



KANSAS CORPORATION COMMISSION 1084219
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 # 34551
Name: Thunderbolt Construction Corp
Address 1: 201 S. 11th St.
Address 2: _____
City: LOUISBURG State: KS Zip: 66053 + _____
Contact Person: Thor McKiernan
Phone: (913) 709-7090
CONTRACTOR: License # 33715
Name: Town Oilfield Service
Wellsite Geologist: NA
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>12/27/2011</u> | <u>12/29/2011</u> | <u>12/30/2011</u> |
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - 15-107-24562-00-00

Spot Description: _____
NE SE NE SW Sec. 35 Twp. 19 S. R. 24 East West
1819 Feet from North / South Line of Section
2942 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Linn
Lease Name: QUERRY (CALVIN) Well #: Q-10
Field Name: Lacygne-Cadmus
Producing Formation: Squirrel

Elevation: Ground: 809 Kelly Bushing: 0
Total Depth: 499 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 21 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: _____
feet depth to: 21 w/ 3 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 Garbar Date: 08/18/2012



1084219

Operator Name: Thunderbolt Construction Corp Lease Name: QUERRY (CALVIN) Well #: Q-10
 Sec. 35 Twp. 19 S. R. 24 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: GammaRay/Neutron/CCL | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum GammaRay |
|--|---|

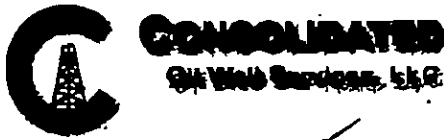
| CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | | | | | | | |
|---|-------------------|---------------------------|-------------------|---------------|----------------|--------------|----------------------------|
| Report all strings set-conductor, surface, intermediate, 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 | 21 | Portland | 3 | 50/50 POZ |
| Completion | 5.6250 | 2.8750 | 8 | 219 | Portland | 45 | 50/50 POZ |
| | | | | | | | |

| 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 |
|----------------|---|---|-------|
| 3 | 187.0-197.0 | 2" DML RTG | 10 |
| | | | |
| | | | |
| | | | |

| | | | | | |
|---|-----------|---|-------------|---------------|---|
| 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: _____ _____ |
|---|---|--|



425

REMITTO
 Consolidated Oil Well Services, LLC
 Dept. 970
 P.O. Box 4346
 Houston, TX 77210-4346

MAIN OFFICE
 P.O. Box 884
 Chanute, KS 66720
 620/431-9210 • 1-800/467-8878
 Fax 620/431-0012

INVOICE

Invoice # 246840

Invoice Date: 12/31/2011 Terms: 0/0/30,n/30

Page 1

TOWN OILFIELD SERVICES
 P.O. BOX 339
 LOUISBURG KS 66053-0339
 (913)837-8400

QUERY 10
 35774
 BW 35 19 24 LN
 12/30/11
 KS

| Part Number | Description | Qty | Unit Price | Total |
|-------------|------------------------------|--------|------------|---------|
| 1124 | 50/50 POZ CEMENT MIX | 45.00 | 10.9500 | 492.75 |
| 1118B | PREMIUM GEL / BENTONITE | 126.00 | .2100 | 26.46 |
| 4402 | 2 1/2" RUBBER PLUG | 1.00 | 28.0000 | 28.00 |
| Description | | Hours | Unit Price | Total |
| 369 | 80 BBL VACUUM TRUCK (CEMENT) | 1.50 | 90.00 | 135.00 |
| 495 | CEMENT PUMP | 1.00 | 1030.00 | 1030.00 |
| 495 | EQUIPMENT MILEAGE (ONE WAY) | 65.00 | 4.00 | 260.00 |
| 495 | CASING FOOTAGE | 219.00 | .00 | .00 |
| 510 | TON MILEAGE DELIVERY | 122.85 | 1.25 | 154.79 |

Parts: 547.21 Freight: .00 Tax: 34.47 AR 2161.47
 Labor: .00 Misc: .00 Total: 2161.47
 Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____

- BARTLESVILLE, OK
918/338-0808
- EL DORADO, KS
316/322-7622
- EUREKA, KS
620/583-7664
- FDNCA CITY, OK
580/762-2303
- OAKLEY, KS
785/672-2227
- OTTAWA, KS
785/242-4044
- THAYER, KS
620/639-5269
- GILLETTE, WY
307/688-4918



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 36774

LOCATION Oxiana, KS.

