



KANSAS CORPORATION COMMISSION 1079233
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 & Maclasley 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 # 32854
Name: Gulick Drilling Co., Inc.
Wellsite Geologist: Thomas E. Blair
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 #: _____
11/17/2011 11/21/2011 12/12/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-111-20441-00-00
Spot Description: _____
SW NE SW Sec. 24 Twp. 21 S. R. 10 East West
1650 Feet from North / South Line of Section
3630 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Lyon
Lease Name: Babinger Well #: 5
Field Name: _____
Producing Formation: ArbuckleR
Elevation: Ground: 1277 Kelly Bushing: 1285
Total Depth: 2669 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 124 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: 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 Gerrits Date: 08/16/2012



1079233

Operator Name: Trimble & Maclaskey Oil LLC Lease Name: Babinger Well #: 5
 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> 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 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: Gamma Ray/ Neutron/ CCL	<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>Mississippi</td> <td>2155</td> <td>870</td> </tr> <tr> <td>Kinderhook</td> <td>2528</td> <td>1243</td> </tr> <tr> <td>Viola</td> <td>2616</td> <td>1331</td> </tr> <tr> <td>Arbuckle</td> <td>2632</td> <td>1347</td> </tr> </tbody> </table>	Name	Top	Datum	Mississippi	2155	870	Kinderhook	2528	1243	Viola	2616	1331	Arbuckle	2632	1347
Name	Top	Datum														
Mississippi	2155	870														
Kinderhook	2528	1243														
Viola	2616	1331														
Arbuckle	2632	1347														

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	124		90	
Production	7.875	5.5	17	2669		125	

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

TUBING RECORD: Size: Set At: Packer At: Liner Run: Yes 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 (Explain) _____		
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)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	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

pd 12/8
#5448

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

INVOICE

Invoice # 246102

Invoice Date: 11/28/2011 Terms: Page 1

TRIMBLE & MACLASKEY OIL LLC
BOX 171
GRIDLEY KS 66852
() -

sw

BABINGER #5
33381
24-21S-10E
11-21-11
KS

Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	125.00	18.3000	2287.50
1110A	KOL SEAL (50# BAG)	625.00	.4400	275.00
1107A	PHENOSEAL (M) 40# BAG)	30.00	1.2200	36.60
1103	CAUSTIC SODA	100.00	1.5200	152.00
4159	FLOAT SHOE AFU 5 1/2"	1.00	344.0000	344.00
4104	CEMENT BASKET 5 1/2"	1.00	229.0000	229.00
4130	CENTRALIZER 5 1/2"	6.00	48.0000	288.00
4454	5 1/2" LATCH DOWN PLUG	1.00	254.0000	254.00

Description	Hours	Unit Price	Total
445 CEMENT PUMP	1.00	975.00	975.00
445 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.00	120.00
WASH- WASH OR SWIVEL HEAD	1.00	100.00	100.00
479 MIN. BULK DELIVERY	1.00	330.00	330.00

Parts: 3866.10 Freight: .00 Tax: 282.23 AR 5673.33
 Labor: .00 Misc: .00 Total: 5673.33
 Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 316/322-7022 EUREKA, KS 620/583-7664 PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-2227 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 33381
LOCATION Eureka, KS
FOREMAN Shannon Feck

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8678

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-111-20441

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-21-11	7842	Babinger #5	24	215	10 E	Lyon
CUSTOMER Trimble + MacClaskey oil LLC			Gulick DRILL			
MAILING ADDRESS 110 South St. P.O. Box 174			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Bridley			445	Dave G		
STATE KS			479	Chris B		
ZIP CODE 66852						

JOB TYPE Longstring HOLE SIZE 7 7/8" HOLE DEPTH 2669' CASING SIZE & WEIGHT 5 1/2" @ 17#
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.7# SLURRY VOL 39 Bbl WATER gal/sk 9.0 CEMENT LEFT in CASING None
 DISPLACEMENT _____ DISPLACEMENT PSI _____ PSI dump plug to _____ RATE 5 BPM

REMARKS: Tag Bottom, Rig up to 5 1/2" casing with rotating head. Break
Circulation with 5 Bbl water. Pumped 12 Bbl Caustic Soda pre Flush,
Followed by 5 Bbl water spacer. Mixed 125 SKS Thick set Cement
with 5# Kol-seal/sk. + 1/4# Phenoseal/sk @ 13.7 #/gal. Shut down wash
out pump & lines & displace with 5 Bbl water. Wait two minutes
& release pressure.

Ran centralizers on Joint #1, 2, 3, 5, 10 + 15 with a basket on Joint #8

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	30	MILEAGE	4.00	120.00
1126 A	125 SKS	Thick set cement	18.30	2287.50
1110 A	625 #	Kol-seal @ 5#/sk	.44	275.00
1107 A	30 #	Phenoseal @ 1/4#/sk	1.22	36.60
1103	100 #	Caustic Soda pre Flush (12 Bbl)	1.52	152.00
5407	6.87 Tons	Ton mileage bulk truck	M/C	330.00
4159	1	5 1/2" AFU Float Shoe	344.00	344.00
4104	1	5 1/2" Cement Basket	229.00	229.00
4130	6	5 1/2" x 7 3/4" Centralizers	48.00	288.00
4454	1	5 1/2" Latch down Plug	254.00	254.00
5611	1	Rental on Rotating head	100.00	100.00
		Thanks Shannon & Crew !!		
			Sub Total	5391.10
			7.3% SALES TAX	282.23
			ESTIMATED TOTAL	5673.33

Rev 9 9737

AUTHORIZATION _____

Shannon Feck

TITLE _____

046100

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

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

MAIN OFFICE
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INVOICE

Invoice # **245936**

Invoice Date: **11/21/2011** Terms: _____ Page **1**

TRIMBLE & MACLASKEY OIL LLC
BOX 171
GRIDLEY KS 66852
() -

vsu

BABINGER #5
33379
24-218-10E
11-17-11
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	90.00	14.2500	1282.50
1102	CALCIUM CHLORIDE (50#)	270.00	.7000	189.00
1118B	PREMIUM GEL / BENTONITE	170.00	.2000	34.00
1107	FLO-SEAL (25#)	23.00	2.2200	51.06
	Description	Hours	Unit Price	Total
479	MIN. BULK DELIVERY	1.00	330.00	330.00
520	CEMENT PUMP (SURFACE)	1.00	775.00	775.00
520	EQUIPMENT MILEAGE (ONE WAY)	35.00	4.00	140.00

Parts: 1556.56 Freight: .00 Tax: 113.63 AR 2915.19
 Labor: .00 Misc: .00 Total: 2915.19
 Sublt: .00 Supplies: .00 Change: .00

Signed _____

Date _____

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 316/322-7022 EUREKA, KS 620/583-7664 PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-2227 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914

