



KANSAS CORPORATION COMMISSION 1090698
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 # 33306
Name: Blake Exploration, LLC
Address 1: 201 S MAIN
Address 2: PO BOX 150
City: BOGUE State: KS Zip: 67625 + _____
Contact Person: MIKE DAVIGNON
Phone: (785) 421-2921
CONTRACTOR: License # 33493
Name: American Eagle Drilling LLC
Wellsite Geologist: MIKE DAVIGNON
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 #: _____
5/16/2011 5/21/2011 5/21/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-163-23951-00-00
Spot Description: _____
SE NW NE SE Sec. 25 Twp. 10 S. R. 20 East West
2000 Feet from North / South Line of Section
900 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Rooks
Lease Name: CHURCH OF GOD Well #: 1
Field Name: _____
Producing Formation: NA
Elevation: Ground: 2203 Kelly Bushing: 2211
Total Depth: 3800 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 224 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: 0 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: 08/22/2012



1090698

Operator Name: Blake Exploration, LLC Lease Name: CHURCH OF GOD Well #: 1
 Sec. 25 Twp. 10 S. R. 20 East West County: Rooks

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 checked="" type="checkbox"/> Yes <input 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: DUAL IND, DUAL DEN, MICRO	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>ANHYDRITE</td> <td>1622</td> <td>+589</td> </tr> <tr> <td>HEEBNER</td> <td>3426</td> <td>-1215</td> </tr> <tr> <td>LANSING</td> <td>3464</td> <td>-1253</td> </tr> <tr> <td>ARBUCKLE</td> <td>3751</td> <td>-1540</td> </tr> </tbody> </table>	Name	Top	Datum	ANHYDRITE	1622	+589	HEEBNER	3426	-1215	LANSING	3464	-1253	ARBUCKLE	3751	-1540
Name	Top	Datum														
ANHYDRITE	1622	+589														
HEEBNER	3426	-1215														
LANSING	3464	-1253														
ARBUCKLE	3751	-1540														

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	20	224	COM	150	3%GEL 2%C.C.

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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QUALITY OILWELL CEMENTING, INC.

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 5008

Date	5/17/11	Sec.	25	Twp.	10	Range	20	County	Rooks	State	KS	On Location	Finish	5:00 AM	
Lease	Church of God			Well No.	1			Location	E 1/2, N to EE 1/4 E to 7 Rd, N, W into						
Contractor	American Eagle Rig #3							Owner	To Quality Oilwell Cementing, Inc.						
Type Job	Surface							You are hereby requested to rent cementing equipment and furnish cement and helper to assist owner or contractor to do work as listed.							
Hole Size	12 1/4"			T.D.	234'			Charge To	Blake Exploration						
Csg.	8 5/8" 20#			Depth	234'			Street							
Tbg. Size								City	State						
Tool								The above was done to satisfaction and supervision of owner agent or contractor.							
Cement Left in Csg.	15'			Shoe Joint											
Meas Line				Displace	14 1/2 bbls.			Cement Amount Ordered	150 sxc (on 3 1/4 2 1/2 gel)						

EQUIPMENT

Pumptrk	9	No.	Cement Helper	Paul	Common	150
Bulktrk	8	No.	Driver	Nealt	Poz. Mix	
Bulktrk	PV	No.	Driver	Rocky	Gel.	3
			Driver		Calcium	5

JOB SERVICES & REMARKS

Remarks:	Hulls
Rat Hole	Salt
Mouse Hole	Flowseal
Centralizers	Kol-Seal
Baskets	Mud CLR 48
D/V or Port Collar	CFL-117 or CD110 CAF 38
Est. Circ.	Sand
Mix 150 sxc	Handling 158
Displace	Mileage
Cement Circulated	

FLOAT EQUIPMENT

Guide Shoe	
Centralizer	
Baskets	
AFU Inserts	
Float Shoe	
Latch Down	

Thank You!!

Pumptrk Charge	Surface	Tax	
Mileage	36	Discount	
		Total Charge	
X Signature			

QUALITY OILWELL CEMENTING, INC.

