



KANSAS CORPORATION COMMISSION 1084231  
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>12/29/2011</u>	<u>12/30/2011</u>	<u>12/30/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-107-24563-00-00

Spot Description: \_\_\_\_\_

NE SW NE SW Sec. 35 Twp. 19 S. R. 24  East  West  
1820 Feet from  North /  South Line of Section  
3335 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-11

Field Name: Lacygne-Cadmus

Producing Formation: Squirrel

Elevation: Ground: 808 Kelly Bushing: 0

Total Depth: 259 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/ 2 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: 06/18/2012



1084231

Operator Name: Thunderbolt Construction Corp Lease Name: QUERRY (CALVIN) Well #: Q-11  
 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
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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	21	Portland	2	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
<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
4	184.5-190.5	2" DML RTG	6

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 Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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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Querry Farm: Linn County

KS State; Well No. Q-11

Elevation 809

Commenced Spuding Dec 29 2011

Finished Drilling Dec 30 2011

Driller's Name Wesley Dollard

Driller's Name Chad Weaver

Driller's Name \_\_\_\_\_

Tool Dresser's Name Lance Town

Tool Dresser's Name Steven Scott

Tool Dresser's Name \_\_\_\_\_

Contractor's Name TOS

35 19 24

(Section) (Township) (Range)

Distance from S line, 1820 ft.

Distance from E line, 3335 ft.

4 hrs

**CASING AND TUBING**

**RECORD**

2 sacks

10" Set \_\_\_\_\_ 10" Pulled \_\_\_\_\_

8" Set \_\_\_\_\_ 8" Pulled \_\_\_\_\_

7 1/2" Set 21 \_\_\_\_\_ 6 1/2" Pulled \_\_\_\_\_

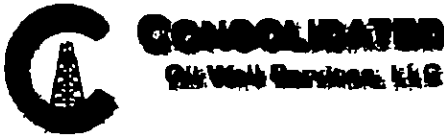
4" Set \_\_\_\_\_ 4" Pulled \_\_\_\_\_

2" Set \_\_\_\_\_ 2" Pulled \_\_\_\_\_

**CASING AND TUBING MEASUREMENTS**

Feet	In.	Feet	In.	Feet	In.
<u>218</u>	<u>FLOAT</u>			<u>27 1/2</u>	

Thickness of Strata	Formation	Total Depth	Remarks
0-24	Soil-clay	24	
22	Shalt-clay?	46	Water - some gravel
5	Lime	51	
5	Shalt	56	
9	Lime	65	
11	Shalt	76	
7	Lime	83	
14	Shalt	97	
5	Lime	102	
7	Shalt	109	
3	Lime	112	
6	Shalt	118	
23	Lime	141	
34	Shalt	175	
1	Lime	176	
3	Shalt	179	
5	Sand	184	shaly no Oil
8	Sand	193	solid Oil
57	Shalt	250	
9	sandy lime	259	TD



**REMIT TO**  
 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 • 1-800/467-8676  
 Fax 620/431-0012

**INVOICE**

Invoice # 246842

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 11  
 35776  
 SW 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)	.00	4.00	.00
495 CASING FOOTAGE	219.00	.00	.00
510 TON MILEAGE DELIVERY	122.85	1.26	154.79

Parts: 547.21 Freight: .00 Tax: 34.47 AR 1901.47  
 Labor: .00 Misc: .00 Total: 1901.47  
 Sublt: .00 Supplies: .00 Change: .00

Signed \_\_\_\_\_

Date \_\_\_\_\_

BARTLESVILLE, OK 318/336-8808 EL DORADO, KS 318/322-7622 EUREKA, KS 620/583-7884 PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/872-2227 OTTAWA, KS 785/262-4044 THAYER, KS 620/839-5289 GILLETTE, WY 307/688-4818



**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 36776

LOCATION Ottawa, KS

FOREMAN Fred Mader

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	7987	Query # 11	SW 35	17	24	LN
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Tom Oil Field Services			506	FREMAD	506	...
MAILING ADDRESS			425	HARBEC	425	...
P.O. Box 339			367	DERMAS	367	...
CITY	STATE	ZIP CODE	510	KEICAR	510	...
Louisburg	KS	66053				

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 355' CASING SIZE & WEIGHT 2 7/8 EUE  
 CASING DEPTH 219' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/ck \_\_\_\_\_ CEMENT LEFT IN CASING 2 1/2" Plug  
 DISPLACEMENT 127 BB DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4 BPM

REMARKS: Establish circulation. Mix Pump 50' Premium. Cal Flush.  
Circulate from pit. Mix Pump 45 BBL 50/50 Por Mix  
Cement 270 Cal. Cement to surface. Flush pump 4 lines  
clean. Displace 2 1/2" Rubber plug to casing TD w/ 127 BB  
Fresh water. Pressure to 600 PSI. Release pressure to  
set float valve. Shut in casing

*Fred Mader*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	.495	1030.00
5406	0	MILEAGE		0.00
5402	219'	Casing footage		421.00
5407A	122.85	100 Miles	570	154.72
5502C	1 1/2 hrs	80 BBL Vac Truck	369	135.00
1124	45 BBL	50/50 Por Mix Cement		492.75
1118B	126'	Premium Cal		26.46
4402	1	2 1/2" Rubber Plug		28.99
			6.37%	SALES TAX
				ESTIMATED TOTAL
				1901.47

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.