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KCC WICHITA

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Form ACO-1

June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

OPERATOR: License # 32145
Name: tom baugher
Address 1: 27914NE2250RD
Address 2: _____
City: greeley State: ks Zip: 66033 + _____
Contact Person: tom baugher
Phone: (785) 867-2413
CONTRACTOR: License # 32079
Name: Leis, John E.
Wellsite Geologist: _____
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 #: _____

6/27/12 6/28/12 6/28/12
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-003-25,122 -0000

Spot Description: _____
nw sw ne Sec. 17 Twp. 21 S. R. 20 East West
4293 Feet from North / South Line of Section
1043 Feet from East / West Line of Section

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

County: anderson

Lease Name: kirk Well #: B-7

Field Name: Bush City Shoestring

Producing Formation: Squirrel

Elevation: Ground: n/a Kelly Bushing: _____

Total Depth: 875 Plug Back Total Depth: 863.3

Amount of Surface Pipe Set and Cemented at: 20 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 #: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: Tom Baugher

Title: operator Date: 8/15/12

KCC Office Use ONLY

Letter of Confidentiality Received
Date: _____
 Confidential Release Data: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Dlg Date: 8/31/12

Operator Name: tom baugher Lease Name: kirk Well #: B-7
 Sec. 17 Twp. 21 S. R. 20 East West County: anderson

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>	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum see attach log
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>	RECEIVED AUG 24 2012 KCC WICHITA
List All E. Logs Run: Gamma Ray	

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
	9.875	7.00		20	portland	6	
	5.625	2.875		869	portland	125	2%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 (Amount and Kind of Material Used)	Depth
2	799.0-809.0 21perfs.		
2	811.0-821.0 21perfs.		

TUBING RECORD: Size: <u>2.875</u> Set At: <u>869.0</u> 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 checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbls. <u>n/a</u>	Gas Mcf <u>0</u>	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 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
820-431-9210 or 800-467-8676

TICKET NUMBER 37373
LOCATION Ottawa KS
FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6/29/12	3160	Kirk. # B-7	NE 16	21	20	AN
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
B&B Oil Recovery			506	Fred Mad	Safety	Wich
MAILING ADDRESS			495	Har Bee	HB	
27914 NE 2250 Rd			505/7106	Tae Ric	JR	
CITY	STATE	ZIP CODE	667	Chr Bee	CB	
Greely	KS	66033				

JOB TYPE Logging HOLE SIZE 5 7/8 HOLE DEPTH 875' CASING SIZE & WEIGHT 2 1/2" EUE
 CASING DEPTH 869' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING 2 1/2" Plug
 DISPLACEMENT 5.0500 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 RPM

REMARKS: Establish pump rate. Mix + Pump 100 # Premium Gel Flush. Mix + Pump 125 sks 50/50 Per Mix Cement 270 Gal. Cement to surface. Flush pump + lines clean Displace 2 1/2" rubber plug to casing TD. Pressure to 800 # PSI. Release pressure to set float valve. Shut in casing

Fred Maden

Leis Drilling - Matt.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	1	MILEAGE		N/C
5402	869	Casing footage		N/C
5407A	161.25	Tan Miles	667	216 ⁰⁰
5501C	1hr	Transport	505/7106	112 ⁰⁰
1124	125 ^{1/2} sks	50/50 Per Mix Cement		1368
1118B	310 ⁰⁰	Premium Gel		65
4402	1	2 1/2" Rubber Plug		28
RECEIVED				
AUG 24 2012				
KCC WICHITA				
			7.5%	SALES TAX
				ESTIMATED
				TOTAL
				293:

Ravin 3737

250942

AUTHORIZATION *Tom Conroy* TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer account records, at our office, and conditions of service on the back of this form are in effect for services identified on