



KANSAS CORPORATION COMMISSION 1094548
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 # 30606
Name: Murfin Drilling Co., Inc.
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 #: _____

<u>12/21/2011</u>	<u>12/30/2011</u>	<u>12/30/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-109-21045-00-00
Spot Description: _____
S2_N2_N2_N2 Sec. 6 Twp. 14 S. R. 32 East West
335 Feet from North / South Line of Section
2640 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Logan
Lease Name: HUCK TRUST Well #: 3
Field Name: _____
Producing Formation: none
Elevation: Ground: 2901 Kelly Bushing: 2907
Total Depth: 4590 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 222 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: 1000 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: NAOMI JAMES Date: 09/26/2012



1094548

Operator Name: Blake Exploration, LLC Lease Name: HUCK TRUST Well #: 3
 Sec. 6 Twp. 14 S. R. 32 East West County: Logan

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 Induction, Dual Porosity,	<input checked="" 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>2375</td> <td>+535</td> </tr> <tr> <td>HEEBNER</td> <td>3852</td> <td>-945</td> </tr> <tr> <td>LANSING</td> <td>3894</td> <td>-986</td> </tr> <tr> <td>STARK</td> <td>4136</td> <td>-1230</td> </tr> <tr> <td>JOHNSON</td> <td>4481</td> <td>-1574</td> </tr> <tr> <td>MISSISSIPPIAN</td> <td>4562</td> <td>-1656</td> </tr> </tbody> </table>	Name	Top	Datum	ANHYDRITE	2375	+535	HEEBNER	3852	-945	LANSING	3894	-986	STARK	4136	-1230	JOHNSON	4481	-1574	MISSISSIPPIAN	4562	-1656
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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	10.25	8.875	24	222	com	175	3%cc 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 <i>(Amount and Kind of Material Used)</i>	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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC



TICKET NUMBER 33783

LOCATION Oakley KS

FOREMAN Mila Shaw

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-17-11	1487	Huck trust #3	U	14	32W	Logan KS
CUSTOMER			Oakley			
MAILING ADDRESS			16 S			
CITY			4 1/2 W			
STATE			South into			
ZIP CODE						
TRUCK #	DRIVER	TRUCK #	DRIVER			
463	Josh G					
439	Corey D					

JOB TYPE Surface - 0 HOLE SIZE 12 1/4 HOLE DEPTH 221 CASING SIZE & WEIGHT 8 5/8 - 23 #
 CASING DEPTH 221 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15.2 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 12 3/4 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on MucFin 24 Rig up
Circ casing mix 175 sks common 3% 10-28 Gel displace 12 3/4 water
150 # Shut in Cement did Circulate

Thanks Miles + Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	10.25 ⁰⁰	10.25 ⁰⁰
5406	10	MILEAGE	5 ⁰⁰	50 ⁰⁰
5407	8.23	Ten mileage Delivery min	1.58	410 ⁰⁰
11045	175 SKS	Class A Cement	16.80	2940 ⁰⁰
1102	492 #	Calcium Chloride	.84	413.28
1118B	330 #	Bentonite	.24	79.20
			Subtotal	4917.48
			less 10% discount	4425.73
			Sub total	4425.73
		246594	SALES TAX	240.97
			ESTIMATED	
			TOTAL	4666.70

AUTHORIZATION Anthony Mart TITLE Pusher 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.



TICKET NUMBER **33786**

LOCATION Oakley

FOREMAN Fuzzy

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

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
12-31-11	1487	Huck Trust #3	6	14	32	Logan	
CUSTOMER Blake Exploration		OAKLEY 145 312 W 520		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS				463	Cory D		
CITY		STATE		ZIP CODE			
				439	Josh G		

JOB TYPE PTA HOLE SIZE 7 7/8 HOLE DEPTH 4590' CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE 4 1/2 TUBING _____ OTHER _____
 SLURRY WEIGHT 14.2 SLURRY VOL 1.40 WATER gal/sk 6.7 CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on mudline #24. Rig up + plug as ordered
25 sks @ 2382'
100 sks @ 1252' 220 sks 60/40 pos 47052' 1/4" floccal
40 sks @ 272'
10 sks @ 40' w/ plug
30 sks AH
15 sks MH

Thanks Fuzzy & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	1250.00	1250.00
5406	20	MILEAGE	5.00	100.00
5407	9.5 ton	Ton mileage Delivery (min)	410.00	410.00
1131	220 sks	60/40 pos	14.32	3150.40
1118B	757 #	Bentonite	.24	181.68
1107	55 #	floccal	2.66	146.70
4432	1	8 5/8 wood cup plug	96.00	96.00
		subtotal		5340.78
		less 15% disc		5341.02
				4806.88
		246820 (15)	SALES TAX	251.39
			ESTIMATED	
			TOTAL	5058.27

AUTHORIZATION [Signature] TITLE Pusher DATE 12-31-11

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.