



KANSAS CORPORATION COMMISSION 1083274  
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 # 33783  
Name: Michael Drilling LLC  
Address 1: 1304 E ST  
Address 2: PO BOX 402  
City: IOLA State: KS Zip: 66749 + 3002  
Contact Person: Rick Michael  
Phone: (620) 496-7795  
CONTRACTOR: License # 33783  
Name: Michael Drilling LLC  
Wellsite Geologist: n/a  
Purchaser: n/a

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

<u>02/26/2012</u>	<u>04/28/2012</u>	<u>04/28/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-001-30304-00-00

Spot Description: \_\_\_\_\_  
SE SW SE SE Sec. 4 Twp. 24 S. R. 18  East  West  
253 Feet from  North /  South Line of Section  
980 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE     NW     SE     SW

County: Allen

Lease Name: V. Latta Living trust Well #: WD-1

Field Name: Iola

Producing Formation: Mississippian

Elevation: Ground: 1018 Kelly Bushing: 1018

Total Depth: 1200 Plug Back Total Depth: 1149

Amount of Surface Pipe Set and Cemented at: 21 Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from: 1149

feet depth to: 0 w/ 135 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 0 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 Gerritsen Date: 06/11/2012



1083274

Operator Name: Michael Drilling LLC Lease Name: V. Latta Living trust Well #: WD-1  
 Sec. 4 Twp. 24 S. R. 18  East  West County: Allen

**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:  Gamma Ray/Neutron/CCL Drillers Log	<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:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>shale</td> <td>1122</td> <td></td> </tr> <tr> <td>Mississippi Lime</td> <td>1141</td> <td></td> </tr> <tr> <td>TD</td> <td>1200</td> <td></td> </tr> </table>	Name	Top	Datum	shale	1122		Mississippi Lime	1141		TD	1200	
Name	Top	Datum											
shale	1122												
Mississippi Lime	1141												
TD	1200												

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	8.6250	21	21	OW	135	
Long string	6.75	4.500	21	1149		135	

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: <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 Bbbs.	Gas Mcf	Water Bbbs.	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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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**Michael Drilling, LLC**  
**P.O. Box 402**  
**Iola, KS 66749**  
**620-496-7795**

Company: Rick Michael  
 Address: PO Box 402  
Iola Kansas 66749  
 Ordered By: Rick

Date: 03/05/12  
 Lease: V. Latta Living Trust  
 County: Allen  
 Well#: WD-1  
 API#: 15-001-30304-00-00

**Drilling Log**

FEET	DESCRIPTION	FEET	DESCRIPTION
0-16	Overburden	958-973	Oil Sand
16-80	Lime	973-1032	Sand
80-121	Shale	1032-1114	White Sand
121-160	Lime	1114-1117	Lime
160-193	Shale	1117-1120	Shale
193-199	Lime	1120-1122	Coal
199-223	Shale	1122-1141	Shale
223-269	Lime	1141-1200	Mississippi Lime
269-360	Lime with Shale Streaks	1200	TD
360-368	Lime		
368-395	Shale		Surface JO
395-475	Lime		
475-558	Shale		
558-596	Lime		
596-641	Shale		
641-662	Lime		
662-680	Shale		
680-697	Lime		
697-707	Shale		
707-712	Lime		
712-742	Shale		
742-747	Sand-Light Odor		
747-932	Shale		
932-958	Sand		



**CONSOLIDATED**  
Oil Well Services, LLC

*Pd. 5-4-2012*  
*MD/4C CK #3551*  
*#5116.76*

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

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

INVOICE

Invoice # 249460

Invoice Date: 04/30/2012 Terms:

Page 1

MICHAEL DRILLING  
BOX 402  
IOLA KS 66749  
( )

V-LATTA LIVING TRUST DW #1  
34620  
4-24S-18E  
04-28-12  
KS

Part Number	Description	Qty	Unit Price	Total
1126	OIL WELL CEMENT	135.00	18.8000	2538.00
1118B	PREMIUM GEL / BENTONITE	250.00	.2100	52.50
1118B	PREMIUM GEL / BENTONITE	400.00	.2100	84.00

Description	Hours	Unit Price	Total
485 CEMENT PUMP	1.00	1030.00	1030.00
485 EQUIPMENT MILEAGE (ONE WAY)	50.00	4.00	200.00
611 TON MILEAGE DELIVERY	351.00	1.34	470.34
637 80 BBL VACUUM TRUCK (CEMENT)	6.00	90.00	540.00

*5-30*

Parts:	2674.50	Freight:	.00	Tax:	201.92	AR	5116.76
Labor:	.00	Misc:	.00	Total:	5116.76		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed \_\_\_\_\_

