



KANSAS CORPORATION COMMISSION 1088824
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 # 32079
Name: Leis, John E.
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 #: _____

<u>12/16/2011</u>	<u>12/19/2011</u>	<u>1/12/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-207-28009-00-00

Spot Description: _____
SW SW NE NE Sec. 20 Twp. 24 S. R. 16 East West
1200 Feet from North / South Line of Section
1155 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Woodson

Lease Name: STOCKEBRAND Well #: 9

Field Name: _____

Producing Formation: SQUIRREL

Elevation: Ground: 1079 Kelly Bushing: 1083

Total Depth: 1063 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 42 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 1058

feet depth to: 0 w/ 103 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 Garrison Date: 08/01/2012



1088824

Operator Name: Leis, Victor J. Lease Name: STOCKEBRAND Well #: 9
 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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SEE ATTACHED	
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Electric Log Submitted Electronically (If no, Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
List All E. Logs Run:			
GAMMA RAY NEUTRON			

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	42	PORTLAND	11	NA
CASING	5.25	2.875	6	1058	OWC	103	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	19 SHOTS 997-1006	FRAC 6000# SAND AND WATER	997

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. 1/13/2012	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. 10	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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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 36760

LOCATION Ottawa, KS

FOREMAN Casey Kennedy

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12/22/11	2163	Stackebrand #9	NE 20	24	16	WO
CUSTOMER D-Roc Oil Company						
MAILING ADDRESS PO Box 223						
CITY Yates Center		STATE KS	ZIP CODE 66783			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			481	CarKen ck	558	KeiCar
			495	HarBec Hs		
			370	ArtMcD AP		
			510	Der Mes DM		

JOB TYPE logstring HOLE SIZE 8 7/8" HOLE DEPTH 1062' CASING SIZE & WEIGHT 2 7/8" EVE
 CASING DEPTH 1058' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" rubber plug
 DISPLACEMENT 6.15 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 5.5 bpm

REMARKS: held safety meeting, established circulation, mixed + pumped 100 # Premium Gel followed by 10 bbls fresh water, mixed + pumped 10 bbls tell-tale dye, mixed + pumped 73 sks 50/50 Pozmix cement w/ 6% Gel per sk, mixed + pumped 30 sks OWC cement, cement to surface, flushed pump clean, displaced 2 1/2" rubber plug to casing TD w/ 6.15 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

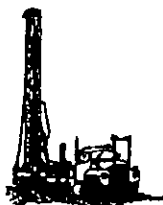
BTG

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE cement pump		1030.00
5406	60 miles	MILEAGE pump truck		240.00
5402	1058	casing footage		
5407A	194.91	ton mileage 558		2161.18
5407A	92.70	ton mileage 510		124.22
5502	4 hrs	80 Vac		360.00
1124	73 sks	50/50 Pozmix cement		799.35
1118B	468 #	Premium Gel		98.28
1126	30 sks	OWC cement		564.00
4402	1	2 1/2" rubber plug		28.00
			7.3%	SALES TAX
				ESTIMATED TOTAL
				3613.76

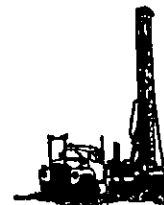
Rev'n 3737

AUTHORIZATION [Signature] 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.



LEIS OIL SERVICES



111 East Mary • Yates Center, Kansas 66783 • (620) 625-3676

Operator License #: 5983	API #: 207-28009-00-00
Operator: Victor J. Leis	Lease: Stockebrand
Address: PO Box 223 Yates Center, KS 66783	Well #: 09
Phone: 913.285.0127	Spud Date: 12-16-11 Completed: 12-19-11
Contractor License: 32079	Location: SW-SW-NE-NE of 20-24-16E
T.D. : 1063 T.D. of Pipe: 1058	1200 Feet From North
Surface Pipe Size: 7" Depth: 42'	1155 Feet From East
Kind of Well: Oil	County: Woodson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
13	Soil and Clay	0	13	8	Lime	957	965
2	Lime	13	15	11	Shale	965	976
178	Shale	15	193	5	Lime	976	981
30	Lime	193	223	15	Sandy Shale	981	996
4	Shale	223	227	12	Oil Sand	996	1008
155	Lime	227	382	31	Shale	1008	1039
5	Shale	382	387	1	Lime	1039	1040
67	Lime	387	454	3	Shale	1040	1043
17	Shale	454	471	1	Lime	1043	1044
3	Lime	471	474	4	Sandy Shale	1044	1048
11	Shale	474	485	15	Shale	1048	1063
4	Lime	485	489				
35	Shale	489	524				
81	Lime	524	605				
3	Black Shale	605	608				
20	Lime	608	628				
2	Black Shale	628	630				
28	Lime	630	658		T.D.		1063
154	Shale	658	812		T.D. of pipe		1058
4	Lime	812	816				
24	Shale	816	840				
10	Lime	840	850				
59	Shale	850	909				
2	Lime	909	911				
3	Shale	911	914				
17	Lime	914	931				
7	Shale	931	938				
4	Lime	938	942				
15	Shale	942	957				