

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

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 # 6407
Name: Flowers Production Co., Inc.
Address 1: P.O. Box 249
Address 2: _____
City: El Dorado State: KS Zip: 67042 + _____
Contact Person: Dallas Flowers
Phone: (316) 321-0550
CONTRACTOR: License # 32701
Name: C&G Drilling, Inc.
Wellsite Geologist: Bill Jackson
Purchaser: Maclaskey Oilfield Services

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 #: _____

| | | |
|-----------------------------------|-----------------|-----------------------------------------|
| 06/01/11 | 06/04/11 | 10/19/11 |
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - 015-23903-00-00
Spot Description: N2 NE SW
_____ Sec. 16 Twp. 28 S. R. 4 East West
1,475 Feet from North / South Line of Section
2,310 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Butler
Lease Name: Bachman Well #: 1A
Field Name: Augusta
Producing Formation: Arbuckle
Elevation: Ground: 1201 Kelly Bushing: _____
Total Depth: 2564 Plug Back Total Depth: 2547
Amount of Surface Pipe Set and Cemented at: 207 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: _____ ppm Fluid volume: _____
Dewatering method used: _____
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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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: _____
Title: President Date: 05/11/12

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: DLG Date: 5/21/12

Operator Name: Flowers Production Co., Inc. Lease Name: Bachman Well #: 1A
 Sec. 16 Twp. 28 S. R. 4 East West County: Butler

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 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: Geologist and Gamma Ray Neutron | <input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum see attached |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|

| 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 | 12 1/4" | 8 5/8" | 23# | 207 | Class A | 135 SX | |
| Production | 7 7/8" | 5 1/2" | 14.5# | 2563 | Class A | 125 SX | |
| | | | | | | | |

| 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 | | | | |
| | | | | |

| 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 |
|----------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| 4 | 2506 to 2508 | 200 gal 15% Acid IS | |
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| | | | |
|-------------------------------------------------------------------------|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| TUBING RECORD: Size: <u>2 7/8"</u> Set At: <u>2500</u> Packer At: _____ | | Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Date of First, Resumed Production, SWD or ENHR. <u>10/19/11</u> | | 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 Bbbs. <u>2</u> | Gas Mcf _____ | Water Bbbs. <u>150</u> Gas-Oil Ratio _____ Gravity <u>40</u> |

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| 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: <u>2506' to 2508'</u> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

70 xxy
MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 241971

Invoice Date: 06/20/2011 Terms:

Page 1

FLOWERS PRODUCTION
604 STATE
P.O. BOX 249
EL DORADO KS 67042
(316) 321-0550

BACHMAN 1A
31055
16-26S-4E
06-01-11 5-31
KS

| Part Number | Description | Qty | Unit Price | Total |
|-------------|-------------------------|--------|------------|---------|
| 1104S | CLASS "A" CEMENT (SALE) | 135.00 | 14.2500 | 1923.75 |
| 1102 | CALCIUM CHLORIDE (50#) | 320.00 | .7000 | 224.00 |
| 1118B | PREMIUM GEL / BENTONITE | 250.00 | .2000 | 50.00 |
| 1107 | FLO-SEAL (25#) | 50.00 | 2.2200 | 111.00 |

| Description | Hours | Unit Price | Total |
|---------------------------------|-------|------------|--------|
| 290 CEMENT PUMP (SURFACE) | 1.00 | 775.00 | 775.00 |
| 290 EQUIPMENT MILEAGE (ONE WAY) | 20.00 | 4.00 | 80.00 |
| 442 MIN. BULK DELIVERY | 1.00 | 330.00 | 330.00 |

Surface Ccs Cont

C

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| | | | | | | | |
|--------|---------|-----------|-----|---------|---------|----|---------|
| Parts: | 2308.75 | Freight: | .00 | Tax: | 151.23 | AR | 3644.98 |
| Labor: | .00 | Misc: | .00 | Total: | 3644.98 | | |
| Sublt: | .00 | Supplies: | .00 | Change: | .00 | | |

Signed _____

Date _____



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P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
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FAX 620/431-0012

INVOICE

Invoice # 241964

Invoice Date: 06/20/2011 Terms:

Page 1

FLOWERS PRODUCTION
604 STATE
P.O. BOX 249
EL DORADO KS 67042
(316) 321-0550

BACHMAN A1
31059
16-26S-4E
~~06-05-11~~ 5-31
KS

| Part Number | Description | Qty | Unit Price | Total |
|-------------|-------------------------|--------|------------|---------|
| 1104S | CLASS "A" CEMENT (SALE) | 125.00 | 14.2500 | 1781.25 |
| 1102 | CALCIUM CHLORIDE (50#) | 160.00 | .7000 | 112.00 |
| 1118B | PREMIUM GEL / BENTONITE | 250.00 | .2000 | 50.00 |
| 1110A | KOL SEAL (50# BAG) | 400.00 | .4400 | 176.00 |
| 4130 | CENTRALIZER 5 1/2" | 3.00 | 48.0000 | 144.00 |
| 4159 | FLOAT SHOE AFU 5 1/2" | 1.00 | 344.0000 | 344.00 |
| 4454 | 5 1/2" LATCH DOWN PLUG | 1.00 | 254.0000 | 254.00 |
| 1144G | MUD FLUSH (SALE) | 500.00 | .0000 | .00 |

| Description | Hours | Unit Price | Total |
|---------------------------------|-------|------------|--------|
| 442 MIN. BULK DELIVERY | 1.00 | 330.00 | 330.00 |
| 446 CEMENT PUMP | 1.00 | 975.00 | 975.00 |
| 446 EQUIPMENT MILEAGE (ONE WAY) | 20.00 | 4.00 | 80.00 |

*Cmt 5 1/2" Prod. Csg.
Equip- Trans:ble.*

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| | | | | | | | |
|--------|---------|-----------|-----|---------|---------|----|---------|
| Parts: | 2861.25 | Freight: | .00 | Tax: | 187.42 | AR | 4433.67 |
| Labor: | .00 | Misc: | .00 | Total: | 4433.67 | | |
| Sublt: | .00 | Supplies: | .00 | Change: | .00 | | |

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

GILLETTE, WY
307/686-4914

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577