



KANSAS CORPORATION COMMISSION 1088572
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 # 5983
Name: Leis, Victor J.
Address 1: 101 N. STATE ST.
Address 2: PO BOX 223
City: YATES CENTER State: KS Zip: 66783 +
Contact Person: Ryan M. Leis
Phone: (620) 625-2106
CONTRACTOR: License # 33900
Name: Leis, Steven A.
Wellsite Geologist: na
Purchaser:

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 #:

9/6/2011	9/7/2011	9/27/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-207-27931-00-00
Spot Description:
NW SE NE NW Sec. 20 Twp. 24 S. R. 16 East West
715 Feet from North / South Line of Section
2035 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Woodson
Lease Name: HOLLOWAY Well #: 5
Field Name: VERNON
Producing Formation: SQUIRREL
Elevation: Ground: 1081 Kelly Bushing: 1085
Total Depth: 1109 Plug Back Total Depth:
Amount of Surface Pipe Set and Cemented at: 40 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: Feet
If Alternate II completion, cement circulated from: 1107
feet depth to: 0 w/ 144 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 Garrison Date: 07/26/2012



1088572

Operator Name: Leis, Victor J. Lease Name: HOLLOWAY Well #: 5
 Sec. 20 Twp. 24 S. R. 16 East West County: Woodson

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 (Attach Additional Sheets)	<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SEE ATTACHED	
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		
(If no, Submit Copy)			
List All E. Logs Run:			
GAMMA RAY NEUTRON BOND			

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
SURFACE	10	7	23.0	40	PORTLAND	10	NA
CASING	5.25	2.875	6.0	1107	OWC	144	NA

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 (Amount and Kind of Material Used)	Depth
2	11 SHOTS 1058.5-1063.5	FRAC. 2500# GEL WATER/SAND	1058.5

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. 9/28/2011		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____		
Estimated Production Per 24 Hours	Oil Bbls. 10	Gas Mcf 0	Water Bbls. 0	Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 32842

LOCATION Ottawa KS

FOREMAN Fred Mader

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
9/7/11		Halloway #5		NW 20	24	16	WO
CUSTOMER				TRUCK #	DRIVER	TRUCK #	DRIVER
Pin Oak Energy				506	FREMAH	Safety Mtg.	
MAILING ADDRESS				368	KENHAM	TH	
P.O. Box 223				558	GARMOD	GM	GHRMEA
CITY	STATE	ZIP CODE		510	ARLMCD	MM 542/TL3	CM
Yates Center	KS	66783					
JOB TYPE	HOLESIZE	HOLE DEPTH	CASING SIZE & WEIGHT				
hang string	5 7/8	1109'	2 1/2" EVE				
CASING DEPTH	DRILL PIPE	TUBING	OTHER				
11070							
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT IN CASING				
			2 1/2" Plug				
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE				
6.44 BBL			413 PM				

REMARKS: Establish rate. Mix Pump 100# Premium Gel Flush. Mix + Pump 10 BBL Tell tale dye. Mix Pump 99 sks 50/50 Por mix Cement 6 to 6. Follow w/ 45 sks OWC Cement. Flush pump + lines clean. Displace 2 1/2" Rubber Plug to casing TD w/ 6.44 BBL Fresh water. Pressure to 2 # PSI. Release pressure to set float valve.

Steve Heis Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	975 ⁰⁰
5406	60 mi	MILEAGE	368	240 ⁰⁰
5402		Casing Footage		N/C
5407	Minimum	Ten Miles	510	330 ⁰⁰
5407	Minimum	Ten Miles	558	330 ⁰⁰
5501C	2 1/2 hrs	Transport	542/TL3	280 ⁰⁰
1124	99 sks	50/50 Por Mix Cement		1034 ⁵⁵
1126	45 sks	OWC Cement		805 ⁵⁰
1115B	499	Premium Gel		99 ⁸⁰
4402	1	2 1/2" Rubber Plug		28 ⁰⁰
			7.370	SALES TAX
				ESTIMATED
				TOTAL
				41266 ⁵⁰

244182

Revin 3737

AUTHORIZATION

[Signature]

TITLE

[Signature]

DATE

9/7/11

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.