



KANSAS CORPORATION COMMISSION 1084012  
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 # 4441  
Name: Reusch Well Service, Inc.  
Address 1: PO BOX 520  
Address 2: \_\_\_\_\_  
City: OTTAWA State: KS Zip: 66067  
Contact Person: BOB REUSCH  
Phone: (785) 242-2043  
CONTRACTOR: License # 32834  
Name: JTC Oil, Inc.  
Wellsite Geologist: NONE  
Purchaser: PACER

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 #: \_\_\_\_\_  
10/14/2011 10/17/2011 5/30/2012  
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-107-24555-00-00  
Spot Description: \_\_\_\_\_  
SE NW SE NW Sec. 15 Twp. 20 S. R. 22  East  West  
3549 Feet from  North /  South Line of Section  
3396 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Linn  
Lease Name: DUNLOP Well #: 11-2  
Field Name: Goodrich-Parker  
Producing Formation: Squirrel  
Elevation: Ground: 985 Kelly Bushing: 985  
Total Depth: 660 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: 652  
feet depth to: 0 w/ 110 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 Gantner Date: 06/21/2012



1084012

Operator Name: Reusch Well Service, Inc. Lease Name: DUNLOP Well #: 11-2  
 Sec. 15 Twp. 20 S. R. 22  East  West County: Linn

**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	<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:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>SQUIRREL</td> <td>569</td> <td>590</td> </tr> </table>	Name	Top	Datum	SQUIRREL	569	590
Name	Top	Datum					
SQUIRREL	569	590					

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	9.875	7	20	20	PORTLAND	6	
PRODUCTION	5.625	2.875	6.5	652	50/50 POZMIX	110	

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 (Amount and Kind of Material Used)	Depth
2	569-590	300 BROWN SAND, 4700 SAND  8000 WATER	569-590

TUBING RECORD: Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR: 5/30/2012 Producing Method:  Flowing  Pumping  Gas Lift  Other (Explain) \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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**CONSOLIDATED**  
Oil Well Services, LLC

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

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

TICKET NUMBER 32984  
LOCATION Ottawa, KS  
FOREMAN Casey Kennedy

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/17/11	7069	Dunlop # 11-2	NW 15	20	22	LN
CUSTOMER Reusch Oil Well			TRUCK #			
MAILING ADDRESS PO Box 520			DRIVER			
CITY Ottawa			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 66067			TRUCK #			
			DRIVER			

JOB TYPE <u>long string</u>	HOLE SIZE <u>6"</u>	HOLE DEPTH <u>660'</u>	CASING SIZE & WEIGHT <u>2 7/8" EVE</u>
CASING DEPTH <u>652'</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>2 1/2" rubber plug</u>
DISPLACEMENT <u>3.79 bbls</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>3 bpm</u>

REMARKS: held safety meeting, checked casing TD w/ wireline, established circulation, mixed & pumped 100 # Premium gel followed by 10 bbl. fresh water, mixed & pumped 110 sks 50/50 Pozmix cement w/ 2% Premium Gel per sk, cement to surface, flushed pump clean, displaced 2 1/2" rubber plug to casing TD w/ 3.79 bbls fresh water, pressured to 800 PSI, released pressure to set float valve, shut in casing.

*[Handwritten signature]*

ACCOUNT CODE	QUANTITY of UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE cement pump	368	975.00
5406	on lease	MILEAGE pump truck	368	---
5402	1652'	casing footage	---	---
5407A	165.55	ton mileage Eureka - 611	---	208.59
5501C	3 hrs	water transport Eureka - 452-T63	---	336.00
1124	110 sks	50/50 Pozmix cement	---	1149.50
1118B	285 #	Premium Gel	---	57.00
4402	1	2 1/2" rubber plug	---	28.00
				2452.08
<i>[Handwritten signature]</i>				

Ravin 3737

6.3% SALES TAX ESTIMATED TOTAL 2831.86

AUTHORIZATION \_\_\_\_\_ 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.