



KANSAS CORPORATION COMMISSION 1071719  
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 # 34439  
Name: BOP West, LLC  
Address 1: PO BOX 129  
Address 2: \_\_\_\_\_  
City: WOOSTER State: OH Zip: 44691 + \_\_\_\_\_  
Contact Person: Steve Sigler  
Phone: ( 330 ) 264-8847  
CONTRACTOR: License # 32701  
Name: C & G Drilling, Inc.  
Wellsite Geologist: Larry Friend  
Purchaser: Coffeville Resources Refining & Marketing, LLC

Designate Type of Completion:  
 New Well     Re-Entry     Workover  
 Oil     WSW     SWD     SLOW  
 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 #: \_\_\_\_\_  
11/21/2011    12/2/2011    1/06/2012  
Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date       Recompletion Date

API No. 15 - 15-169-20329-00-00  
Spot Description: \_\_\_\_\_  
SE NW NW Sec. 8 Twp. 16 S. R. 1  East  West  
990 Feet from  North /  South Line of Section  
990 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Saline  
Lease Name: Lyle Swisher Well #: 2  
Field Name: Hunter North  
Producing Formation: Mississippian  
Elevation: Ground: 1319 Kelly Bushing: 1328  
Total Depth: 2745 Plug Back Total Depth: 2726  
Amount of Surface Pipe Set and Cemented at: 219 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: 400 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 Garrison Date: 05/24/2012



1071719

Operator Name: BOP West, LLC Lease Name: Lyle Swisher Well #: 2  
 Sec. 8 Twp. 16 S. R. 1  East  West County: Saline

**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 checked="" type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name Attached	Top Datum Attached
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 <i>(If no, Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
List All E. Logs Run: <small>Dual Compensated Porosity Log Dual Induction Log Sonic Cement Bond Log</small>			

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	23	219	Class A	150	3%CaCl, 2%ge, .25 FS
Production	7.875	5.5	14	2745	Thick Set	100	5# Kol Seal

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
4	2681'-2684'	250 Gal 15% MCA	2681'-2684
4	2689'-2691'	250 Gal 15% MCA	2689'-2691

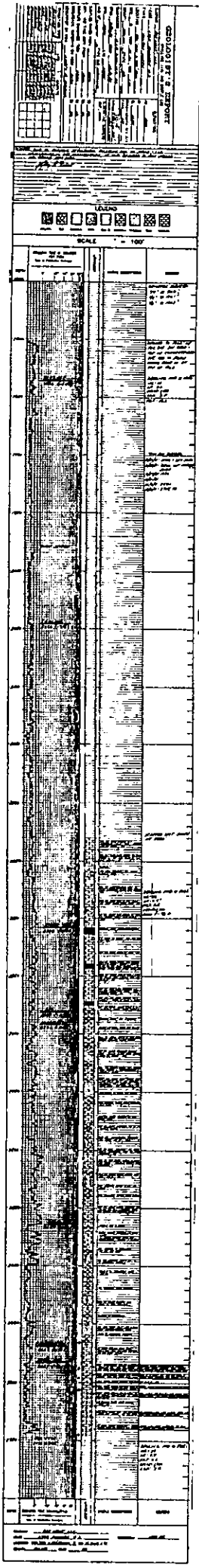
TUBING RECORD:	Size: <u>2.875"</u>	Set At: <u>2723'</u>	Packer At: <u>None</u>	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>1/27/2012</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i>			
Estimated Production Per 24 Hours	Oil Bbls. <u>2</u>	Gas Mcf <u>120</u>	Water Bbls. <u>120</u>	Gas-Oil Ratio <u>34</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) (Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i>	PRODUCTION INTERVAL: <u>2681'-2684'</u> <u>2689'-2691'</u>
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Form	ACO1 - Well Completion
Operator	BOP West, LLC
Well Name	Lyle Swisher 2
Doc ID	1071719

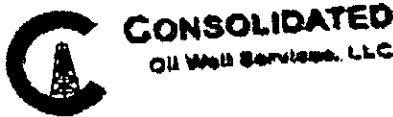
Tops

Heebner sh.	1834	-508
Lansing	2047	-719
Stark sh.	2306	-978
BKC	2379	-1051
Marmaton	2391	-1063
Cherokee	2563	-1235
Mississippian	2667	-1339
RTD	2745	-1417





TICKET NUMBER 33457  
 LOCATION EUREKA  
 FOREMAN Kevin McCoy



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

# FIELD TICKET & TREATMENT REPORT

CEMENT API 15-169-20329 Ks

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-2-11	1754	Lyle Swisher # 2	B	16 S	1 E	Saline

CUSTOMER			TRUCK #			
BOP West LLC			C & G			
MAILING ADDRESS			DRIG			
P.O. Box 129			Rig 2			
CITY	STATE	ZIP CODE	TRUCK #	DRIVER	TRUCK #	DRIVER
Wooster	OH	44691	445	DAVE G.		
			611	CHRIS B		

JOB TYPE Longstring HOLE SIZE 7 7/8 HOLE DEPTH 2745 KB CASING SIZE & WEIGHT 5 1/2 14# new  
 CASING DEPTH 2745 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.6 SLURRY VOL 31 BBL WATER gal/bk 9.0 CEMENT LEFT IN CASING 13.64  
 DISPLACEMENT 67.5 BBL DISPLACEMENT PSI 750 MAX PSI 1300 Bump Plug RATE \_\_\_\_\_

REMARKS: Safety Meeting: Rig up to 5 1/2 casing. Break circulation w/ 5 BBL fresh water. Pump 15 BBL Metasilicate Pre Flush, 5 BBL water spacer. Mixed 100 SKS Thick Set Cement w/ 5" Kol-Seal /SK @ 13.6 "/gal yield 1.75. Wash out Pump & Lines. Shut down. Release Latch down Plug. Displace Plug to Seat w/ 67.5 BBL fresh water. Final Pumping Pressure 750 PSI. Bump Plug to 1300 PSI. wait 2 minutes. Release Pressure. Float Hold. Good Circulation @ ALL times during Cementing Procedures. Job Complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	100	MILEAGE	4.00	400.00
1126 A	100 SKS	THICK SET CEMENT	19.20	1920.00
1110 A	500*	KOL-SEAL 5"/SK	.46	230.00
1111 A	100*	Metasilicate Pre Flush	2.00	200.00
5407 A	5.5 TONS	100 miles Bulk Delu.	1.34	737.00
4454	1	5 1/2 Latch down Plug	254.00	254.00
4228 B	1	5 1/2 AFU INSERT FLOAT VALVE	172.00	172.00
4203	1	5 1/2 Guide Shoe	160.00	160.00
4130	4	5 1/2 x 7 7/8 CENTRALIZERS	48.00	192.00
		Sub Total		5295.00
		THANK You	7.3%	SALES TAX 228.34
				ESTIMATED TOTAL 5523.34

Authorization Sam Reed

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.