



KANSAS CORPORATION COMMISSION 1082621
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 # 9749
Name: Melander, Chris dba Chris Melander Drilling
Address 1: 2256 CR 2500
Address 2: _____
City: CANEY State: KS Zip: 67333 + 8548
Contact Person: Chris Melander
Phone: (620) 289-4723
CONTRACTOR: License # 9749
Name: Melander, Chris dba Chris Melander Drilling
Wellsite Geologist: none

Purchaser: _____

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 #: _____

<u>09/10/2011</u>	<u>10/20/2011</u>	<u>10/21/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-125-32131-00-00

Spot Description: _____

SE NE SW NE Sec. 13 Twp. 34 S. R. 13 East West
3550 Feet from North / South Line of Section
1628 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Montgomery

Lease Name: Hollandsworth Well #: 1

Field Name: _____

Producing Formation: weiser

Elevation: Ground: 766 Kelly Bushing: 30

Total Depth: 845 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: Deanna Gantico Date: 06/06/2012



1082621

Operator Name: Melander, Chris dba Chris Melander Drilling Lease Name: Hollandsworth Well #: 1
 Sec. 13 Twp. 34 S. R. 13 East West County: Montgomery

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 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 <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>wayside cap</td> <td>672</td> <td>694</td> </tr> <tr> <td>weiser cap</td> <td>740</td> <td>760</td> </tr> </table>	Name	Top	Datum	wayside cap	672	694	weiser cap	740	760
Name	Top	Datum								
wayside cap	672	694								
weiser cap	740	760								

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
casing	5.625	3	10	841	thick set	90	4% gel
surface	12.5	8.58	10	20	concrete mix	15	lime

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: Yes No

Date of First, Resumed Production, SWD or ENHR. Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbbls.	Gas Mcf	Water Bbbls.	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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CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	Chris Melander	State, County	Montgomery, Kansas	Cement Type	CLASS A
Job Type	LS	Section	13	Excess (%)	30
Customer Acct #		TWP	34	Density	13.8
Well No.	Hellinsworth #1	RGE	13	Water Required	
Mailing Address		Formation		Yield	1.75
City & State		Hole Size	5 7/8	Slurry Weight	
Zip Code		Hole Depth	840	Slurry Volume	
Contact		Casing Size	2 7/8 INCH,	Displacement	4.8
Email		Casing Depth	835	Displacement PSI	500
Cell		Drill Pipe		MIX PSI	
Dispatch Location	BARTLESVILLE	Tubing		Rate	
Code	Cement Pump Charges and Mileage	Quantity	Unit	Price per Unit	
5401	CEMENT PUMP (2 HOUR MAX)	1	2 HRS MAX	\$975.00	\$ 975.00
5407	MIN. BULK DELIVERY (WITHIN 50 MILES)	1	PER LOAD	\$330.00	\$ 330.00
5408	EQUIPMENT MILEAGE (ONE-WAY)	30	PER MILE	\$4.00	\$ 120.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
5402	FOOTAGE	835	PER FOOT	0.21	\$ 175.35
				EQUIPMENT TOTAL	\$ 1,600.35
Cement, Chemicals and Water					
1126A	THICK SET CEMENT (8LB OWC 4% GEL 2% CAL. CHLORIDE)	90	0	\$18.30	\$ 1,647.00
1107A	PHENOSEAL	80	0	\$1.22	\$ 97.60
1110A	KOL SEAL (50 # SK)	450	0	\$0.44	\$ 198.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
				CHEMICAL TOTAL	\$ 1,942.60
Water Transport					
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
				TRANSPORT TOTAL	\$ -
Cement Floating Equipment (TAXABLE)					
Cement Basket					
0			0	\$0.00	\$ -
Centralizer					
0			0	\$0.00	\$ -
Float Shoe					
0			0	\$0.00	\$ -
Float Collars					
0			0	\$0.00	\$ -
Guide Shoes					
0			0	\$0.00	\$ -
Baffle and Flapper Plates					
0			0	\$0.00	\$ -
Packer Shoes					
0			0	\$0.00	\$ -
DV Tools					
0			0	\$0.00	\$ -
Ball Valves, Swedges, Clamps, Misc.					
0			0	\$0.00	\$ -
Plugs and Ball Sealers					
4402	2 7/8 rubber plug		2	\$0.00	\$ 56.00
Downhole Tools					
0			0	\$0.00	\$ -
				CEMENT FLOATING EQUIPMENT TOTAL	\$ 56.00
TRUCK#	DRIVER NAME			SUB TOTAL	\$ 3,598.95
419	Ness, James			10% (-DISCOUNT)	\$ 359.90
488	Lucas, Bryan			SALES TAX	\$ 125.91
				DISCOUNTED TOTAL	\$ 3,364.97

AUTHORIZATION _____

TITLE _____

DATE _____

FOREMAN _____

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.

Orscheln Farm & Home
2900 W Main
Independ, KS 67301
620-331-2551

See our Lawn & Garden Department
for all your lawn care needs !

ORSHELN FARM & HOME CAREERS
CALL 1-800-498-5090 EXT.3600
Visit us at www.orschelnfarmhome.com

QTY	ITEM	PRICE	TOTAL
15	108240096 CONCRETE MIX 80 LB BAG	\$3.29	\$49.35T
	Original Price:	\$3.69	
1	101181720 TEFLON TAPE CARDED 1/2 X 260	\$1.19	\$1.19T
	Sub Total		\$50.54
	Tax @ 8.5500%		\$4.32
	Total		\$54.86
	Check		\$54.86

Thank You for Shopping ORSCHELN!

Sales Associate: LYNNR

Trx 6803 Str73 Reg 01 9/10/11 12:20

Hollandsworth #1



EJVXABKBRAACV