



KANSAS CORPORATION COMMISSION 1086769
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 # 34223
Name: Utah Oil LLC
Address 1: 2394 UTAH RD
Address 2: _____
City: RANTOUL State: KS Zip: 66079 + _____
Contact Person: Brad Leach
Phone: (785) 878-3410
CONTRACTOR: License # 34223
Name: Utah Oil LLC
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 (Cora, 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 #: _____
6/26/2012 6/28/2012 6/28/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-059-26073-00-00
Spot Description: _____
NW SE NW NW Sec. 20 Twp. 17 S. R. 21 East West
720 Feet from North / South Line of Section
684 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Franklin
Lease Name: Hobbs Well #: 9
Field Name: Paola-Rantoul
Producing Formation: Squirrel
Elevation: Ground: 962 Kelly Bushing: 0
Total Depth: 601 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: 1500 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 Garcia Date: 07/10/2012



1086769

Operator Name: Utah Oil LLC Lease Name: Hobbs Well #: 9
 Sec. 20 Twp. 17 S. R. 21 East West County: Franklin

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 Wireline 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 Name Top Datum Open hole
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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	10	20	Portland	5	50/50 POZ
Completion	5.6250	2.38750	8	582	Portland	70	50/50 POZ

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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LEASE NAME: Rocky OPERATOR: 1-10-01 START DATE: 6-26-12
 WELL # 9 LOCATION: _____ API# 15-059-26773-00-00
 SURFACE PIPE: 6 7/8 IN. 1 1/2 CEMENT (bags) 5
 PRODUCTION: WELL PIPE: 2 3/4 SIZE: 207 #FT _____

Thickness	Formation	Comment	Depth	Thickness	Formation	Comment	Depth
					TID shale		601
15	Shale						
11	Lime		15				
1	Sand		26				
32	Lime		39				
12	Lime		122				
6	Shale		142				
12	Shale	(1)	148				
7	Lime		161				
5	Lime		169				
35	Shale		171				
21	Lime		229				
13	Shale		245				
24	Lime		239				
7	Shale		263				
24	Lime		277				
4	Shale		294				
4	Lime		298				
3	Shale		302				
7	Lime		305				
154	Shale	KC-312	312				
15	Lime		466				
2	Shale		481				
8	Sand	white (Form)	483				
35	Shale		491				
5	Lime		526				
7	Shale		531				
6	Lime		538				
12	Shale		544				
2	Lime		551				
11	Shale		558				
2	Lime		569				
5	Oil Lime	Fort. Scott ^{Bland}	571				
7	Shale		576				
7	Fort. Scott Sand		577				
10	Sand		591				

601 TH

24

2

552 p. 23/8

BUILDERS CONCRETE COMPANY CHOICE

P.O. Box 106 • 745 North Locust
Ottawa, KS 66067 • (785) 242-1045

C
Well
#9 Hobbs

PLANT	MIX NO.	YARDS	TRUCK	TIME	DATE
CUSTOMER NAME			DELIVERY ADDRESS		CUST. PO. NO.
					NOTES
YARDS	DESCRIPTION		YARDS ORDERED	YARDS DELIVERED	REMARKS

MSDS Form 6.11

MSDS available upon request.

Not responsible for quality of concrete

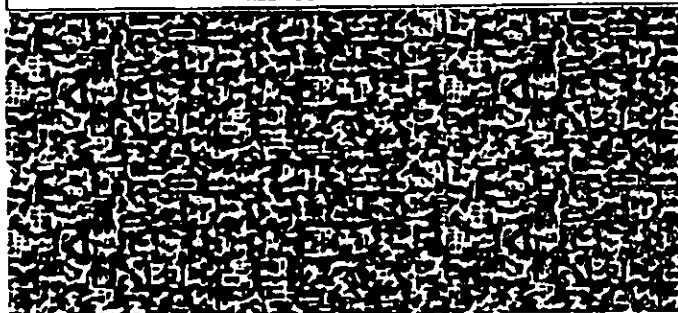
if water is added on job. Note here if water is added _____ Gal. Received By _____

DRAYAGE
TOTAL MGT. TAX
SALES TAX
TOTAL AMT. DUE

CAUTION: Freshly mixed cement, mortar, grout or concrete may cause skin irritation. Avoid direct contact where possible and wash exposed skin areas promptly with water. If any cementitious material gets into eye, rinse immediately and repeatedly with water and get prompt medical attention.
KEEP OUT OF REACH OF CHILDREN

Not responsible for damage beyond curb line

Special Instructions



58653-11

CUSTOMER COPY