



KANSAS CORPORATION COMMISSION 1082622
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 # 9749
Name: Melander, Chris dba Chris Melander Drilling
Address 1: 2256 CR 2500
Address 2: _____
City: CANEY State: KS Zip: 67333 + 8548
Contact Person: Chria Melander
Phone: (620) 289-4723
CONTRACTOR: License # 9749
Name: Melander, Chris dba Chris Melander Drilling
Wellsite Geologist: none
Purchaser: _____

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 #: _____

<u>11/28/2011</u>	<u>12/16/2011</u>	<u>12/17/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-125-32132-00-00

Spot Description: _____
SE SE SW NE Sec. 13 Twp. 34 S. R. 13 East West
2890 Feet from North / South Line of Section
1595 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Montgomery

Lease Name: Hollandsworth Well #: 3

Field Name: _____

Producing Formation: weiser

Elevation: Ground: 762 Kelly Bushing: 30

Total Depth: 853 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 20 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: 0 ppm Fluid volume: 80 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: 06/06/2012



1082622

Operator Name: Melander, Chris dba Chris Melander Drilling Lease Name: Hollandsworth Well #: 3
 Sec. 13 Twp. 34 S. R. 13 East West County: Montgomery

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input 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>red cap</td> <td>519</td> <td>527</td> </tr> <tr> <td>wayside cap</td> <td>677</td> <td>692</td> </tr> <tr> <td>weiser cap</td> <td>746</td> <td>762</td> </tr> </table>	Name	Top	Datum	red cap	519	527	wayside cap	677	692	weiser cap	746	762
Name	Top	Datum											
red cap	519	527											
wayside cap	677	692											
weiser cap	746	762											

CASING RECORD <input type="checkbox"/> New <input checked="" 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	6.125	3 2.875	10	845	thick set	100	4% gel
surface	12.5	8.58 625	10	20	portland	18	lime

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
----------------	-------	---------	------------	---

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

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)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
---	---	--

CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	CHRIS MELANDER	State, County	Montgomery, Kansas	Cement Type	CLASS A
Customer Acct #	LONGSTRING	Section	0	Excess (%)	30
Well No.	0	TWP	0	Density	13.8
Mailing Address	HOLLANSWORTH #3	RGE	0	Water Required	0
City & State	0	Formation	0	Yield	1.75
Zip Code	0	Hole Size	6.125	Slurry Weight	0
Contact	0	Hole Depth	850	Slurry Volume	0
Email	0	Casing Size	0	Displacement	0
Cell	0	Casing Depth	845	Displacement PSI	0
Office	0	Drill Pipe	0	MIX PSI	0
Dispatch Location	BARTLESVILLE	Tubing	2.785	Rate	0

REMARKS

WASH ON WELL WITH GEL AND H2O TO EST CIRC AND CLEAN WELL. RUN 100SX THICK SET WITH 5# KOL AND .25# PHENO.
WASH OUT PUMP AND LINES AND RELEASE 2-2.875 PLUGS. DISP 4.9 TO SET PLUG SHUT IN WITH 500#N ON WELL CEMENT
TO SURF. THANK YOU+A18

Hollandsworth3

Orscheln Farm and Home
2900 W. Main
Independ, KS 67301
620-331-2551

Gift Cards are great for any season!

ORSCHELN FARM & HOME CAREERS
CALL 1-800-498-5090 EXT.3600
Visit us at www.orschelnfarmhome.com

*

QTY	ITEM	PRICE	TOTAL
20	108240096	\$3.69	\$73.80T
	CONCRETE MIX 80 LB BAG		
1	101302025	\$3.99	\$3.99T
	LIMESTONE POWDER 40 LB		
	Sub Total		\$77.79
	Tax @ 8.5500%		\$6.65
	Total		\$84.44
	Check		\$84.44

Thank You for Shopping ORSCHELN!

Sales Associate: CRYSTAL

Trx 1356 Str73 Reg 0111/28/11 14:26



EJYYABCAERACV