



KANSAS CORPORATION COMMISSION 1088825  
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 # 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: \_\_\_\_\_

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.): \_\_\_\_\_

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 #: \_\_\_\_\_  
3/25/2012    3/26/2012    4/15/2012  
Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date       Recompletion Date

API No. 15 - 15-207-28013-00-00  
Spot Description: \_\_\_\_\_  
SW SE NE NE Sec. 20 Twp. 24 S. R. 16  East  West  
1278 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 #: 31  
Field Name: \_\_\_\_\_  
Producing Formation: SQUIRREL  
Elevation: Ground: 1077 Kelly Bushing: 1081  
Total Depth: 1081 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: 1076  
feet depth to: 0 w/ 130 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 Genisor Date: 08/01/2012



1088825

Operator Name: Leis, Victor J. Lease Name: STOCKEBRAND Well #: 31  
 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 <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  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	11	NA
LONGSTRING	5.25	2.875	6	1076	OWC	130	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 990-1000	FRAC 6000# SAND AND WATER	990

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. <u>4/18/2012</u>	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. <u>10</u> 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 <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" 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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**CONSOLIDATED**  
Oil Well Services, LLC

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

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

TICKET NUMBER 36551  
LOCATION Ottawa, KS  
FOREMAN Fred Maden

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3/26/13	2463	Stockebrand #31	NE 20	24	16	W0
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
D-Rac Oil Co			506	FREMAID	Safety mix	
MAILING ADDRESS			495	HARBEK	HAB	
P.O. Box 223			503	PANGAR	DE	
CITY	STATE	ZIP CODE	558	RYASIN	RS 637	JAMXIBD
Yates Center	KS					

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 1086 CASING SIZE & WEIGHT 2 3/8 EUE  
CASING DEPTH 1076 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT IN CASING 2 1/2" Plug  
DISPLACEMENT 6.25 BBL DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 5 BPM

REMARKS: Establish circulation. Mix Pump 100# Premium Gel Flush.  
Mix & Pump 9 BBL Teal dye. Mix & Pump 95 SKS 50/50  
Por mix Cement 6% Gel. Follow w/ 35 SKS OWC Cement.  
Cement to surface. Flush pump & lines clean. Displace  
2 1/2" Rubber plug to casing TD w/ 6.25 BBLs Fresh water  
pressure to 800# PSI. Release pressure to set float valve.  
Shot in casing.

*Fred Maden*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030.00
5406	60 mi	MILEAGE	495	2970.00
5402	1076	Casing footage		140.00
5407	Minimum	Ten miles	503	3580.00
5407	Minimum	Ten miles	558	3500.00
5502C	3 1/2 hrs	80 BBL Mac Truck		315.00
1124	95 SKS	50/50 Por Mix Cement		1040.25
1126	35 SKS	OWC Cement		658.00
1158B	579 #	Premium Gel		121.59
4402	1	2 1/2" Rubber Plug		28.00
<b>248593</b>				
			7.37%	SALES TAX
				ESTIMATED TOTAL
				134.87
				4267.23

Revin 9737

AUTHORIZATION *[Signature]* TITLE *[Signature]* 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