Date \_\_\_\_\_

BARTLESVILLE, OK  
918/338-0808

EL DORADO, KS  
316/322-7022

EUREKA, KS  
620/583-7664

PONCA CITY, OK  
580/762-2303

OAKLEY, KS  
785/672-2227

OTTAWA, KS  
785/242-4044

THAYER, KS  
620/839-5269

GILLETTE, WY  
307/686-4914



**CONSOLIDATED**  
Oil Well Services, LLC

**ENTERED**

TICKET NUMBER 34620  
LOCATION Eureka  
FOREMAN Steve Arndt

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

**FIELD TICKET & TREATMENT REPORT**

**CEMENT APT** K-001-20304

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-28-12	5448	U. L. D. Living Trust WD #1	4	243	18E	Allen
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Michael Drilling LLC			A 485	Alan M.		
MAILING ADDRESS			611	Joey		
1704 E ST			637	Jim		
CITY	STATE	ZIP CODE				
Zola	Ks	66749				

JOB TYPE Long string 0 HOLE SIZE 6 3/4 HOLE DEPTH 1300' CASING SIZE & WEIGHT 4 1/2 10.5#  
 CASING DEPTH 1149' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 20'  
 DISPLACEMENT 18 bbls DISPLACEMENT PSI 200\* MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety Meeting. Rig up to 4 1/2 casing with wash head. Wash down 14 joints casing. Pump 400# gel flush. Bring all away round. Rig wash head down. Drop brass ball. Rig back up to well wait 5 min. Pump about 5 bbls fresh water. Set packer shoe 700#. Pump fresh water ahead. Mix 1255#s ows cement at 12.6#/gal. Shutdown wash out pump & line. Displace with 18 bbls fresh water. Final pumping pressure 200#. Shut down. Shut well in with 700#. Good cement returns to surface 4 bbl slurry to pit.  
Job complete Rig down

*Thank you.*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	50	MILEAGE	4.00	200.00
1126	1255#s	OWS Cement Cement	18.80	23588.00
1118B	250*	Gel 2% Additional in Cement	.21	52.50
1118B	400*	Gel Flush	.21	84.00
5407A	2.02 tons	Ton mileage bulk truck	1.34	470.34
5502C	6 hrs	80 bbl Vacuum Truck	90.00	540.00
			Sub Total	4914.84
			SALES TAX 7.55%	201.92
			ESTIMATED TOTAL	5116.76

Revin 3737

AUTHORIZATION *Paul Marshall* TITLE 249460 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.



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OIL & GAS CONSERVATION DIVISION

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June 2009

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Wellsite Geologist: n/a  
Purchaser: n/a

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 #:  
02/26/2012 04/28/2012 04/28/2012  
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253 Feet from  North /  South Line of Section  
980 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Allen  
Lease Name: V. Latta Living trust Well #: WD-1  
Field Name: IOLA  
Producing Formation: Mississippian  
Elevation: Ground: 1018 Kelly Bushing: 1018  
Total Depth: 1200 Plug Back Total Depth: 1149  
Amount of Surface Pipe Set and Cemented at: 21 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: Feet  
If Alternate II completion, cement circulated from: 1149  
feet depth to: 0 w/ 135 sx cmt.

Drilling Fluid Management Plan  
(Data must be collected from the Reserve Pit)  
Chloride content: 0 ppm Fluid volume: 0 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 Garriss Date: 06/11/2012



1083274

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Report all strings set-conductor, surface, intermediate, production, etc.							
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ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
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___ 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: <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 Bbbs.	Gas Mcf	Water Bbbs.	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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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**Michael Drilling, LLC**  
**P.O. Box 402**  
**Iola, KS 66749**  
**620-496-7795**

Company: Rick Michael  
 Address: PO Box 402  
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Date: 03/05/12  
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 County: Allen  
 Well#: WD-1  
 API#: 15-001-30304-00-00

**Drilling Log**

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360-368	Lime		
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641-662	Lime		
662-680	Shale		
680-697	Lime		
697-707	Shale		
707-712	Lime		
712-742	Shale		
742-747	Sand-Light Odor		
747-932	Shale		
932-958	Sand		





# CONSOLIDATED

Oil Well Services, LLC

*pd. 5-4-2012  
MD/YC. CK #3551  
#5116.76*

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

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

## INVOICE

Invoice # 249460

Invoice Date: 04/30/2012 Terms:

Page 1

MICHAEL DRILLING  
BOX 402  
IOLA KS 66749  
( )

V-LATTA LIVING TRUST DW #1  
34620  
4-24S-18E  
04-28-12  
KS

Part Number	Description	Qty	Unit Price	Total
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*5-30*

Parts:	2674.50	Freight:	.00	Tax:	201.92	AR	5116.76
Labor:	.00	Misc:	.00	Total:	5116.76		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed \_\_\_\_\_

Date \_\_\_\_\_

BARTLESVILLE, OK  
918/338-0808

EL DORADO, KS  
316/322-7022

EUREKA, KS  
620/583-7664

PONCA CITY, OK  
580/762-2303

OAKLEY, KS  
785/672-2227

OTTAWA, KS  
785/242-4044

THAYER, KS  
620/839-5269

GILLETTE, WY  
307/686-4914

