



KANSAS CORPORATION COMMISSION 1089440

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 # 34648 Name: A & L Energy Operations LLC Address 1: 575 MADISON AVENUE 22ND FL Address 2: City: NEW YORK State: NY Zip: 10022 Contact Person: Andrew Pietra Phone: (212) 586-6665 CONTRACTOR: License # 8509 Name: Evans Energy Development, Inc. Wellsite Geologist: NA Purchaser:

API No. 15 - 15-045-21765-00-00 Spot Description: SW SW NE NE Sec. 6 Twp. 14 S. R. 21 East West 1190 Feet from North / South Line of Section 1190 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner: NE NW SE SW

County: Douglas Lease Name: Thoren Well #: 73

Field Name: Little Wakarusa

Producing Formation: Bartlesville

Elevation: Ground: 911 Kelly Bushing: 0

Total Depth: 755 Plug Back Total Depth:

Amount of Surface Pipe Set and Cemented at: 44 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: Feet

If Alternate II completion, cement circulated from: feet depth to: 44 w/ 12 sx cmt.

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 #:

6/13/2012 6/14/2012 8/6/2012

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 1500 ppm Fluid volume: 80 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 Garriso Date: 08/09/2012



1089440

Operator Name: A & L Energy Operations LLC Lease Name: Thoren Well #: 73  
 Sec. 6 Twp. 14 S. R. 21  East  West County: Douglas

**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:  GammaRay/Neutron/CCL	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum GammaRay
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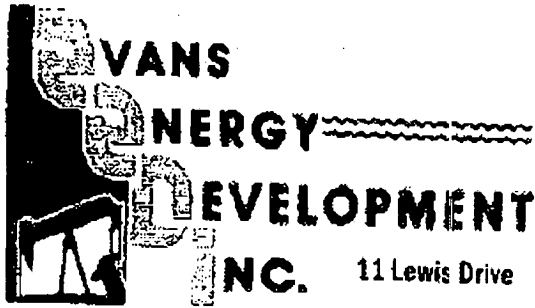
CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	9	7	10	44	Portland	12	50/50 POZ
Completion	5.6250	2.8750	8	745	Portland	98	50/50 POZ

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 <i>(Amount and Kind of Material Used)</i>	Depth
3	685.0-694.0	2" DML RTG	9

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. _____		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbbs.	Gas Mcf	Water Bbbs. Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input 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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**VANS  
ENERGY  
DEVELOPMENT  
INC.**

11 Lewis Drive

Paola, KS 66071

**Oil & Gas Well Drilling  
Water Wells  
Geo-Loop Installation**

Phone: 913-557-9083

Fax: 913-557-9084

**WELL LOG**

A & L Energy Operations, LLC

Thoren #73

API #15-045-21,765

June 13 - June 14, 2012

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
20	soil & clay	20
42	shale	62
7	lime	69
6	shale	75
19	lime	94
7	shale	101
7	lime	108
10	shale	118
17	lime	135
32	shale	167
16	lime	183
48	shale	231
9	lime	240
23	shale	263
7	lime	270
21	shale	291
10	lime	301
20	shale	321
10	lime	331
7	shale	338
21	lime	359
2	shale	361
9	lime	370
10	shale	380
21	lime	401
4	shale	405
14	lime	419 base of the Kansas City
168	shale	587 575 shale, light oil show
5	lime	592
16	shale	608
4	lime	612
16	shale	628
4	lime	632
7	shale	639
12	lime	651
19	shale	670
2	lime	672
13	shale	685

Thoren #73

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2  
5  
1  
62

broken oil sand  
oil sand  
broken sand  
shale

687 brown & green, good bleeding  
692 brown sand, good bleeding  
693 brown & green sand, good bleeding  
755 TD

Drilled a 9 7/8" hole to 44.5'  
Drilled a 5 5/8" hole to 755'

Set 44.5' of 7" casing threaded and coupled cemented with 12 sacks of cement.

Set 745' of 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe and 1 clamp.



**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 39847

LOCATION Ottawa

FOREMAN Alan Maden

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
<u>6-14-12</u>	<u>3898</u>	<u>Thacen 73</u>	<u>NE 6</u>	<u>14</u>	<u>21</u>	<u>DL</u>

CUSTOMER Adk Energy

MAILING ADDRESS 575 Madison Ave.

CITY New York STATE NY ZIP CODE 10022

TRUCK #	DRIVER	TRUCK #	DRIVER
<u>516</u>	<u>Ala Mad</u>	<u>Safety</u>	<u>Meet</u>
<u>368</u>	<u>Ala Mad</u>	<u>Ala Mad</u>	
<u>369</u>	<u>Det Mas</u>	<u>DM</u>	
<u>503</u>	<u>Don Gar</u>	<u>DL</u>	

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 755 CASING SIZE & WEIGHT 2 7/8  
 CASING DEPTH 745 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING yes  
 DISPLACEMENT 4.3 DISPLACEMENT PSI 800 MIX PSI 200 RATE 46ppm

REMARKS: Had crew meet. Established rate. Mixed + pumped 100# gel followed by 98 sk 50/50 cement plus 2 1/2 gal. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float closed valve.

Adk Evans Energy, Mitchell

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
<u>5401</u>	<u>1</u>	<u>PUMP CHARGE</u>	<u>368</u>	<u>1030.00</u>
<u>5406</u>	<u>30</u>	<u>MILEAGE</u>	<u>368</u>	<u>120.00</u>
<u>5402</u>	<u>745</u>	<u>casing footage</u>	<u>368</u>	<u>_____</u>
<u>5407</u>	<u>min</u>	<u>100 miles</u>	<u>350.00</u>	<u>350.00</u>
<u>5502C</u>	<u>2</u>	<u>80 wac</u>	<u>369</u>	<u>180.00</u>
<u>1124</u>	<u>98</u>	<u>50/50 cement</u>		<u>1073.10</u>
<u>118B</u>	<u>265</u>	<u>gel</u>		<u>55.65</u>
<u>4402</u>	<u>1</u>	<u>2 1/2 plug</u>		<u>28.00</u>
			SALES TAX	<u>84.44</u>
			ESTIMATED TOTAL	<u>2921.19</u>

Havn 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.