



KANSAS CORPORATION COMMISSION 1089271
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 # 6407
Name: Flowers Production Co., Inc.
Address 1: PO BOX 249
Address 2: _____
City: EL DORADO State: KS Zip: 67042 + 0249
Contact Person: Dallas Flowers
Phone: (316) 321-0550
CONTRACTOR: License # 32854
Name: Gulick Drilling Co., Inc.
Wellsite Geologist: Bill Stout
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 #: _____

06/10/2012	06/14/2012	06/15/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-079-20690-00-00

Spot Description: _____
NW NE SE SE Sec. 15 Twp. 22 S. R. 2 East West
1285 Feet from North / South Line of Section
470 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Harvey
Lease Name: EVELYN V. SMITH Well #: 1
Field Name: _____

Producing Formation: Hunton

Elevation: Ground: 1446 Kelly Bushing: 1460

Total Depth: 3159 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 204 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: 7000 ppm Fluid volume: 60 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 Garcia Date: 08/07/2012



1089271

Operator Name: Flowers Production Co., Inc. Lease Name: EVELYN V. SMITH Well #: 1
 Sec. 15 Twp. 22 S. R. 2 East West County: Harvey

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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Geological - open hole	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" 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>Hunton</td> <td>3082</td> <td>-1622</td> </tr> </table>	Name	Top	Datum	Hunton	3082	-1622
Name	Top	Datum					
Hunton	3082	-1622					

CASING RECORD <input checked="" 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	12.25	8.625	23	204	class A	135	3% CC

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 Bbbs.	Gas Mcf	Water Bbbs.	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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 36146
LOCATION 180
FOREMAN Larry Stearns

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

FIELD TICKET & TREATMENT REPORT

CEMENT AAI-15-079-20690

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-15-12	2991	Envelope V Smith #1	15	T22S	2E	Harvey
CUSTOMER Flowers Prod			TRUCK #		DRIVER	
MAILING ADDRESS P.O. Box 249			503		Jeff	
CITY El Dorado			502		Lash	
STATE KS			539		Larry	
ZIP CODE						

JOB TYPE Plug & Seal HOLE SIZE 7 7/8 HOLE DEPTH 3160 CASING SIZE & WEIGHT 7 1/2
 CASING DEPTH 8821 DRILL PIPE 1 1/2 x 11 TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS:

Plugged at 250ft - with 35 sks 60/40 w/6 Gel
 Plugged at 60ft - with 25 sks 60/40 4%
 Plugged Bottom with 30 sks 60/40 4%

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	1030.00	1030.00
0406	37	MILEAGE	4.00	148.00
1131	90	sks 60/40 Poz-mex	12.55	1129.50
118B	300	lbs GEL	.21	63.00
5407	1	Bulk Discharge	350.00	350.00
			Subtotal	3120.50
			SALES TAX	99.99
			ESTIMATED TOTAL	3220.49

Form 3737

AUTHORIZATION [Signature] TITLE Tool Pusher DATE 6-15-12

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.



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 36146
LOCATION 180
FOREMAN Larry Thomas

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

FIELD TICKET & TREATMENT REPORT
CEMENT API-15-079-20690

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY			
6-15-12	2991	Envelope V Smith #1	15	T22S	2E	Finney			
CUSTOMER <u>Flowers Prod</u>		TRUCK #		DRIVER		TRUCK #		DRIVER	
MAILING ADDRESS <u>P.O. Box 249</u>		<u>603</u>		<u>Telf</u>					
CITY <u>Edwards</u>		<u>502</u>		<u>Josh</u>					
STATE <u>Ks</u>		<u>539</u>		<u>Larry</u>					
ZIP CODE		HOLE SIZE <u>7 7/8</u>		HOLE DEPTH <u>3160</u>		CASING SIZE & WEIGHT <u>7 1/2</u>			
JOB TYPE <u>Plc B</u>		DRILL PIPE <u>1 1/2 x 11</u>		TUBING		OTHER			
CASING DEPTH <u>88211</u>		SLURRY WEIGHT		SLURRY VOL		WATER gal/sk		CEMENT LEFT in CASING	
DISPLACEMENT		DISPLACEMENT PSI		MIX PSI		RATE			

REMARKS:

Plugged at 250ft - with 30 sks 60/40 w/10 Gel
Plugged at 60ft - with 25 sks 60/40 w/10
Plugged Bottoms with 30 sks 60/40 w/10

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	1030.00	1030.00
0406	37	MILEAGE	4.00	148.00
1131	90	sks 60/40 Dr-mgr	12.55	1129.50
118B	300	lbs GEL	.21	63.00
5407	1	Bulk Discharge	350.00	350.00
			Subtotal	2120.50
			SALES TAX	99.99
			ESTIMATED TOTAL	2220.49

Form 3737

AUTHORIZATION Tom Pusker TITLE Tom Pusker DATE 6-15-12

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.