



KANSAS CORPORATION COMMISSION 1079883  
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 # 33900  
Name: Leis, Steven A.  
Address 1: 1092 OSAGE RD  
Address 2:  
City: YATES CENTER State: KS Zip: 66783 + 5223  
Contact Person: STEVEN A. LEIS  
Phone: ( 620 ) 330-6328  
CONTRACTOR: License # 33900  
Name: Leis, Steven A.  
Wellsite Geologist: NA  
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 #:

7/02/2011	7/06/2011	7/06/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-207-27869-00-00

Spot Description:  
NW SW NE NE Sec. 2 Twp. 24 S. R. 15  East  West  
700 Feet from  North /  South Line of Section  
1170 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE     NW     SE     SW

County: Woodson

Lease Name: SMITH Well #: L-1

Field Name:

Producing Formation: Mississippi

Elevation: Ground: 1122 Kelly Bushing: 1125

Total Depth: 1566 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: 1566

feet depth to: 0 w/ 152 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 30 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: 05/22/2012
- Confidential Release Date:
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: Deanna Gerriss Date: 05/30/2012



1079883

Operator Name: Leis, Steven A. Lease Name: SMITH Well #: L-1  
 Sec. 2 Twp. 24 S. R. 15  East  West County: Woodson

**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 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:  GR/Nuetron	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Mississippi</td> <td>1508</td> <td>-386</td> </tr> </table>	Name	Top	Datum	Mississippi	1508	-386
Name	Top	Datum					
Mississippi	1508	-386					

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
Casing	6.75	4.5	11.6	1566	thick set cement	152	kol seal
Surface	11.5	8.625	30.5	40	portland	20	na

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
2	12 SHOTS 1531-37	Acid	1531-1537
2	5 SHOTS 1543-45	Acid	1543-1545

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <i>(Explain)</i> _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity
	2		30	35

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" 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) (Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: <u>1531-1537</u> <u>1543-1545</u>
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**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 31351

LOCATION Fireka

FOREMAN Rick Laddard

242639

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

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

API # 15-207-27869

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-6-11	9999	Smith L-1	2	24	15E	Woodson
CUSTOMER			TRUCK #			
Mailing Address			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
JOB TYPE <u>L/A 0</u>			DRIVER			

HOLE SIZE 6 3/4" HOLE DEPTH 1581' CASING SIZE & WEIGHT 4 1/2"  
 CASING DEPTH 1566' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 139" SLURRY VOL 58 Bbl WATER gal/sk 8.1 CEMENT LEFT in CASING 0'  
 DISPLACEMENT 25.3 Bbl DISPLACEMENT PSI 800 BUMP PSI 1300 bump plug RATE \_\_\_\_\_

REMARKS: Safety meeting. Rig up to 4 1/2" casing. Break circulation w/ fresh water. Pump 8 SKS gel-flush, 40 Bbl water spacer. Mixed 150 lbs thickset cement w/ 5" Kal-soal 1sk @ 13.4"/gal. Washout pump + line release plug. Displace w/ 25.3 Bbl fresh water. Final pump pressure 800 PSI. Bump plug to 1300 PSI. release pressure, float + plug held. Good cement returns to surface = 7 Bbl slurry to pit. Closed well in @ 0 PSI. 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	30	MILEAGE	4.00	120.00
112AA	150 SKS	thickset cement	18.30	2745.00
1110A	250"	5" Kal-soal 1sk	.44	330.00
1118B	400"	gel-flush	.20	80.00
5407	8.25	ton mileage bulk trk	m/c	330.00
5502C	3 hrs	80 Bbl vac. TRK	90.00	270.00
1123	3000 gals	city water	15.60/1000	46.80
4404	1	1/2" top rubber plug	42.00	42.00
Total \$5175.60			Check # 3359	
5% disc. -258.78				
\$4916.82				
			Subtotal	4938.80
			SALES TAX	236.80
			ESTIMATED TOTAL	5175.60

Revin 3737

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

Conservation Division  
Finney State Office Building  
130 S. Market, Rm. 2078  
Wichita, KS 67202-3802



Phone: 316-337-6200  
Fax: 316-337-6211  
<http://kcc.ks.gov/>

Mark Sievers, Chairman  
Ward Loyd, Commissioner  
Thomas E. Wright, Commissioner

Sam Brownback, Governor

May 22, 2012

STEVEN A. LEIS  
Leis, Steven A.  
1092 OSAGE RD  
YATES CENTER, KS 66783-5223

Re: ACO1  
API 15-207-27869-00-00  
SMITH L-1  
NE/4 Sec.02-24S-15E  
Woodson County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,  
STEVEN A. LEIS

Conservation Division  
Finney State Office Building  
130 S. Market, Rm. 2078  
Wichita, KS 67202-3802



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Fax: 316-337-6211  
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Mark Sievers, Chairman  
Ward Loyd, Commissioner  
Thomas E. Wright, Commissioner

Sam Brownback, Governor

May 23, 2012

STEVEN A. LEIS  
Leis, Steven A.  
1092 OSAGE RD  
YATES CENTER, KS 66783-5223

Re: ACO-1  
API 15-207-27869-00-00  
SMITH L-1  
NE/4 Sec.02-24S-15E  
Woodson County, Kansas

Dear STEVEN A. LEIS:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 7/02/2011 and the ACO-1 was received on May 22, 2012 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department