



KANSAS CORPORATION COMMISSION 1079235
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 #: _____
11/21/2011 11/30/2011 12/27/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-111-20443-00-00
Spot Description: _____
W2 SE SW SE Sec. 24 Twp. 21 S. R. 10 East West
330 Feet from North / South Line of Section
1815 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Lyon
Lease Name: Rossilon Well #: 4
Field Name: _____
Producing Formation: Arbuckle
Elevation: Ground: 1266 Kelly Bushing: 1274
Total Depth: 2660 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 126 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: Doanna Garrison Date: 08/16/2012



1079235

Operator Name: Trimble & Maclaskey Oil LLC Lease Name: Rossillon Well #: 4
 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;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Mississippi</td> <td>2162</td> <td>888</td> </tr> <tr> <td>Kinderhook</td> <td>2506</td> <td>1232</td> </tr> <tr> <td>Viola</td> <td>Absent</td> <td></td> </tr> <tr> <td>Simpson</td> <td>2596</td> <td>1322</td> </tr> <tr> <td>Arbuckle</td> <td>2660</td> <td>1386</td> </tr> </table>	Name	Top	Datum	Mississippi	2162	888	Kinderhook	2506	1232	Viola	Absent		Simpson	2596	1322	Arbuckle	2660	1386
Name	Top	Datum																	
Mississippi	2162	888																	
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Viola	Absent																		
Simpson	2596	1322																	
Arbuckle	2660	1386																	

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	126		90	
Production	7.875	5.5	17	2663		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 <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 (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) (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

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

INVOICE

Invoice # 246248

Invoice Date: 11/30/2011 Terms:

Page 1

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

ROSSILLION #4
33384
24-218-10E
11-30-11
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
667 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 _____



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 33384

LOCATION Eureka, KS

FOREMAN Shannon Feck

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-487-8876

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-111-20443

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-30-11	7842	Rossillon #4	24	215	10E	Lyon
CUSTOMER Trimble + MacClaskey oil LLC			Gulick DRLL			
MAILING ADDRESS 110 South St P.O. Box 171			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Gridley			445	John S		
STATE KS			607	Allen B		
ZIP CODE 66852						

JOB TYPE Longstring HOLE SIZE 7 7/8" HOLE DEPTH 2660' CASING SIZE & WEIGHT 5 1/2 @
 CASING DEPTH 2662.65' DRILL PIPE --- TUBING --- OTHER ---
 SLURRY WEIGHT 13.7 # SLURRY VOL 42 Bbl WATER gal/sk 9.0 CEMENT LEFT in CASING None
 DISPLACEMENT 62 1/2 Bbl DISPLACEMENT PSI 900 Plugged psi plug to 1300 RATE 5 BPM

REMARKS: Big up to 5 1/2" casing with rotating head, Break circulation with 5 Bbl water. Mixed 12 Bbl Caustic Soda pre flush, followed by a 5 Bbl water spacer. Mixed 125 SKS Thickset Cement with 5# Kol-seal/sk + 1/4# Phenoseal/sk @ 13.7 #/gal. Shut down wash out pump & lines, and release 5 1/2" Latch down plug and displace with 62 1/2 Bbl water. Good circulation @ all times. Final pumping pressure of 900 psi, bumped plug to 1300 psi. Wait two minutes + release pressure. plug & float held good. Job Complete. Ran centralizers on 1, 2, 3, 5, 10 & 15 with a Basket on #8.

Thanks Shannon & crew!!

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 7/8 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
			Sub Total	5391.10
			7.3% SALES TAX	282.23
			ESTIMATED TOTAL	5673.33

Rev 5737

046048

AUTHORIZATION Ken M4

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



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 # 246105

Invoice Date: 11/28/2011 Terms:

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

ROSSILLION #4
33357
24-21S-10E
11-21-11
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	90.00	14.2500	1282.50
1102	CALCIUM CHLORIDE (50#)	255.00	.7000	178.50
1118B	PREMIUM GEL / BENTONITE	170.00	.2000	34.00
1107	FLO-SEAL (25#)	22.00	2.2200	48.84

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)	30.00	4.00	120.00

Parts: 1543.84 Freight: .00 Tax: 112.70 AR 2881.54
 Labor: .00 Misc: .00 Total: 2881.54
 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 33357
LOCATION Fureka
FOREMAN Rick Ledford

PO Box 884, Chanute, KS 66720
620-431-8210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

API# 15-11-20443

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/21/11	7842	Rossillon # 4	24	213	10E	Lyon
CUSTOMER			Cuber drily			
MAILING ADDRESS						
CITY						
STATE	ZIP CODE					
Trumble McCluskey Oil LLC			TRUCK #	DRIVER	TRUCK #	DRIVER
Box 171			520	John		
Gridley			479	Chris M		
KS						
646852						

JOB TYPE surface 0 HOLE SIZE 12 1/4" HOLE DEPTH 126' CASING SIZE & WEIGHT 8 5/8"
CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 15# SLURRY VOL 22 Bbl WATER gal/sk 6.5 CEMENT LEFT in CASING 20'
DISPLACEMENT 6 3/4 Bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting- Rig up to 8 5/8" casing. Break circulation w/ 5 Bbl fresh water. Mixed 90 sacks class A cement w/ 3% cacl2, 22 gal + 1/4" flocculant @ 15#/gal. Displace w/ 6 3/4 Bbl fresh water. Shut casing in w/ good cement returns to surface @ 7 Bbl slurry to pit. Job complete Rig down.

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54013	1	PUMP CHARGE	775.00	775.00
5406	30	MILEAGE	4.00	120.00
11043	90 sacks	class A cement	14.25	1282.50
1102	255#	3% cacl2	.70	178.50
11188	170#	22% gal	.20	34.00
1107	22#	1/4" flocculant	2.22	48.84
5407	4.23	tax mileage bulk tx	m/c	330.00
			Subtotal	2768.84
			2.3% SALES TAX	118.10
			ESTIMATED TOTAL	2886.94

Revin 3737

AUTHORIZATION [Signature] TITLE 246105 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.