

KANSAS CORPORATION COMMISSION 1088826
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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

OPERATOR: License # 5983
Name: Leis, Victor J.
Address 1: 101 N. STATE ST.
Address 2: PO BOX 223
City: YATES CENTER State: KS Zip: 66783 + _____
Contact Person: RYAN M. LEIS
Phone: (785) 313-2567
CONTRACTOR: License # 33900
Name: Leis, Steven A.
Wellsite Geologist: NA
Purchaser: PACER

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 #: _____

3/27/2012	3/29/2012	4/19/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-207-28014-00-00

Spot Description: _____

NW SE NE NE Sec. 20 Twp. 24 S. R. 16 ☒ East ☐ West
838 Feet from ☒ North / ☐ South Line of Section
495 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☒ NE ☐ NW ☐ SE ☐ SW

County: Woodson

Lease Name: STOCKEBRAND Well #: 32

Field Name: _____

Producing Formation: SQUIRREL

Elevation: Ground: 1068 Kelly Bushing: 1072

Total Depth: 1086 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 40 Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 1075

feet depth to: 0 w/ 116 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: Deanna Gertzel Date: 08/01/2012



1088826

Operator Name: Leis, Victor J. Lease Name: STOCKEBRAND Well #: 32
 Sec. 20 Twp. 24 S. R. 16 ☒ East ☐ West County: Woodson

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 (Attach Additional Sheets) 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If no, Submit Copy) List All E. Logs Run: GAMMA RAY NEUTRON	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum SEE ATTACHED
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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	10	7	23.5	40	PORTLAND	12	NA
LONGSTRING	5.25	2.875	6	1075	OWC	116	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
2	20 SHOTS 993.5-1003.5	FRAC 6000# SAND AND WATER	993.5

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. 4/20/2012	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____
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 checked="" type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Yates Center, KS

1086 TD



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER **36590**
LOCATION Chanute, KS
FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3/28/12	2463	Stockerbrand # 32	NE 20	24	16	WO
CUSTOMER D-Roc Oil Company			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS PO Box 223			481 CarKen ck			
CITY Yates Center			368 Gar Moo GM			
STATE KS			503 Dan Gar DG			
ZIP CODE 66783			558 Ryan Smith RD SOS-T106 Kei Det RD			

JOB TYPE long string HOLE SIZE 5 7/8" HOLE DEPTH 1080' CASING SIZE & WEIGHT 2 7/8" EUE
CASING DEPTH 1075' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING 2 1/2" rubber plug
DISPLACEMENT 6.25 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 100 # Premium Gel followed by 10 bbls fresh water, mixed & pumped 9 bbl dye marker, mixed & pumped 91 sks 50/50 Pozmix cement w/ 6% gel per sk, dye marker to surface, mixed & pumped 25 sks OWC cement, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 6.25 bbls fresh water, cement to surface, pressured to 800 PSI, released pressure, shut in casing.

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		103.00
5406	60 miles	MILEAGE		240.00
5402	1075'	Casing footage		
5407	minimum	tan mileage		350.00
5407	minimum	tan mileage		350.00
5501C	3 hrs	Transport		336.00
1124	91 sks	50/50 Pozmix cement		996.45
1118B	559 #	Premium Gel		117.39
1126	25 sks	OWC cement		470.00
4402	1	2 1/2" rubber plug		28.00
248654				
7.3%				

Rev'n 9737

AUTHORIZATION [Signature] TITLE _____

SALES TAX 117.66
ESTIMATED TOTAL 4035.50

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.