



KANSAS CORPORATION COMMISSION 1089771
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 # 5970
Name: Elmore, John A. or Patricia R.
Address 1: 776 HWY 99
Address 2: _____
City: SEDAN State: KS Zip: 67361 + 8564
Contact Person: John Elmore
Phone: (620) 249-2519
CONTRACTOR: License # 34133
Name: Southwinds Energy LLC
Wellsite Geologist: None
Purchaser: Coffeyville Resources

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 #: _____

4/3/2012	4/8/2012	4/16/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-019-27113-00-00

Spot Description: _____
NW NW NW NW Sec. 7 Twp. 34 S. R. 11 East West
5075 Feet from North / South Line of Section
5140 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Chautauqua

Lease Name: Strain Well #: 3

Field Name: _____

Producing Formation: Peru

Elevation: Ground: 1016 Kelly Bushing: 1020

Total Depth: 2050 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: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Date must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 180 bbls

Dewatering method used: Hauled to Disposal

Location of fluid disposal if hauled offsite: _____

Operator Name: John Elmore

Lease Name: Casement License #: 5970

Quarter N2 Sec. 6 Twp. 34 S. R. 11 East West

County: Choutauqua Permit #: E21275

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 Garrison Date: 08/13/2012



1089771

Operator Name: Elmore, John A. or Patricia R. Lease Name: Strain Well #: 3
 Sec. 7 Twp. 34 S. R. 11 East West County: Chautauqua

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	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	True Peru	1642	1675
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Wayside	1440	1450
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Wayside	1476	1486
List All E. Logs Run: 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	12.625	8.625	20	40	Portland	12	none
Production	6.75	4.5	9.5	1683	Portland	240	2% gel

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Perforate Protect Casing <input checked="" type="checkbox"/> Plug Back TD Plug Off Zone	1683-1510	portland	17	2% gel

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
2	12 shots	100 gal 15% HCL 20-40 sand	1648
1	20 shots	100 gal 15% HCL 12-20 sand	1440

TUBING RECORD: Size: 2" Set At: 1430 Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. 5/2/2012 Producing Method: Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	7	0	80		32

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 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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____
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Form	ACO1 - Well Completion
Operator	Elmore, John A. or Patricia R.
Well Name	Strain 3
Doc ID	1089771

All Electric Logs Run

Gamma Ray
Cement Bond
Neutron
Completion Log

New Well

STATEMENT

09811

ELMORE'S INC.

Box 87 - 776 HWY99

Sedan, KS 67361

Cell: (620) 249-2519

Eve: (620) 725-5538

Date

4-3-12

Customer

John Elmore

Address

City

State

Zip

Qty.	Description	Price	Amount
12	SKS Cement	10.00	120.00
3	hr Water Truck	85.00	255.00
1	hr Cement Pump	110.00	110.00
		\$	485.00
	Strain #3		
	Cemented 40' of 8 5/8"		
	Casing for Surface		
	Hauled Another Load		
	of Fresh Water		

Thank You - We appreciate your business!

Rec'd. by _____

TERMS: Account due upon receipt of services. A 1 1/2% Service Charge, which is an annual percentage rate of 18% will be charged to accounts after 30 days.

New Well Strain #3

STATEMENT

09824

ELMORE'S INC.

Box 87 - 776 HWY99

Sedan, KS 67361

Cell: (620) 249-2519

Eve: (620) 725-5538

Date

4-9-12

Customer

John Elmore

Address

City

State

Zip

Qty.	Description	Price	Amount
9	hr Pulling Unit	120.00	1080.00
	2050' 1" Tubing	.10	205.00
5	hr Cement Pump	110.00	550.00
5	hr Water Truck	85.00	425.00
1	hr Acid Truck	95.00	95.00
260	SKS Cement	10.00	2600.00
2	SKS Coel	16.00	32.00
1	Bowlk Tank	85.00	85.00
		\$	5072.00
	Strain #3 Ran 1"		
	To 2050' Spotted 10 SKS Cement		
	Pulled Up to 1750 Spotted		
	10 SKS Cement Pulled 1" out		1680' 1/2
	Ran 1/2 Casing Hood to Wash		20 Joints
	Cemented To Surface With 240		
	SKS Cement Pumped Rubber Plug		
	28 BBL Fresh Water		

Thank You - We appreciate your business!

Rec'd. by _____

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