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JUL 18 2012

KCC WICHITA

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Form ACO-1  
June 2009  
Form Must Be Typed  
Form must be Signed  
All blanks must be Filled

OPERATOR: License # 30993  
Name: M.A.E. RESOURCES, INC  
Address 1: P O BOX 304  
Address 2: \_\_\_\_\_  
City: PARKER State: KS Zip: 66072 + 0304  
Contact Person: TERRY JOHNSON  
Phone: ( 913 ) 898-3221  
CONTRACTOR: License # 33734  
Name: HAT DRILLING  
Wellsite Geologist: \_\_\_\_\_  
Purchaser: COFFEYVILLE RESOURCES

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.): DRY

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 #: \_\_\_\_\_

04-09-11	04-09-11	
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 003-25012-00-00

Spot Description: \_\_\_\_\_  
E2 E2 NE SE Sec. 8 Twp. 23 S. R. 20  East  West  
1,980 Feet from  North /  South Line of Section  
220 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE     NW     SE     SW

County: ANDERSON

Lease Name: JOEL SPRAGUE Well #: 1

Field Name: WILDCAT

Producing Formation: SQUIRREL SAND

Elevation: Ground: 1126 (EST.) Kelly Bushing: \_\_\_\_\_

Total Depth: 848 Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: 24 Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from: \_\_\_\_\_

feet depth to: SURFACE w/ 65 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: none ppm Fluid volume: 150 bbls

Dewatering method used: EVAPORATION

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

County: \_\_\_\_\_ Permit #: \_\_\_\_\_

**INSTRUCTIONS:** An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: Becky Johnson  
Title: Partner & Office Mgr Date: 7-16-12

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: PJA DG Date: 7/19/12

Operator Name: M.A.E. RESOURCES, INC Lease Name: JOEL SPRAGUE Well #: 1  
 Sec. 8 Twp. 23 S. R. 20  East  West County: ANDERSON

**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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>TOPSOIL</td> <td>0</td> <td>2</td> </tr> <tr> <td>CLAY</td> <td>2</td> <td>7</td> </tr> <tr> <td>SHALE/LIME</td> <td>12</td> <td>836</td> </tr> </table> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED JUL 18 2012</p>	Name	Top	Datum	TOPSOIL	0	2	CLAY	2	7	SHALE/LIME	12	836
Name	Top	Datum											
TOPSOIL	0	2											
CLAY	2	7											
SHALE/LIME	12	836											

CASING RECORD <input 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	10.25"	6"	NA	24'	PORTLAND	6	NA
DRY HOLE							

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose: _____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives

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: <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 checked="" type="checkbox"/> Other (Explain) <u>DRY HOLE</u>		
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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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HAT DRILLING  
12371 KS HWY 7  
MOUND CITY, KS 66056  
LICENSE # 33734

Joel Sprauge #1  
API # 15-003-25012-00-00  
SPUD DATE 4-09-11

Footage	Formation	Thickness	Set 24' of 6" TD 848' Ran 0' of 2 7/8
2	Topsoil	2	
5	clay	3	
12	lime	7	
64	shale	52	
72	lime	8	
74	sand	2	
75	shale	1	
78	lime	3	
156	shale	78	
190	lime	34	
225	shale	35	
233	lime	8	
255	shale	22	
335	lime	80	
338	shale	3	
354	lime	16	
359	shale	5	
383	lime	24	
388	sand	5	
565	shale	177	
567	red bed	2	
570	lime	5	
576	shale	6	
596	lime	20	
603	shale	7	
606	sand	3	
658	shale	52	
680	lime	22	
709	shale	29	
734	lime	25	
739	red shale	5	
744	lime	5	
840	shale	96	
842	lime	2	
843	shale	1	
848	lime	5	dry hole

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**CONSOLIDATED**  
Oil Well Services, LLC

API

15-003-25012-06-07

TICKET NUMBER 31811  
LOCATION Ottawa  
FOREMAN Alan Maden

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
4-13-11	5209	Joe Sprague #1	SE 8	23	20	AV
CUSTOMER M.A.E Resources			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 304			516	Alan M	Safety	Meeting
CITY	STATE	ZIP CODE	495	Casey K	CF	
Parker	KS	66072	503	Harold B	HJB	
			548	Cecil P	CP	

JOB TYPE plug HOLE SIZE 5 7/8 HOLE DEPTH 898 CASING SIZE & WEIGHT \_\_\_\_\_  
CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT IN CASING \_\_\_\_\_  
DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Held crew meeting. Established rate. Mixed & pumped 10 sk 50/50 po2 plus 6% gel at hole T.D. Pulled drill steel to 500. Pumped 10 sk. Pulled to 250, filled to surface. Pulled out & topped off. 65 sk total

HAT Drilling

*Alan Maden*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5403N	1	PUMP CHARGE		975.00
5406	35	MILEAGE		140.00
5407	min	70% mileage		330.00
5508C	2	transport		225.00
1118.3	328#	gel		65.60
1124	65 sk	50/50 po2		679.25
		WO# 240502		
		<i>Chad Hammond</i>		
		RECEIVED		
		JUL 18 2012		
		SALES TAX ESTIMATED		58.10
		TOTAL		2471.95

Revin 5737

KCC WICHITA

AUTHORIZATION \_\_\_\_\_ 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.