



KANSAS CORPORATION COMMISSION 1090614
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 # 32044
Name: Trimble & Maclaskey Oil LLC
Address 1: 110 SOUTH ST
Address 2: PO BOX 171
City: GRIDLEY State: KS Zip: 66852 + _____
Contact Person: Randall L. Trimble
Phone: (620) 836-2000
CONTRACTOR: License # 30567
Name: Rig 6 Drilling Co., Inc.
Wellsite Geologist: N/A
Purchaser: _____

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: Earl Sauder

Well Name: Babinger A1

Original Comp. Date: 11/29/1952 Original Total Depth: 1519

- 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>05/06/2010</u>	<u>05/18/2010</u>	<u>07/28/2010</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-111-19022-00-01

Spot Description: _____
S2 SW NW SE Sec. 24 Twp. 21 S. R. 10 East West
1575 Feet from North / South Line of Section
2310 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Lyon

Lease Name: BABINGER Well #: A1 D

Field Name: _____

Producing Formation: Arbuckle

Elevation: Ground: 1239 Kelly Bushing: 1244

Total Depth: 2964 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 110 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: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

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 Garrisor Date: 09/06/2012



1090614

Operator Name: Trimble & Maclaskey Oil LLC Lease Name: BABINGER Well #: A1 D

Sec. 24 Twp. 21 S. R. 10 East West County: Lyon

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 <i>(Attach Additional Sheets)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <i>(If no, Submit Copy)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum N/A
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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	0	10	32	110		35	
Intermediate	0	7	24	1504		75	
Production	6.25	4.5	10.5	2700		340	

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

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 <i>(Explain)</i> _____	
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls. 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 <i>(Specify)</i> _____	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

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Saw

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

INVOICE

Invoice # 234442

Invoice Date: 05/27/2010 Terms:

Page 1

TRIMBLE & MACLASKEY OIL LLC
BOX 171
GRIDLEY KS 66852
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BABINGER #A1D
28772
05-26-10

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	165.00	11.0000	1815.00
1118A	S-5 GEL/ BENTONITE (50#)	570.00	.1700	96.90
1123	CITY WATER	3000.00	.0145	43.50
4404	4 1/2" RUBBER PLUG	1.00	44.0000	44.00
	Description	Hours	Unit Price	Total
437	80 BBL VACUUM TRUCK (CEMENT)	4.00	96.00	384.00
445	CEMENT PUMP	1.00	900.00	900.00
445	EQUIPMENT MILEAGE (ONE WAY)	30.00	3.55	106.50
543	MIN. BULK DELIVERY	1.00	305.00	305.00

Parts: 1999.40 Freight: .00 Tax: 135.96 AR 3830.86
Labor: .00 Misc: .00 Total: 3830.86
Sublt: .00 Supplies: .00 Change: .00

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

GILLETTE, WY
307/686-4914

McALESTER, OK
918/426-7667

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577



CONSOLIDATED
Oil Well Services, LLC

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

VSW

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

INVOICE Invoice # 234310
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Invoice Date: 05/19/2010 Terms: Page 1

TRIMBLE & MACLASKEY OIL LLC
BOX 171
GRIDLEY KS 66852
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BABINGER #A1D
28728
05-18-10

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Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	175.00	11.0000	1925.00
1110A	KOL SEAL (50# BAG)	700.00	.4000	280.00
1118A	S-5 GEL/ BENTONITE (50#)	600.00	.1700	102.00
1137	CDI-26	20.00	7.0000	140.00
1146	CAF - 38	30.00	7.5000	225.00
4404	4 1/2" RUBBER PLUG	1.00	44.0000	44.00
4251	TYPE A PACKER SHOE61/8X6	1.00	1275.0000	1275.00

Description	Hours	Unit Price	Total
445 CEMENT PUMP	1.00	900.00	900.00
445 EQUIPMENT MILEAGE (ONE WAY)	30.00	3.55	106.50
515 MIN. BULK DELIVERY	1.00	305.00	305.00

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Parts:	3991.00	Freight:	.00	Tax:	271.39	AR	5573.89
Labor:	.00	Misc:	.00	Total:	5573.89		
Sublt:	.00	Supplies:	.00	Change:	.00		

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Signed _____ Date _____

BARTLESVILLE, OK 918/338-0808 ELDORADO, KS 316/322-7022 EUREKA, KS 620/583-7664 GILLETTE, WY 307/686-4914 McALESTER, OK 918/426-7657 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 WORLAND, WY 307/347-4577



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 28728

LOCATION EUREKA

FOREMAN Rick Letford

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
5-18-10	7842	Babinger # A10	24	21	10E	Lyons
CUSTOMER Trimble - MacLassay			Rig 6			
MAILING ADDRESS P.O. Box 171						
CITY Gridley		STATE KS	ZIP CODE 66252			
TRUCK #	DRIVER	TRUCK #	DRIVER			
445	Justin					
515	Chris					

JOB TYPE longstring 0.20 HOLE SIZE 4 1/2" HOLE DEPTH 2946 CASING SIZE & WEIGHT 4 1/2" 10.5"
 CASING DEPTH 2782 G.L. DRILL PIPE _____ TUBING _____ OTHER P.S. @ 2722' G.L.
 SLURRY WEIGHT 13.8" SLURRY VOL 45 bbl WATER gal/sk 7.0 CEMENT LEFT IN CASING 0'
 DISPLACEMENT 43 1/2 bbl DISPLACEMENT PSI 1000 ~~PSI~~ 1500 RATE _____

REMARKS: Safety meeting - Rig up to 4 1/2" casing. Set packer shoe @ 2722' G.L. @ 1800 PSI. Pump 5 bbl water ahead. Mixed 125 sacks 60/40 Proxim cement w/ 4" Koi-seal #14, 470 gal @ 13.8" hole. Washout pump + lines shut down, release plug. Displace w/ 43 1/2 bbl fresh water. Final pump pressure 1000 PSI. Pump plug to 1500 PSI. wait 2 minutes, release pressure, float held. Good circulation @ all times while cementing. Job complete. Rig down.

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	900.00	900.00
5406	30	MILEAGE	3.55	106.50
1131	125 SACS	60/40 Proxim cement	11.00	1375.00
1140A	700"	4" Koi-seal #14	.40	280.00
1142A	600"	470 gal	.17	102.00
1137	20"	CDZ-24	7.00	140.00
1146	30"	CAF-38 Deformer	7.50	225.00
5407	7.5	can mileage bulk tax	n/c	305.00
4404	1	4 1/2" top rubber plug	44.00	44.00
4251	1	Type A packer shoe	1275.00	1275.00
			Subtotal	5302.50
			SALES TAX	211.39
			ESTIMATED TOTAL	5513.89

Rev'n 3737

234310

AUTHORIZATION Witnessed by Randy Trimble

TITLE Owner

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.