



KANSAS CORPORATION COMMISSION 1088109
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 # 33783
Name: Michael Drilling LLC
Address 1: 1304 E ST
Address 2: PO BOX 402
City: IOLA State: KS Zip: 66749 + 3002
Contact Person: Rick Michael
Phone: (620) 496-7795
CONTRACTOR: License # 33783
Name: Michael Drilling LLC
Wellsite Geologist: Richard Burris
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 #: _____

04/17/2011	04/18/2011	05/19/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-001-30173-00-00

Spot Description: _____
SW SE SE SE Sec. 4 Twp. 24 S. R. 18 East West
216 Feet from North / South Line of Section
451 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Allen
Lease Name: v latta living trust Well #: R-3
Field Name: _____

Producing Formation: Bartlesville
Elevation: Ground: 1008 Kelly Bushing: 1013
Total Depth: 925 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 44 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: _____
feet depth to: _____ w/ _____ 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: Deanne Gertler Date: 07/25/2012



1088109

Operator Name: Michael Drilling LLC Lease Name: v latta living trust Well #: R-3
 Sec. 4 Twp. 24 S. R. 18 East West County: Allen

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 type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>Shale</td> <td>44</td> <td>105</td> </tr> <tr> <td>Sandy Shale</td> <td>345</td> <td>356</td> </tr> <tr> <td>Lime</td> <td>664</td> <td>685</td> </tr> <tr> <td>Oil Odor</td> <td>694</td> <td>706</td> </tr> <tr> <td>Oil Odor</td> <td>913</td> <td>925</td> </tr> </tbody> </table>	Name	Top	Datum	Shale	44	105	Sandy Shale	345	356	Lime	664	685	Oil Odor	694	706	Oil Odor	913	925
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CASING RECORD <input type="checkbox"/> New <input checked="" 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 casing	12.2500	8.6250	21	44	50/50	4	

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

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Michael Drilling, LLC
P.O. Box 402
Iola, KS 66749
620-496-7795

041811 _____

Company: Rick Michael
Address: PO Box 402
Iola Kansas 66749
Ordered By: Rick

Date: 04/18/11
Lease: Latta
County: Allen
Well#: R-3
API#: _____

Drilling Log

FEET	DESCRIPTION	FEET	DESCRIPTION
0-44	Overburden	913-925	Oil Odor
44-105	Shale	925	TD
105-148	Lime		
148-171	Shale		Surface 44'
171-179	Lime		
179-235	Shale		
235-320	Lime		
320-326	Shale		
326-345	Lime		
345-356	Sandy Shale		
356-550	Sandy Shale		
550-570	Lime		
570-622	Shale		
622-639	Lime		
639-643	Sandy Shale		
643-648	Lime		
648-649	Coal		
649-664	Shale		
664-685	Lime		
685-688	Shale		
688-691	Lime		
691-694	Shale		
694-706	Oil Odor		
706-913	Shale		

Lone Jack Oil Company
509 East Walnut
Blue Mound, KS 66010

Invoice

Date	Invoice #
5/20/2011	1253

Bill To
Rick Michaels P.O. Box 402 Iola, KS 66749

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
1	<p>Latte Lease</p> <p>5/19/11, Well #R-3, pumped 10 sacks at TD through 1 inch pipe, pulled up to 500 feet, pumped 10 sacks, pulled up to 250 feet and pumped 30 sacks to surface, 50 sacks total.</p> <p>Sales Tax</p>	<p>300.00</p> <p>7.30%</p>	<p>300.00T</p> <p>21.90</p>
<p><i>Pl. 5-24-2011</i></p> <p><i>JM YC CK # 1461</i></p> <p><i># 321 90</i></p>			
<p>Thank you for your business.</p>		Total	\$321.90

Received of

Topeka, Kansas, 4/17, 192011

**THE NEW KLEIN LUMBER CO., INC.
BUILDING MATERIALS**

385-2201

4 Sacks Cement	37 ⁸⁰
Sale Tax	3 ²³

41.03

PAID

802 N. Industrial Rd.
P.O. Box 664
Iola, Kansas 67749
Phone: (620) 365-5588

Payless Concrete Products, Inc.



