

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION**

ORIGINAL

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 # 34315
Name: Kansas Oil Resources LLC
Address 1: 11944 West 95th st. Suite 222
Address 2: _____
City: Shawnee Mission State: KS Zip: 66215 + _____
Contact Person: Don Kirk
Phone: (816) 210-8926
CONTRACTOR: License # 34481
Name: Tomado
Wellsite Geologist: Tony Richardson
Purchaser: _____

Designate Type of Completion:

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> New Well | <input type="checkbox"/> Re-Entry | <input type="checkbox"/> Workover |
| <input type="checkbox"/> Oil | <input type="checkbox"/> WSW | <input type="checkbox"/> SWD |
| <input type="checkbox"/> Gas | <input checked="" type="checkbox"/> D&A | <input type="checkbox"/> ENHR |
| <input type="checkbox"/> OG | <input type="checkbox"/> GSW | <input type="checkbox"/> Temp. Abd. |
| <input type="checkbox"/> CM (Coal Bed Methane) | | |
| <input type="checkbox"/> Cathodic | <input type="checkbox"/> Other (Core, Expl., etc.): _____ | |

If Workover/Re-entry: Old Well Info as follows:

Operator: _____
Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- | | | | |
|---|-----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Deepening | <input type="checkbox"/> Re-perf. | <input type="checkbox"/> Conv. to ENHR | <input type="checkbox"/> Conv. to SWD |
| | | <input type="checkbox"/> Conv. to GSW | |
| <input type="checkbox"/> Plug Back: _____ | Plug Back Total Depth _____ | | |
| <input type="checkbox"/> Commingled | Permit #: _____ | | |
| <input type="checkbox"/> Dual Completion | Permit #: _____ | | |
| <input type="checkbox"/> SWD | Permit #: _____ | | |
| <input type="checkbox"/> ENHR | Permit #: _____ | | |
| <input type="checkbox"/> GSW | Permit #: _____ | | |

<u>8/17/11</u>	<u>9/3/11</u>	<u>9/3/11</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-063-21937-00-00

Spot Description: _____
se nw sw se Sec. 8 Twp. 14 S. R. 31 East West
665 Feet from North / South Line of Section
2,047 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Gove

Lease Name: Zerr Well #: 2

Field Name: _____

Producing Formation: Johnson

Elevation: Ground: 2916 Kelly Bushing: 2922

Total Depth: 4730 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 225' 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: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____

County: _____ Permit #: _____

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INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: [Signature]
Title: Field Rep Date: _____

KCC Office Use ONLY

- | | |
|--|--|
| <input type="checkbox"/> Letter of Confidentiality Received | Date: _____ |
| <input type="checkbox"/> Confidential Release Date: _____ | |
| <input type="checkbox"/> Wireline Log Received | |
| <input type="checkbox"/> Geologist Report Received | |
| <input type="checkbox"/> UIC Distribution | |
| ALT <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III | Approved by: <u>Dlg</u> Date: <u>6/15/12</u> |

Operator Name: Kansas Oil Resources, LLC Lease Name: Zerr Well #: 2
 Sec. 8 Twp. 14 S. R. 31 East West County: Gove

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 checked="" 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 Name Top Datum
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CASING RECORD <input 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 Casing		8.625		222		165	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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 (Explain) _____	
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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

Don Hick
816-210-8926

TICKET NUMBER 25153
LOCATION Osage KS
FOREMAN Fuzzy

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-12-11	4566	Zerr #2	8	14	31	Gove
CUSTOMER Kansas Oil Resources			OSAGE			
MAILING ADDRESS 11944 W. 95th Suite 222			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY STATE ZIP CODE Shawnee Mission KS 66215			463	Josh G		
			429	Damon M		

JOB TYPE 500 Sacc HOLE SIZE 12.4 HOLE DEPTH 229' CASING SIZE & WEIGHT 8 5/8 20*
 CASING DEPTH 222' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15.2 SLURRY VOL 1.34 WATER gal/sk 6.5 CEMENT LEFT in CASING 15'
 DISPLACEMENT 13.1 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: safety meeting on Toronado Dwg. Rig up + circulate
Mix 165 SCS cement (CLASS A) 300cc 290cc. Displace
13.1 BBL. Cement did circulate approx 500 gal.

Thanks Fuzzy & crew

ACCOUNT CODE	QUANTITY OF UNITS	DESCRIPTION OF SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1025.00	1025.00
5406	25	MILEAGE	5.00	125.00
5407	7.76 Ton	Ton mileage Delivery (m.w)	410.00	410.00
11045	165 SCS	CLASS A cement	16.80	2772.00
1118 B	310 #	Bentonite	24	74.40
1102	465 #	Calcium Chloride	84	390.60
Subtotal				4797.00
less 10% disc				479.70
Paid by check # 287				4317.30

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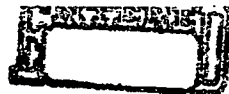
SALES TAX ESTIMATED TOTAL 4602.00
 8.05% SALES TAX 284.73

AUTHORIZATION [Signature] 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



CONSOLIDATED
Oil Well Services, LLC



TICKET NUMBER 28199
LOCATION Oakley
FOREMAN Kelly Gabe

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

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-3-11	4566	Zerr #1	8	14	31	Gove
CUSTOMER KS Oil Res.						
MAILING ADDRESS						
CITY						
STATE						
ZIP CODE						
			TRUCK #	DRIVER	TRUCK #	DRIVER
			463	COLE H		
			439	CECIL P		

JOB TYPE VIA HOLE SIZE 2 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Scrap meeting, rigged upon Zerr #1. Mixed cement plugs and displaced down. Washed up truck and lines. Rigged down and left location.

- 255KS @ 2420
- 100KS @ 1450
- 40KS @ 270
- 10KS @ 40
- 30 RH

*Thank
Kelly & crew*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	1250 ⁰⁰	1250 ⁰⁰
5406	20	MILEAGE	5 ⁰⁰	100 ⁰⁰
1131	2055KS	60/40 Poz	143 ⁵	2941 ²⁵
1118B	704#	Bedonite	.24	168 ⁹⁶
1107	51#	Flo-seal	2 ⁶⁶	135 ⁶⁶
4432	1	8 5/8 Wooden Plug	96 ⁰⁰	96 ⁰⁰
5407	8.82	Bulk Delivery (min)		410 ⁰⁰

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			5102 ³⁷	
			510²⁴	
			4592 ¹³	
		244062	8.05%	SALES TAX
			242 ¹⁵	ESTIMATED
			4834 ²¹	TOTAL

AUTHORIZATION [Signature] TITLE _____ DATE 9-3-11

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.