



KANSAS CORPORATION COMMISSION 1087765  
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 # 34379  
Name: Scott's Production, LLC  
Address 1: PO BOX 136  
Address 2: 110 N MEMORY TRAIL  
City: ROXBURY State: KS Zip: 67476 + \_\_\_\_\_  
Contact Person: Jay Scott  
Phone: ( 785 ) 254-7828  
CONTRACTOR: License # 32701  
Name: C & G Drilling, Inc.  
Wellsite Geologist: Frank Mize  
Purchaser: NCRA

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 #: \_\_\_\_\_  
06/01/2012    06/05/2012    06/30/2012  
Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date       Recompletion Date

API No. 15 - 15-169-20337-00-00  
Spot Description: \_\_\_\_\_  
NE SE SW NW Sec. 8 Twp. 16 S. R. 1  East  West  
2278 Feet from  North /  South Line of Section  
1305 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Saline  
Lease Name: LEE JOHNSON Well #: 7  
Field Name: Hunter North  
Producing Formation: Mississippian  
Elevation: Ground: 1328 Kelly Bushing: 1337  
Total Depth: 2682 Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at: 221 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: 1000 ppm Fluid volume: 200 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 Gamco Date: 08/01/2012



1087765

Operator Name: Scott's Production, LLC Lease Name: LEE JOHNSON Well #: 7  
 Sec. 8 Twp. 16 S. R. 1  East  West County: Saline

**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	Mississippian		
Electric Log Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Electric Log Submitted Electronically (If no, Submit Copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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	8	24	221	Class A	140	
Long	8	5	15	2666	Thick Set	75	

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

TUBING RECORD:	Size: <u>2-3/8</u>	Set At: <u>2666</u>	Packer At: <u>No Packer</u>	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>07/20/2012</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>20</u>	Gas Mcf	Water Bbls. <u>5</u>	Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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**CONSOLIDATED**  
Oil Well Services, LLC

**REMIT TO**  
Consolidated Oil Well Services, LLC  
Dept. 970  
P.O. Box 4346  
Houston, TX 77210-4346

MAIN OFFICE  
P.O. Box 884  
Chanute, KS 66720  
620/431-9210 • 1-800/467-8676  
Fax 620/431-0012

INVOICE

Invoice # 250446

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Invoice Date: 06/12/2012 Terms: 0/0/30,n/30

Page 1

SCOTT'S WELL SERVICE, INC.  
P.O. BOX 136  
ROXBURY KS 67476  
(785)254-7828

LEE JOHNSON #7  
34713  
8-16S-1W  
06-05-12  
KS

Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	75.00	19.2000	1440.00
1110A	KOL SEAL (50# BAG)	375.00	.4600	172.50
1107A	PHENOSEAL (M) 40# BAG)	75.00	1.2900	96.75
1131	60/40 POZ MIX	50.00	12.5500	627.50
1118B	PREMIUM GEL / BENTONITE	170.00	.2100	35.70
4104	CEMENT BASKET 5 1/2"	1.00	229.0000	229.00
4130	CENTRALIZER 5 1/2"	4.00	48.0000	192.00
4255	TYPE B BASKET SHOE 5 1/2	1.00	1320.0000	1320.00
4406	5 1/2" RUBBER PLUG	1.00	70.0000	70.00

Description	Hours	Unit Price	Total
445 CEMENT PUMP	1.00	1030.00	1030.00
445 EQUIPMENT MILEAGE (ONE WAY)	80.00	4.00	320.00
479 TON MILEAGE DELIVERY	251.20	1.34	336.61
667 TON MILEAGE DELIVERY	251.20	1.34	336.61

Parts:	4183.45	Freight:	.00	Tax:	305.40	AR	6512.07
Labor:	.00	Misc:	.00	Total:	6512.07		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed Pd 6-14-12 ck# 7198 Date \_\_\_\_\_

BARTLESVILLE, OK 918/338-0808    EL DORADO, KS 316/322-7022    EUREKA, KS 620/583-7664    PONCA CITY, OK 580/762-2303    OAKLEY, KS 785/672-2227    OTTAWA, KS 785/242-4044    THAYER, KS 620/839-5269    GILLETTE, WY 307/686-4914



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INVOICE

Invoice # 250363

Invoice Date: 06/12/2012 Terms: 0/0/30,n/30 Page 1

SCOTT'S WELL SERVICE, INC.  
P.O. BOX 136  
ROXBURY KS 67476  
(785)254-7828

LEE JOHNSON #7  
34337  
8-16S-1W  
06-02-12  
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	140.00	14.9500	2093.00
1102	CALCIUM CHLORIDE (50#)	400.00	.7400	296.00
1118B	PREMIUM GEL / BENTONITE	250.00	.2100	52.50
1107	FLO-SEAL (25#)	50.00	2.3500	117.50

Description	Hours	Unit Price	Total
446 CEMENT PUMP (SURFACE)	1.00	825.00	825.00
446 EQUIPMENT MILEAGE (ONE WAY)	70.00	4.00	280.00
502 TON MILEAGE DELIVERY	455.00	1.34	609.70

Parts: 2559.00 Freight: .00 Tax: 186.81 AR 4460.51 ✓  
 Labor: .00 Misc: .00 Total: 4460.51  
 Sublt: .00 Supplies: .00 Change: .00

Signed Pd 6-14-12 CK# 7198 Date \_\_\_\_\_

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 316/322-7022 EUREKA, KS 620/583-7664 PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-2227 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914