



KANSAS CORPORATION COMMISSION 1088936  
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: 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 #: \_\_\_\_\_

<u>3/29/2012</u>	<u>3/30/2012</u>	<u>4/18/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-207-28086-00-00

Spot Description: \_\_\_\_\_  
NE SW NE Sec. 28 Twp. 24 S. R. 16  East  West  
1650 Feet from  North /  South Line of Section  
1650 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE     NW     SE     SW

County: Woodson  
Lease Name: H. STOCKEBRAND Well #: 4  
Field Name: BUNKIE

Producing Formation: SQUIRREL

Elevation: Ground: 1017 Kelly Bushing: 1021

Total Depth: 1042 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: 1037  
feet depth to: 0 w/ 141 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 Gerrard Date: 08/02/2012



1088936

Operator Name: Leis, Victor J. Lease Name: H. STOCKEBRAND Well #: 4  
 Sec. 28 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	5.875	2.875	6	1037	OWC	141	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 980-990	FRAC 6000# SAND AND WATER	980

TUBING RECORD: Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR. <u>4/19/2012</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 Bbbls. <u>10</u>	Gas Mcf	Water Bbbls.	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)</i> <i>(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

TICKET NUMBER 36561

LOCATION Ottawa KS

FOREMAN Fred Maden

**FIELD TICKET & TREATMENT REPORT**

**CEMENT NE 1/4**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3/20/12	2463	N. Stocke Brand # 4	SE 28	24	16	W0
CUSTOMER			TRUCK # DRIVER TRUCK # DRIVER			
D-Roc Oil Company			506 FREMAD Safe Ly Mly			
MAILING ADDRESS			368 GARMOD GM			
P.O. Box 223			369 DERMAS DM			
CITY STATE ZIP CODE			503 DANGARD 558 RYASIN KS			
Yates Center KS 66783						

JOB TYPE Logging HOLE SIZE 5 7/8 HOLE DEPTH 1042 CASING SIZE & WEIGHT 2 7/8 EUE  
 CASING DEPTH 1037 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT In CASING 2 1/2" Ply  
 DISPLACEMENT 6.03 BBL DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 43 BPM

REMARKS: 6.03 BBL. Establish circulation. Mix + Pump - 300 \*  
Premium Gel Flush. Pump 10 BBL Tell tale dye. Mix +  
Pump 106 sks 50/50 Per Mix Cement 670 Gal. Follow w/ 35 sks  
OWC Cement. Flush pump + lines clean. Displace 2 1/2" Rubber  
plug to casing TD. Pressure to 500 # PSI. Release pressure  
to set float valve. Shut in casing.

Steve he's Drilling  
Customer supplied some water Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1030 <sup>00</sup>
5406	60 mi	MILEAGE	368	240 <sup>00</sup>
5402	1037	Casing Footage		N/A
5407	Min: mix	Ten Miles	503	350 <sup>00</sup>
5407A	267.12	Ten Miles	558	357.24
5502C	3 hrs	80 BBL Mac Truck	389	270 <sup>00</sup>
1124	106 BBL	50/50 Per Mix Cement		1160 <sup>00</sup>
1126	35 sks	OWC Cement		658 <sup>00</sup>
1118B	835 <sup>#</sup>	Premium Gel		175 <sup>30</sup>
4402	1	2 1/2" Rubber Plug		28 <sup>00</sup>
<u>248750</u>				
			7.3%	SALES TAX
				ESTIMATED TOTAL
				147 <sup>60</sup>
				4417 <sup>57</sup>

RAVIN 3787 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

