012
		Longstring Size:	2 7/8 EUE

Driller's Log

Top	Bottom	Formation	Comments
0	9	Soil & silt	
9	48	Sand	
48	75	Lime	
75	90	Shale	
90	112	Lime	
112	138	Shale	
138	202	Lime	
202	226	Shale	
226	238	Lime	
238	255	Shale	
255	265	Lime	
265	282	Shale	
282	366	Lime	
366	369	Bl. Shale & Shale	
369	384	Lime	
384	492	Big Shale	
492	500	Lime	
500	548	Shale	
548	564	Lime	
564	568	Shale	
568	577	Lime	
577	591	Shale	
591	593	Lime	
593	598	Bl. Shale & Shale	
598	612	Lime	

913.795.2259 office
620.224.7406 Chris' cell

mcgowndrilling@gmail.com

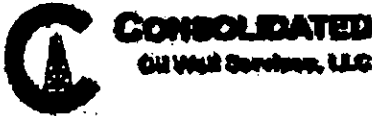
PO Box K
Mound City, KS

Irene Vogel Trust #4
Douglas Co., KS

612	631	Shale	
631	637	Lime	
637	649	Shale	
649	654	Broken sand	Slight to fair oil show
654	656	Sand	Good oil show
656	714	Shale	
714	717	Broken sand	No oil show
717	766	Shale	
766	TD		

Coring		
Run	Footage	Recovery
1	642-661	19'

Mud
Mixes 27 sx gel to set surface



TICKET NUMBER 36915
 LOCATION off Hwy
 FOREMAN Alan Mada

PO Box 884, Chanute, KS 66720
 820-431-8210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-1-12	1862	Irving Vogel Trust #24	NE 33	12	20	26
CUSTOMER Circle E Investments			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 3820 W 52nd			516	Alan M	Sally	Meat
CITY Boealand Park			368	Brian M		
STATE KS			369	Derek M	DJ	
ZIP CODE 66605			523	Ryan S	RS	

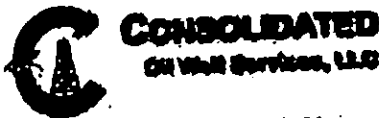
JOB TYPE surface HOLE SIZE 11 1/4 HOLE DEPTH 174 CASING SIZE & WEIGHT 7"
 CASING DEPTH 54 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 274 DISPLACEMENT PSI 100 MIX PSI _____ RATE 46 gpm
 REMARKS: Hold crew meet. Established rate. Mixed + pumped 40 50 5D 15D cement with calcium water. Mixed in 15 placed on the fly. Circulated cement. Displaced casing with clean water. Closed valve.

McGown Drilling, Frank
Alan Mada

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54013	1	PUMP CHARGE		825.00
5406		MILEAGE		
5402	54	casing footage		
5407	1/2 m in	top miles		175.00
55021	1/2	BD val		135.00
1124	40	5D 15D cement		438.00
1118B	67#	gel		14.07
1107	15#	Plaseal		35.25
1102	5D#	calcium		97.00
<u>247726</u>				
SALES TAX				38.22
ESTIMATED TOTAL				1697.54

NO company rep
 AUTHORIZATION Jim O'K'd

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



PO Box 894, Chanute, KS 66720
620-431-9210 or 800-467-8876

TICKET NUMBER 36922
LOCATION Ottawa
FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-6-12	1862	Irene Vogel Trust #4	NE S3	12	20	D6
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Circle E Investments			516	Alan M	Safety	Med
MAILING ADDRESS			368	Arden M		
3820 W 52nd			370	Gary M	GM	
CITY	STATE	ZIP CODE	548	Keith L	KL	
Beeland Park	KS	66026				

JOB TYPE long string HOLE SIZE 5 5/8 HOLE DEPTH 766 CASING SIZE & WEIGHT 2 7/8
CASING DEPTH 754 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
DISPLACEMENT 4.4 DISPLACEMENT PIN 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held crew meet. Est. established rate. Mixed & pumped 100# gel followed by 119.5k 50/50 cement plus 290 gel. Circulated cement. Flushed pumps. Pumped plug to casing TD. Well held 800 PSI. Set float. Closed valve.

McClown Frank Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
				1080.00
5401	1	PUMP CHARGE		140.00
5406	36	MILEAGE		
5402	754'	Casing footage		175.00
5407	1/2 min	ton miles		135.00
55026	1 1/2	80 gal		
				1303.00
1124	119	50/50 Cement		63.00
111813	300#	gel		28.00
1402	1	2 1/2 plug		
			7.9	SALES TAX 101.76
				ESTIMATED TOTAL 2915.81

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.