

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
June 2008

Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 9386

Name: Gus Jones Cable Tool Service LLC

Address 1: 149 Rd 25

Address 2: _____

City: Elk City State: KS Zip: 67344 + _____

Contact Person: Gus Jones

Phone: (620) 642-6315

CONTRACTOR: License # 33606

Name: Thorton Air Rotary

Wellsite Geologist: None

Purchaser: Coffeyville Resources

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 #: _____

3-18-11 3-22-11 3-30-11
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 049-22548-00-00

Spot Description: _____

NW NE SE NW Sec. 34 Twp. 31 S. R. 12 East West

3,790 Feet from North / South Line of Section

3,135 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Elk

Lease Name: N. Vestal Well #: 15

Field Name: Hale-Inge

Producing Formation: Missipp.

Elevation: Ground: 945 Kelly Bushing: _____

Total Depth: 1938 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 100 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. East West

County: _____ Permit #: _____

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MAY 19 2013

KCC

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: _____

Title: Owner Date: 05/18/11

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: 5/19/11 - 5/19/12
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NS Date: 6-2-11

RECEIVED
MAY 26 2011

KCC WICHITA

Operator Name: Gus Jones Cable Tool Service LLC Lease Name: N. Vestal Well #: 15
 Sec. 34 Twp. 31 S. R. 12 East West County: Elk

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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Compensated Density Sidewall Neutron Cement bond log	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum <div style="text-align: center; font-size: 24px; font-weight: bold; color: red;"> RECEIVED MAY 19 2011 KCC WICHITA </div>
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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	12"	8 5/8		100'	50/50 pos.	70	
Production	6 3/4	4 1/2	10.5	1875	Thick set	190	

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	650 to surface	60/40 pozmix	65	4% gel - ran 1" on out side of casing to finish cement to surface

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	1623-1640	40 gal of 10% acid	

TUBING RECORD: Size: <u>2 3/8</u> Set At: <u>1550</u> Packer At: _____ Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>03/30/11</u>	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. <u>4</u> Gas Mcf <u>0</u> Water Bbls. <u>80</u> Gas-Oil Ratio _____ Gravity <u>30</u>

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



ENTERED

TICKET NUMBER 30265
LOCATION Furka KS
FOREMAN Rick Ledford

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

FIELD TICKET & TREATMENT REPORT

CEMENT API# 019-22519-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-23-11	4180	Vestal #15	34	31	12E	FIK
CUSTOMER Gus Jones			Safety meeting of CS			
MAILING ADDRESS 149 Rd 25						
CITY FIK City						
STATE KS						
ZIP CODE 67344			TRUCK #	DRIVER	TRUCK #	DRIVER
			445	David		
			565	Cliff		

JOB TYPE log string 0 HOLE SIZE 6 3/4" HOLE DEPTH 1938' CASING SIZE & WEIGHT 4 1/2" 10.5"
CASING DEPTH 1880' DRILL PIPE _____ TUBING _____ OTHER PADO 1825'
SLURRY WEIGHT 13.6 # SLURRY VOL 38 Bbl WATER gal/sk 8.0 CEMENT LEFT in CASING 5'
DISPLACEMENT 30 Bbl DISPLACEMENT PSI 1000 PSI 1500 Bump plug RATE _____

REMARKS: Safety meeting- Rig up to 7 1/2" casing. Break circulation w/ 35 Bbl fresh water. Pump 8 hrs gel-flush w/ bulls. 5 Bbl water spacer. Mixed 125 sacks thickset cement w/ 5" Kat-sol/sk + 1/4% CEL-115 @ 13.6 #/gal. washout pump + loss. release plug. Displace w/ 30 Bbl fresh water. Final pump pressure 1000 PSI. Bump plug in 1500 PSI. release pressure. float + plug hold. Good circulation @ all times while cementing. Job complete rig down.

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	40	MILEAGE	4.00	160.00
1126A	125 sacks	thickset cement	18.30	2287.50
1110A	625 #	5" Kat-sol/sk	.44	275.00
1135A	30 #	1/4% CEL-115	9.95	298.50
1118B	400 #	gel	.20	80.00
1185	50 #	bulls	.42	21.00
5407A	6.88	tan mileage bulk tire	1.26	346.75
4404	1	1/4" top rubber plug	42.00	42.00
			CONFIDENTIAL MAY 19 2013 KCC	
			Subtotal	4485.75
			7.3% SALES TAX	219.30
			ESTIMATED TOTAL	4705.05

Revin 3737

040180

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

ENTERED

TICKET NUMBER 30309

LOCATION Eureka, KS

FOREMAN Shannon Feek

PO Box 884, Chanute, KS 65720
620-431-9210 or 800-467-8576

FIELD TICKET & TREATMENT REPORT

CEMENT API # 049-22548-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-25-11	4180	Vestal # 15	34	31	12 E	EIK
CUSTOMER Gus Jones			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 149 RD 25			445	Dave		
CITY EIK City			479	CLIFF		
STATE KS		ZIP CODE 67344				

JOB TYPE 1" Top out Side HOLE SIZE 6 3/4 HOLE DEPTH 1938 CASING SIZE & WEIGHT 4 1/2 105#
 CASING DEPTH 1980' DRILL PIPE N/A TUBING 1" OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL 22 BBL WATER gal/ek _____ CEMENT LEFT in CASING N/A
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI 1000 PSI RATE _____

REMARKS: Rig up to 1" tubing, Break Circulation, Pump 2 BBL'S Dye water, start mixing 65 SKS 60/40 4% gel with 490# 1 inch in hole. Cement to surface shut down, pull pipe, top off hole. Job Complete wash up & rig down

Thanks Shannon & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S		PUMP CHARGE	775.00	775.00
	N/C	MILEAGE	N/C	
1131	65 SKS	60/40 Pozmix	11.95	776.75
1118A	223#	4% gel	0.20	44.60
5407	40 miles	ton mileage bulk Truck	N/C	330.00
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MAY 19 2013				
KCC				
			Sub total	1926.35
			7.3% SALES TAX	59.96
			ESTIMATED TOTAL	1986.31

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AUTHORIZATION

[Signature]

240302
TITLE Owner

DATE 3-25-11

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.