FOREMAN Fred Modder

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

FIELD TICKET & TREATMENT REPORT
CEMENT

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|--|------------|--------------------|-----------------------------|----------|--------|--------|
| 12/30/11 | 7984 | Quarry #10 | SW 35 | 19 | 24 | Lin. |
| CUSTOMER <u>TOO Town Oilfield Ser.</u> | | | TRUCK# DRIVER TRUCK# DRIVER | | | |
| MAILING ADDRESS <u>P.O. Box 339</u> | | | 506 | FREEMAD | Safety | May |
| CITY STATE ZIP CODE <u>Louisburg KS 66053</u> | | | 495 | NARBEE | HAB | 0 |
| | | | 369 | DERMAS | DM | |
| | | | 510 | RSI | KC | |

JOB TYPE Long string HOLE SIZE 6 HOLE DEPTH 259' CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 219' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 26' Plus
 DISPLACEMENT 1.27 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Establish pump rate. Mix Pump 50# Premium Gel Flush
Mix Pump 5SKs 50/50 for Mix Cement 270 Gal.
Cement to surface. Flush pump & lines clean. Displace 2 7/8"
Rubber plug to casing TD w/ 122 BBLs Fresh water.
Pressure to 600# PST. Release pressure to set float valve.

To's Drilling Fred Modder

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|------------------------------------|------------|--------------------|
| 5401 | 1 | PUMP CHARGE | 495 | 1030 ⁰⁰ |
| 5406 | 165 mi. | MILEAGE | 495 | 260 ⁰⁰ |
| 5402 | 219 | Casing footage | | N/C |
| 5407A | 122.85 | Ton Miles | 510 | 154.77 |
| 5502R | 1 1/2 hrs | 8" BBL Vac Travel | 369 | 135 ⁰⁰ |
| 1124 | 45 SKS | 50/50 Por Mix Cement | | 492 ²⁵ |
| 115B | 126 # | Premium Gel | | 26 ⁴⁶ |
| 4402 | 1 | 2 7/8" Rubber Plug | | 85 ⁰⁰ |
| | | | 6.3% | SALES TAX |
| | | | | ESTIMATED TOTAL |
| | | | | 2161 ⁴⁷ |

AUTHORIZATION Stephen Scott 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.

| Thickness of Strata | Formation | Total Depth | Remarks |
|---------------------|-------------|-------------|-----------|
| 6-13 | soil clay | 13 | |
| 3 | Lime | 16 | |
| 31 | Shale | 47 | |
| 4 | Lime | 51 | |
| 5 | Shale | 56 | |
| 11 | Lime | 67 | |
| 11 | Shale | 78 | |
| 11 | Lime | 89 | |
| 9 | Shale | 98 | |
| 5 | Lime | 103 | |
| 7 | Shale | 110 | |
| 4 | Lime | 114 | |
| 8 | Shale | 122 | |
| 21 | Lime | 143 | |
| 34 | Shale | 177 | |
| 1 | Lime | 178 | |
| 8 | Shale | 186 | |
| 1 | Sand | 187 | Solid Oil |
| 17 | CORE | 204 | |
| 10 | Sandy shale | 214 | |
| 2 | Shale | 216 | |
| 34 | Sandy shale | 250 | |
| 5 | Lime | 255 | |
| 5 | Sandy Lime | 260 | |
| 16 | Shale | 276 | |
| 6 | Sandy shale | 282 | |
| 83 | Shale | 365 | |

