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KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISIONWELL 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: BRAD COOK
 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.): 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 #: _____

7-20-11 7-20-11 7-20-11
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. _____

Spot Description: _____

NE NE NW NE Sec. 17 Twp. 21 S. R. 22 ☒ East ☐ West275 Feet from ☒ North / ☐ South Line of Section1,485 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☐ SE ☐ SWCounty: LINNLease Name: FREAR Well #: 4Field Name: CENTERVILLEProducing Formation: SQUIRRELElevation: Ground: NA Kelly Bushing: NATotal Depth: 528 Plug Back Total Depth: 528Amount of Surface Pipe Set and Cemented at: 20 FeetMultiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 528feet depth to: SURFACE w/ 30 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: NONE ppm Fluid volume: 150 bblsDewatering 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 JohnsonTitle: 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 DistributionALT ☐ I ☒ II ☐ III Approved by: DA Date: 7/19/12

Operator Name: M A E RESOURCES, INC Lease Name: FREAR Well #: 4
 Sec. 17 Twp. 21 S. R. 22 ☒ 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 ☐ 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)

List All E. Logs Run:

☒ Log Formation (Top), Depth and Datum ☐ Sample

Name	Top	Datum
LIME	0	8
GRAVEL & CLAY	12	38
SHALE & LIME	39	528

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CASING RECORD ☒ New ☐ Used

Report all strings set-conductor, surface, intermediate, production, etc.

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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 1/4"	7"	NA	20'	PORTLAND	4	50/50 poz
PRODUCTION	5 5/8"	NA	NA	0'	NA	NA	NA

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
NO TUBING

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 _____

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: _____ _____
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Day-

HAT DRILLING
12371 KS HWY 7
MOUND CITY, KS 66056
LICENSE # 33734

Frear #4
API # 15-107-24471-00-00
SPUD DATE 7-20-11

Footage	Formation	Thickness	Set 20' of 7'
4	Lime	4	TD 528'
12	gravel, clay	8	Ran 0' of 2 7/8
38	shale	26	
46	lime	8	
54	shale	8	
120	lime	66	
312	shale	192	
318	lime	6	
324	shale	6	
332	lime	8	
346	shale	14	
352	lime	6	
389	shale	37	
420	lime	31	
448	shale	28	
483	lime	35	
494	shale	11	
497	lime	3	
528	shale	31	

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FIELD TICKET & TREATMENT REPORT

TICKET NUMBER 32688
LOCATION OFF 400
FOREMAN Alan Moore

DATE		CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-21-11		5209	Frear #51	NE 17	21	22	LN
CUSTOMER MAE Resources				TRUCK #			
MAILING ADDRESS P.O. Box 304				DRIVER			
CITY Parker		STATE KS	ZIP CODE 66072	TRUCK #		DRIVER	
				516		Alex M. Sufely	
				368		Tim L. T L	
				370		Arden M. ADU	
				523		Gary M. G M	

JOB TYPE <u>plug</u>	HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>528</u>	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 <u>5 bpm</u>

DISPLACEMENT	DISPLACEMENT PSI	MAX PSI	NOTE
REMARKS: Held crew meeting. Established rate. Mixed & pumped 12 1/2 x 50 150 pps plus 16 to gel to TD of hole. Pulled steel to 250'. Mixed & pumped 10 1/2 x more pulled to 50'. Filled hole to surface. Pulled steel out & topped off with cement.			

109K @ TV

105K @ 25D

10 SK 50' to surface

Hot Drilling

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
3405N	1	PUMP CHARGE		975.00
3406	40	MILEAGE		160.00
3407	min	ten miles		330.00
3502C	1 1/2	80 vac		135.00
1124	30 sk	50150 for		313.50
1118B	151#	gel		30.20
		W/O # 242923		
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		KCC WICHITA	6.3	2.65
			SALES TAX	
			ESTIMATED	
			TOTAL	1965.35

Playn 3737

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.