CONDITIONS
Concrete to be delivered to the nearest accessible point over passable road, under truck's own power. Due to delivery at owner's or intermediary's direction, seller assumes no responsibility for damages in any manner to structures, machinery, driveways, buildings, trees, shrubbery, etc., which are at customer's risk. The maximum allotted time for unloading loads is 5 minutes per yard. A charge will be made for holding trucks longer. This concrete contains correct water contents for strength or mix indicated. We do not assume responsibility for strength test when water is added at customer's request.
NOTICE TO OWNER
Failure of this contractor to pay those persons supplying material or services to complete this contract can result in the filing of a mechanic's lien on the property which is the subject of this contract.

CA001
CASH CUSTOMER

MI11/26
RICK MICHAEL
BILL TO: P.O. BOX 402
DEL TO: N 1400 N TO S DAKOTA
W 1 TO 1200 N W SD
IOLA, KS 66749

TIME	FORMULA	LOAD SIZE	YARDS ORDERED	% CAL	DRIVER/STOCK	% AIR	PLANT/TRANSACTION #
12:22:49p	WELL	5.00 yd	5.00 yd	0.00	34	0.00	
DATE	To Date	LOAD #	SAFETY	BATCH#	WATER TRIM	SUMP	TICKET NUMBER
05-19-11	Today	1	5.00 yd	16762		4.00 in	29127.5

WARNING
IRRITATING TO THE SKIN AND EYES
Contains Portland Cement. Wear Rubber Boots and Gloves. PROLONGED CONTACT MAY CAUSE BURNS. Avoid Contact With Eyes and Prolonged Contact With Skin. In Case of Contact With Skin or Eyes, Flush Thoroughly With Water. If Irritation Persists, Get Medical Attention. KEEP CHILDREN AWAY.
CONCRETE IS A PERISHABLE COMMODITY AND BECOMES THE PROPERTY OF THE PURCHASER UPON LEAVING THE PLANT. ANY CHANGES OR CANCELLATION OF ORIGINAL INSTRUCTIONS MUST BE TELEPHONED TO THE OFFICE BEFORE LOADING STARTS.
The undersigned promises to pay all costs, including reasonable attorney's fees, incurred in collecting any sums owed.
All accounts not paid within 30 days of delivery will bear interest at the rate of 9% per annum.
Not Responsible for Reactive Aggregate or Color Quality. No Claims Allowed Unless Made at Time Material is Delivered.
A \$25 Service Charge and Loss of the Cash Discount will be collected on all Returned Checks.
Covers Only Time Charged @ \$25/HR.

PROPERTY DAMAGE RELEASE
(TO BE SIGNED IF DELIVERY TO BE MADE INSIDE CURB LINES)
Dear Customer-The driver of this truck in presenting this RELEASE to you for your signature is of the opinion that the size and weight of his truck may possibly cause damage to the premises and/or adjacent property if it places the material in this load where you desire it. It is our wish to help you in every way that we can, but in order to do this the driver is requesting that you sign this RELEASE advising him and the supplier that you accept any damage that may occur to the premises and/or adjacent property, buildings, driveways, sidewalks, driveways, curbs, etc., by the delivery of this material, and that you also agree to help him remove such from the wheels of his vehicle so that he will not fear the public street. Further, as additional consideration, the undersigned agrees to indemnify and hold harmless the driver of this truck and this supplier for any and all damage to the premises and/or adjacent property which may be claimed by anyone to have arisen out of delivery of this order.
SIGNED
X _____

Excessive Water is Detrimental to Concrete Performance
H₂O Added By Request/Authorized By
GAL X
WEIGHMASTER
LOAD RECEIVED BY:
X PRED MICHAEL

QUANTITY	CODE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
5.00	WELL	WELL (10 SACKS PER UNIT)	76.00	380.00
1.00	TRUCKING	TRUCKING CHARGE	50.00	50.00

RETURNED TO PLANT	LEFT JOB	FINISH UNLOADING	DELAY EXPLANATION/CYLINDER TEST TAKEN	TIME ALLOWED	SubTotal \$	430.00
11:35	12:29	12:31	1. JOB NOT READY 2. SLOW POUR OR PUMP 3. TRUCK AHEAD ON JOB 4. CONTRACTOR BROKE DOWN 5. ADDED WATER		Tax % 7.550	32.47
			6. TRUCK BROKE DOWN 7. ACCIDENT 8. CITATION 9. OTHER		Total \$	462.47
				TIME DUE	Order \$	462.47
					ADDITIONAL CHARGE 1	
					ADDITIONAL CHARGE 2	
					GRAND TOTAL	