



KANSAS CORPORATION COMMISSION 1084010
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 # 4441
Name: Reusch Well Service, Inc.
Address 1: PO BOX 520
Address 2: _____
City: OTTAWA State: KS Zip: 66067 +
Contact Person: BOB REUSCH
Phone: (785) 242-2043
CONTRACTOR: License # 8509
Name: Evans Energy Development, Inc.
Wellsite Geologist: NONE
Purchaser: _____

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SLOW
 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 #: _____

10/21/2011	10/24/2011	04/12/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-23528-00-00
Spot Description:
SE NW NW NW Sec. 30 Twp. 14 S. R. 22 East West
415 Feet from North / South Line of Section
380 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Johnson
Lease Name: HENDRIX Well #: 3

Field Name: LONGANECKER
Producing Formation: BARTLESVILLE

Elevation: Ground: 1053 Kelly Bushing: 1053
Total Depth: 950 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 1076 Feet
Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 940
feet depth to: 0 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 Gantner Date: 06/20/2012



1084010

Operator Name: Reusch Well Service, Inc. Lease Name: HENDRIX Well #: 3
 Sec. 30 Twp. 14 S. R. 22 East West County: Johnson

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BARTLESVILLE	904	908
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				
GAMMA RAY NEUTRON				

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	9.875	7	20	107	50/50 POZ MIX	50	
PRODUCTION	5.625	2.875	6.5	940	50/50 POZ MIX	124	

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				

PERFORATION RECORD - Bridge Plugs Set/Type
Specify Footage of Each Interval Perforated

Shots Per Foot	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
3	4000 BROWN SAND, 5500 WATER 100 FRAC GEL	904-910

TUBING RECORD: Size: 1" Set At: 940 Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. 04/13/2012 Producing Method: Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity

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)*
 Other (Specify) _____

PRODUCTION INTERVAL:



CONSOLIDATED
Oil Well Services, LLC

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

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 33006
LOCATION Ottawa KS
FOREMAN Fred Maden

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/21/11	7069	Hendrix #3	NW 30	14	22	JO
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Reach Well Service			506	FREMAN	Safety Mdg	
MAILING ADDRESS			495	MAR BEC	KAB	di
P.O. Box 520			370	GAR MOD	GM	
CITY	STATE	ZIP CODE	558	DERMAS	DM	
Ottawa	KS	66067				

JOB TYPE Surface HOLE SIZE 9 1/2 HOLE DEPTH 107 CASING SIZE & WEIGHT 7"
 CASING DEPTH 107' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 10'
 DISPLACEMENT 4.4 BB DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Establish circulation. Mix & Pump 50 sks 50/50 Por mix
Cement 290 Gal. Cement to surface. Displace 7" casing
clean w/ 4.4 BBL Fresh water. Shut in casing.

Evans Energy Dev. Inc. (Kenny)

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE <u>Surface Cement</u>	495	725 ⁰⁰
5406	<u>30 mi</u>	MILEAGE	495	120 ⁰⁰
5402	<u>107</u>	<u>Casing footage</u>		N/C
5407	<u>Minimum</u>	<u>Tax Miles</u>	558	330 ⁰⁰
5502C	<u>1 1/2 hrs</u>	<u>90 BBL Vae Truck</u>	370	185 ⁰⁰
1124	<u>50 sks</u>	<u>50/50 Por mix Cement</u>		522 ⁵⁰
1183	<u>84*</u>	<u>Premium Gel</u>		16 ⁰⁰

245 249

7.526% SALES TAX 40⁵⁰
ESTIMATED TOTAL 1939⁰⁰
DATE _____

AUTHORIZATION [Signature] TITLE _____

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.