



KANSAS CORPORATION COMMISSION 1085142
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 # 33734
Name: Hat Drilling LLC
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 #: _____
12/07/2009 12/22/2009 12/09/2010
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-121-28743-00-00
Spot Description: _____
NW SE NW SE Sec. 5 Twp. 17 S. R. 22 East West
1770 Feet from North / South Line of Section
1913 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Miami
Lease Name: REYNOLDS Well #: 10
Field Name: _____
Producing Formation: SQUIRRL
Elevation: Ground: 1117 Kelly Bushing: 1117
Total Depth: 724 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: 717
feet depth to: 0 w/ 118 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 Gamco Date: 07/17/2012



1085142

Operator Name: Reusch Well Service, Inc. Lease Name: REYNOLDS Well #: 10
 Sec. 5 Twp. 17 S. R. 22 East West County: Miami

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	SQUIRREL	678	692
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	20	PORTLAND	6	
PRODUCTION	5.625	2.875	6.5	717	501/50 POZ	118	

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 <i>(Amount and Kind of Material Used)</i>	Depth
3	678-692	4000 SAND, 5500 WATER	678-692

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

Date of First, Resumed Production, SWD or ENHR. 12/09/2010 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)* Other (Specify) _____
 PRODUCTION INTERVAL: _____



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 22522

LOCATION Ottawa KS

FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12/21/09	7069	Reynolds #10	SE 5	17	22	M1
CUSTOMER Reusch Well Service			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 520			506	Fred		
CITY Ottawa			368	Ken		
STATE KS			389	Chuck		
ZIP CODE 66067			570	Jason		

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 730' CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 717' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 4.2 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Establish circulation. Mix & Pump 200# Premium Gal Flush
Mix & Pump 120 SKS 50/50 Por-Mix Cement 29 Gal.
Cement to surface. Flush pump & lines clean. Displace
2 1/2" Rubber plug to casing TD w/ 4.2 BBL Fresh Water.
Pressure to 700# PSI. Release pressure to set float valve
Shut in casing.

Hat Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE Cement Pump		870.00
5406	20 mi	MILEAGE Pump Truck		69.00
5402	717'	Casing Footage		N/C
5407	Minimum	Ten Miles		296.00
5502C	2 hrs	80 BBL Vac Truck		188.00
1124	118 SKS	50/50 Por Mix Cement		1091.50
1118B	402#	Premium Gal		64.32
4402	1	2 1/2" Rubber Plug		22.00
<u>WO# 232514</u>				

Ravln 3737

6.55%

SALES TAX 77.14
ESTIMATED TOTAL 2677.96

AUTHORIZATION

[Signature]

TITLE PRES.

DATE 12/21/09