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 4840

Date	Sec.	Twp.	Range	County	State	On Location	Finish
5-21-11	25	10	20	Rooks	KS		7:30 p.m.
Lease Church of God?		Well No. 1		Location Blisn Coline 3w 1/2 N Winto			
Contractor American Eagle #3				Owner			
Type Job P.T.H				To Quality Oilwell Cementing, Inc.			
Hole Size 7 7/8				You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.			
Csg.				Depth			
Tbg. Size				Depth			
Tool				Depth			
Cement Left in Csg.				Shoe Joint			
Meas Line				Displace			
				Cement Amount Ordered 230 60/40 40/100 1/100			

EQUIPMENT

Pumptrk	No.	Cement	Helper	Common
		52's		138
Bulktrk	No.	Driver	Scale	Poz. Mix
				92
Bulktrk	No.	Driver	Reel	Gel.
8				8

JOB SERVICES & REMARKS

Remarks:	Calcium
Rat Hole 30SK	Hulls
Mouse Hole	Salt
Centralizers	Flowseal 50#
Baskets	Kol-Seal
D/V or Port Collar	Mud CLR 48
1st 3752 25SK	CFL-117 or CD110 CAF 38
2nd 1640 25SK	Sand
3rd 950 100SK	Handling 238
4th 275 40SK	Mileage
5th 40' 10SK	

FLOAT EQUIPMENT

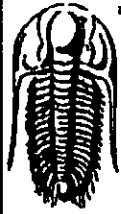
Guide Shoe	AFU inserts
Centralizer	Float Shoe
Baskets 8 5/8 wooden plug	Latch Down

Pumptrk Charge plug
Mileage 55

Thanks!

X Signature *Burdette*

Tax	
Discount	
Total Charge	



**TRIOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Blake Exploration
PO Box 150
201 S Main
Bogue KS 67625
ATTN: Mike Davignon

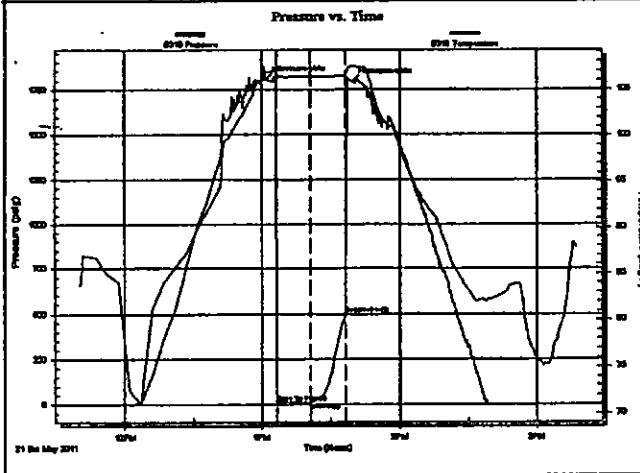
Church of God 1
26-10-20w Rooks, KS
Job Ticket: 42742 DST#: 1
Test Start: 2011.05.21 @ 11:40:12

GENERAL INFORMATION:

Formation: Arbuckle
Deviated: No Whipstock ft (KB)
Time Tool Opened: 13:06:42
Time Test Ended: 15:17:42
Test Type: Conventional Straddle
Tester: Brett Dickinson
Unit No: 47
Interval: 3745.00 ft (KB) To 3760.00 ft (KB) (TVD)
Reference Elevations: 2208.00 ft (KB)
Total Depth: 3800.00 ft (KB) (TVD)
2203.00 ft (CF)
Hole Diameter: 7.88 inches Hole Condition: Fair
KB to GRVCF: 5.00 ft

Serial #: 8319 Inside
Press@RunDepth: 13.03 psig @ 3746.00 ft (KB)
Capacity: 8000.00 psig
Start Date: 2011.05.21 End Date: 2011.05.21
Last Calib.: 2011.05.21
Start Time: 11:40:17 End Time: 15:17:42
Time On Btm: 2011.05.21 @ 13:02:12
Time Off Btm: 2011.05.21 @ 13:39:42

TEST COMMENT: IF-Weak surface blow died in 5 min
IS-No blow



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1807.48	106.83	Initial Hydro-static
5	10.14	105.74	Open To Flow (1)
19	13.03	106.36	Shut-In(1)
35	499.88	106.51	End Shut-In(1)
38	1791.95	107.39	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
1.00	Mud	0.01

Gas Rates

Choke (Inches)	Pressure (psig)	Gas Rate (Mc/d)