



KANSAS CORPORATION COMMISSION 1083562
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 # 31590

Name: Elwell, Mike

Address 1: 175 1ST STREET S., APT 2307

Address 2:

City: ST PETERSBURG State: FL Zip: 33701 +

Contact Person: Mike Elwell

Phone: (785) 766-8211

CONTRACTOR: License # 5989

Name: Finney, Kurt dba Finney Drilling Co.

Wellsite Geologist: none

Purchaser: n/a

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 (Corr, 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 #:

07/15/2011 07/18/2011 08/28/2011

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-019-27047-00-00

Spot Description:

SW SE NE NW Sec. 9 Twp. 34 S. R. 11 East West

4180 Feet from North / South Line of Section

3240 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Chautauqua

Lease Name: SNELL

Well #: 28

Field Name: Peru-Sedan

Producing Formation: peru

Elevation: Ground: 904 Kelly Bushing: 908

Total Depth: 1315 Plug Back Total Depth: 1315

Amount of Surface Pipe Set and Cemented at: 40 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: Feet

If Alternate II completion, cement circulated from: 1315

feet depth to: 0 w/ 168 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 0 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 Gerrico Date: 08/18/2012



1083562

Operator Name: Elwell, Mike Lease Name: SNELL Well #: 28
 Sec. 9 Twp. 34 S. R. 11 East West County: Chautauqua

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 Yes No
(Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No

Electric Log Submitted Electronically Yes No
(If no, Submit Copy)

Log Formation (Top), Depth and Datum Sample

Name Top Datum
 peru 1315

List All E. Logs Run:

Gamma Ray/Neutron/CCL

CASING RECORD New 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	12.250	7	18	40	Portland	75	
production	6.750	2.875	7	1315	Portland	75	

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

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. 08/28/2011 Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours: Oil 3 Bbls. Gas Mcf Water 15 Bbls. Gas-Oil Ratio _____ Gravity 33

DISPOSITION OF GAS: Vented Sold Used on Lease
(If vented, Submit ACO-18.)

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled
(Submit ACO-5) (Submit ACO-4)

PRODUCTION INTERVAL: _____



CONSOLIDATED
Oil Well Services, LLC

242823

TICKET NUMBER 32246
LOCATION Bufile
FOREMAN Joan Bell

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
7-20-11	2379	Snell #29				CO

CUSTOMER
Devonian % Cord Lempert

MAILING ADDRESS
809 Locust

CITY Lawrence STATE KS ZIP CODE 66044

TRUCK #	DRIVER	TRUCK #	DRIVER
492	Tim		
551	Tom B		
402 T97	James W		

JOB TYPE L.S. HOLE SIZE 5 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT 2 7/8

CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____

SLURRY WEIGHT 137-14.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____

DISPLACEMENT 6.4 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Established circulation ran 75 sacs of 4% gel class A lead. Ran loose class A O.W.C. on bottom. Shut down washed 1 sac out. Hooked up dropped two plugs dis placed to bottom. Plugs landed and held.
- Cement circulated to surface -

[Signature]
Sally Hopkins
M.L. JB JL

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975.00
5406	45	MILEAGE		180.00
5407	1	bulk truck		330.00
5402	1300	footage		278.00
5506	4 hrs	transport		444.00
1104	75 sacs	Class A	*	1068.75
1107A	80#	Pheno	*	99.60
1118b	450#	Gel	*	90.00
1126	60 sacs	O.W.C.	*	1074.00
1123	4200 gal	City Water	*	66.78
4402	2 1/2	Plug	*	56.00
		10% discount if paid in 30 days - 486.27		
		<u>4376.47</u>		
		8.3 % SALES TAX		203.61
		ESTIMATED TOTAL		4862.74

Ravin 8737

AUTHORIZATION Dale Hopkins 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 for