



KANSAS CORPORATION COMMISSION 1089715
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 # 6227
Name: Kraft Oil LLC
Address 1: 434 IRIS RD SW
Address 2: _____
City: GRIDLEY State: KS Zip: 66852 + _____
Contact Person: Thomas A. Kraft
Phone: (620) 836-4570
CONTRACTOR: License # 33557
Name: Skyy Drilling, LLC
Wellsite Geologist: Owner
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: _____
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>07/25/2012</u>	<u>07/27/2012</u>	<u>08/03/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-073-24179-00-00
Spot Description: _____
NW NW SE SE Sec. 9 Twp. 23 S. R. 13 East West
1200 Feet from North / South Line of Section
1200 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Greenwood
Lease Name: Schneider-Hannen Well #: 8
Field Name: Virgil North
Producing Formation: Mississippi
Elevation: Ground: 1178 Kelly Bushing: 1185
Total Depth: 1840 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: 1837
feet depth to: 0 w/ 200 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 100 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 Corbin Date: 08/27/2012



1089715

Operator Name: Kraft Oil LLC Lease Name: Schneider-Hannen Well #: 8
 Sec. 9 Twp. 23 S. R. 13 East West County: Greenwood

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 Wireline 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: Cornish Wireline Services INC	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Squirrel</td> <td>1405</td> <td>-227</td> </tr> <tr> <td>Mississippi</td> <td>1779</td> <td>-601</td> </tr> </table>	Name	Top	Datum	Squirrel	1405	-227	Mississippi	1779	-601
Name	Top	Datum								
Squirrel	1405	-227								
Mississippi	1779	-601								

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	12.25	8.625	25	40	Class A	40	3-cal 2-gel
Long String	6.75	4.5	10.5	1837	60/40 Pozmix	200	8-gel

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
2	17 Shots (1795'-1803')		

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

Date of First, Resumed Production, SWD or ENHR: _____ Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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)</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 37618
LOCATION Euixa
FOREMAN Rick Ledford

FIELD TICKET & TREATMENT REPORT

CEMENT

API # 15-073-24179

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-25-12	4418	Schneider-Hannen # 8	9	235	13E	6W
CUSTOMER Kraft Oil LLC			TRUCK #			
MAILING ADDRESS 434 Iris Rd SW			DRIVER			
CITY Oridley			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 66852			TRUCK #			
			DRIVER			

Skyl
Orig

JOB TYPE Surface 0 HOLE SIZE 12 1/4" HOLE DEPTH 91' CASING SIZE & WEIGHT 8 5/8"
CASING DEPTH 40' C.L. DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 15" SLURRY VOL 9 bbl WATER gal/sk 6.5 CEMENT LEFT in CASING 5'
DISPLACEMENT 2 1/4 bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting - Rig up to 9 5/8" casing - Break circulation w/ fresh water.
Diced 40 sec class A cement w/ 3% cacl2 + 2% gel @ 15"/gal. Displace w/ 2 1/4
bbl fresh water. Shut casing in w/ good cement returns to surface. Job complete. Rig down.

~Thank You~

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54013	1	PUMP CHARGE	825.00	825.00
5406	35	MILEAGE	4.00	140.00
11045	40 sec	class A cement	14.95	598.00
1102	110 "	3% cacl2	.74	81.40
11180	75 "	2% gel	.21	15.75
5407		ten mileage bulk tax	m/c	350.00
			Subtotal	2010.15
			SALES TAX	50.74
			ESTIMATED TOTAL	2060.89

Ravin 3737

251690

7.3%

AUTHORIZATION [Signature] TITLE Toelposter 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.



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 37661
LOCATION Exreka
FOREMAN Rick Letford

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT

API # 15-073-2479

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
7-27-12	4418	Schneider-Harmon # 8	9	235	15E	GW																
CUSTOMER <u>Kraft Oil LLC</u>			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>445</td> <td>Dave</td> <td></td> <td></td> </tr> <tr> <td>515</td> <td>Alan M.</td> <td></td> <td></td> </tr> <tr> <td>411</td> <td>Chris B.</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	445	Dave			515	Alan M.			411	Chris B.		
TRUCK #	DRIVER	TRUCK #					DRIVER															
445	Dave																					
515	Alan M.																					
411	Chris B.																					
MAILING ADDRESS <u>434 Iris Rd SW</u>																						
CITY <u>Gridley</u>	STATE <u>KS</u>	ZIP CODE <u>666252</u>																				

Skyl
Orly

JOB TYPE 4/50 HOLE SIZE 6 7/8" HOLE DEPTH 1847' CASING SIZE & WEIGHT 4 1/2" 10.5"
 CASING DEPTH 1846' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 12.8*-12.6" SLURRY VOL 61 Bbl WATER gal/sk 7.0 8.0 CEMENT LEFT IN CASING 0'
 DISPLACEMENT 29.4 Bbl DISPLACEMENT PSI 900 PSI/300 Bump plug _____ RATE _____

REMARKS: Safety meeting - Rig up to 4 1/2" casing. Break circulation w/ 5 Bbl water. Mixed 150 sacks 60/40 Permox cement w/ 8% gel + 1" phenoseal/1sk @ 12.8*/gal. Tail in w/ 50 sacks thickest cement w/ 5" Kol-seal/1sk @ 13.6*/gal. Washout pump + hole, release plug. Displace w/ 29.4 Bbl fresh water. Final pump pressure 900 PSI. Bump plug to 1500 PSI. Release pressure, float + plug hold. Good cement returns to surface. 3 Bbl slurry to pit. Job complete Rig down.

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1036.00	1036.00
5406	35	MILEAGE	4.00	140.00
1131	150 sacks	60/40 Permox cement	12.55	1882.50
1183	1030"	8% gel	.21	216.30
1107A	150*	1" phenoseal/1sk	1.29	193.50
1126A	50 sacks	thickest cement	19.20	960.00
1108A	250*	5" Kol-seal/1sk	.46	115.00
540A	9.2	700 mileage bulk truck	1.34	431.48
4404	1	4 1/2" top collar plug	45.00	45.00
			subtotal	5013.78
			7.5%	SALES TAX
				ESTIMATED TOTAL
				249.11
				5262.89

Rev'n 3737

051650

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