

KANSAS CORPORATION COMMISSION 1088932
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 #: _____

4/6/2012	4/8/2012	4/19/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-207-28098-00-00

Spot Description: _____
NW NE SE NE Sec. 20 Twp. 24 S. R. 16 ☒ East ☐ West
1608 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 #: 38

Field Name: _____

Producing Formation: SQUIRREL

Elevation: Ground: 1086 Kelly Bushing: 1090

Total Depth: 1055 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: 1054
feet depth to: 0 w/ 128 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 Gernico Date: 08/02/2012



1088932

Operator Name: Leis, Victor J. Lease Name: STOCKEBRAND Well #: 38
 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 ☐ Yes ☒ No
 (Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☒ No

Cores Taken ☐ Yes ☒ No

Electric Log Run ☒ Yes ☐ No

Electric Log Submitted Electronically ☒ Yes ☐ No
 (If no, Submit Copy)

List All E. Logs Run:

GAMMA RAY
NEUTRON

☒ Log Formation (Top), Depth and Datum ☐ Sample

Name Top Datum
 SEE ATTACHED

CASING RECORD ☐ New ☒ 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	5.875	2.875	6	1054	OWC	128	NA

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose: <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
-				
-				

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 989.5-999.5	FRAC 6000# SAND AND WATER	989.5

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. 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

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

TICKET NUMBER 36602

LOCATION Ottawa

FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-9-12	2463	Stockebrand 38	NE 20	24	16	W0
CUSTOMER D. Bee 0:1						
MAILING ADDRESS P.O. Box 223						
CITY Yates Center	STATE KS	ZIP CODE 66783				
			TRUCK #	DRIVER	TRUCK #	DRIVER
			516	Alann	Safety	Meet
			495	Harold B	HJB	
			305/1106	Keith C	KC	510 Bss
			358	Ryan S	RS	AM

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 1055 CASING SIZE & WEIGHT 2 3/8
CASING DEPTH 1054 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
DISPLACEMENT 6.13 DISPLACEMENT PSI 800 MIX PSI 200 RATE 5 bpm

REMARKS: Held crew - in op. - established rate - Mixed & pumped
100# gel followed by 10 bbl dye marker Mixed & pumped
93 sk 50/50 cement plus 6 1/2 bbl gel. Circulated dye
Mixed & pumped 33 sk DWC. Plashed pump Pumped
plug to casing TD. Well held 800 PSI. Set
float. Circulated 3 bbl returns.

Steve Heis

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	60	MILEAGE		240.00
5402	1054	casing footage		
5407	min	ten miles	558	350.00
5407	min	ten miles	510	350.00
5501C	2 1/2	transport		280.00
1124	93 SK	50/50 cem		1018.34
1126	33 SK	DWC		658.00
1188	569 #	gel		119.49
4402	1	2 1/2 plug		28.00
248952				
SALES TAX				133.13
ESTIMATED TOTAL				4206.97

Rev'n 8737

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.

Yates Center, KS

[illegible]