



KANSAS CORPORATION COMMISSION 1084013
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) 242-7746
CONTRACTOR: License # 32834
Name: JTC Oil, Inc.
Wellsite Geologist: NONE
Purchaser: PACER

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 #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
10/13/2011	10/25/2011	5/30/2012

API No. 15 - 15-107-24554-00-00

Spot Description: _____
NE NW SE NW Sec. 15 Twp. 20 S. R. 22 East West
3853 Feet from North / South Line of Section
3572 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Linn

Lease Name: DUNLOP Well #: 11-1

Field Name: GOODRICH-PARKER

Producing Formation: SQUIRREL

Elevation: Ground: 1020 Kelly Bushing: 1020

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: _____
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: _____ Date: 06/21/2012



1084013

Operator Name: Reusch Well Service, Inc. Lease Name: DUNLOP Well #: 11-1
 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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input 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	SQUIRREL	589 610
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
List All E. Logs Run:			
GAMMA RAY NEUTRON			

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	7	20	20	PORTLAND	3	
PRODUCTION	8.875	5.625	7	645	50/50 POZ	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	Add, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
2	589-610	300 SAND, 4700 SAND	589-610
		8000 WATER	

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 _____

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> <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

TICKET NUMBER 32985
LOCATION Chanute, KS
FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/17/11	7069	Dunlap # 11-1	NW 15	20	22	LN
CUSTOMER Rousch Oil Well			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS P.O. Box 520			#506	Casey	CK	
CITY STATE ZIP CODE Chanute KS 66607			#368	Jim Gore	JG	
			#611	Chr. Bec	CB	Eureka
			#452-T63	Jim Hea	JH	Eureka

JOB TYPE long string HOLE SIZE 6" HOLE DEPTH 660' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 643' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" rubber plug
 DISPLACEMENT 3.74 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 3 bpm

REMARKS: held safety meeting, checked casing TD w/ wireline, established circulation, mixed & pumped 100 # Premium Gel followed by 10 bbls fresh water, mixed & pumped 110 sks 50/50 Pozmix cement w/ 2% gel per sk, cement to surface, flushed pump clean, displaced 2 1/2" rubber plug to casing TD w/ 3.74 bbls fresh water, pressured to 800 PSI, released pressure to set float valve, shut in casing.

Handwritten signature/initials

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE cement pump	368	975.00
5406	35	MILEAGE pump truck	368	140.00
5402	643'	casing footage		
5407A	165.55	ton mileage Eureka-611		208.59
5501C	2 hrs	water transport Eureka-452-T63		224.00
1124	110 sks	50/50 Pozmix cement		1149.50
118B	285 #	Premium Gel		57.00
4402	1	2 1/2" rubber plug		28.00
				6.39%
				SALES TAX
				ESTIMATED
				TOTAL

Handwritten signature: Joe Rousch
Handwritten number: 245207

Revin 3737 6.39% SALES TAX 77.77
 AUTHORIZATION _____ TITLE _____ DATE _____
 ESTIMATED TOTAL **2859.86**

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.