



KANSAS CORPORATION COMMISSION 1063272  
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 # 31763  
Name: Blake Production Co., Inc.  
Address 1: 1601 NW EXPRESSWAY STE 1200  
Address 2: \_\_\_\_\_  
City: OKLAHOMA CITY State: OK Zip: 73118 + 1463  
Contact Person: Brian Rickard  
Phone: ( 405 ) 286-9800  
CONTRACTOR: License # 30141  
Name: Summit Drilling Company  
Wellsite Geologist: Tom Robertson  
Purchaser: Pacer Marketing

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 #: \_\_\_\_\_

7/5/2011	7/20/2011	7/25/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-197-20290-00-00  
Spot Description: \_\_\_\_\_  
SE NE NE NW Sec. 4 Twp. 14 S. R. 10  East  West  
440 Feet from  North /  South Line of Section  
2380 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Wabaunsee  
Lease Name: Davis Well #: B-7  
Field Name: \_\_\_\_\_  
Producing Formation: Kansas City  
Elevation: Ground: 1410 Kelly Bushing: 1430  
Total Depth: 2000 Plug Back Total Depth: 1999  
Amount of Surface Pipe Set and Cemented at: 320 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: 800 ppm Fluid volume: 200 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: 05/23/2012



1063272

Operator Name: Blake Production Co., Inc. Lease Name: Davis Well #: B-7  
 Sec. 4 Twp. 14 S. R. 10  East  West County: Wabaunsee

**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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Heebner	1260	160
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Lansing	1530	-110
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Kansas City	1680	-260

List All E. Logs Run:  
DIL  
Dual Compensated Porosity Log

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	12.25	8.625	24	340	A	200	
Production	7.875	4.5	10.5	1999	A	100	

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:  Yes  No

Date of First, Resumed Production, SWD or ENHR: \_\_\_\_\_ Producing Method:  Flowing  Pumping  Gas Lift  Other (Explain) \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input checked="" 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: _____
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**CONSOLIDATED**  
ON Well Services, LLC

Jeff  
405-219-4064

**ENTERED**

TICKET NUMBER 31724

LOCATION El Dorado KS 180

FOREMAN William Zabel

PO Box 884, Chanute, KS 66720  
820-431-9210 or 800-467-8876

**FIELD TICKET & TREATMENT REPORT**

**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
9-28-11	1298	Davis Ranch B-7	4	145	10E	Woodssee																
CUSTOMER Blake Production Co. Inc.			<table border="1"> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> <tr> <td>467</td> <td>Steve W</td> <td></td> <td></td> </tr> <tr> <td>434</td> <td>Ted S</td> <td></td> <td></td> </tr> <tr> <td>526</td> <td>Bill Z</td> <td></td> <td></td> </tr> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	467	Steve W			434	Ted S			526	Bill Z		
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526	Bill Z																					
MAILING ADDRESS 1601 NW Expressway Suite 1200																						
CITY Oklahoma City	STATE OK	ZIP CODE 73118																				

Job Type Acid Ballout @ HOLE SIZE \_\_\_\_\_ HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT 4 1/2  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING 2 3/4" OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT In CASING \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Perfs From 17880 to 1705, 1720 to 1726', 1768 to 1775, 3' 76 shots.  
Set Packer at 1657290 Hole banded @ 1 BAR. Break down Pressure 1400 PSF  
Annul till 1657290 Hit Annul to 900PSF @ 5:25 AM. Pumped 500gal 20% HCl  
Acid and 500gal 15% NE IS Acid. with 100 balls. Pressure increased very little.  
Thermost Tab. Pumped 45 BAR of water behind Acid. ISP = 300 PSF.  
After 5 min 225 PSF, 10 min = 200 PSF, 15 min 200 PSF. Shut in Well.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5303	1	PUMP CHARGE Acid Pump.	790.00	790.00
5308A	111	MILEAGE Pump Truck.	4.00	444.00
5502A	5 1/2 Hrs	80 Gall + water	90.00	495.00
5311	1	Ball Injector Rent.	100.00	100.00
4326	100	7/8" Ball scalars	3.00	300.00
4481	1	4 1/2 Packer Rental	917.00	917.00
3108	500 gal	20% HCl Acid	1.45	725.00
3107	500 gal	15% HCl Acid	1.70	850.00
3166	3 1/2 gal	Acid Inhibitor	46.00	161.00
3145	4 gal	Water wetting Agent Soap.	38.36	153.44
3171A	2 gal	IS = Iron Reducer	51.00	102.00
3175A	2 gal	NE = Non Emulsifier	33.00	132.00
3122	50 lbs	Ammonium Bifluoride.	3.70	185.00
		Sub Total		5554.44
		SALES TAX		94.93
		ESTIMATED TOTAL		5649.37

Revin 3737

AUTHORIZATION Jeff Scott

TITLE \_\_\_\_\_

DATE 9-28-11

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.