

Corrected



KANSAS CORPORATION COMMISSION 1095124
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 # 33739
Name: SEK Energy, LLC
Address 1: 149 BENEDICT RD
Address 2: PO BOX 55
City: BENEDICT State: KS Zip: 66714 +
Contact Person: Kerry King
Phone: (620) 698-2150
CONTRACTOR: License # 33606
Name: Thornton Air Rotary, LLC
Wellsite Geologist: Julie Shaffer
Purchaser: Postrock Energy

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 #: _____

01/02/2008 01/3/2008 12/01/2011
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-205-27388-00-00
Spot Description: SE SW NW SW Sec. 4 Twp. 30 S. R. 16 East West
1370 Feet from North / South Line of Section
360 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Wilson
Lease Name: BOSCH, DAVID Well #: 1-4
Field Name: Cherokee Basin CBM
Producing Formation: Pennsylvanian Coals
Elevation: Ground: 834 Kelly Bushing: 0
Total Depth: 1127 Plug Back Total Depth: 1115
Amount of Surface Pipe Set and Cemented at: 21 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 21 feet depth to: 0 w/ 4 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 Garrison Date: 10/05/2012



1095124

Operator Name: SEK Energy, LLC Lease Name: BOSCH, DAVID Well #: 1-4
 Sec. 4 Twp. 30 S. R. 16 East West County: Wilson

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: Attached	<input checked="" 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>Lenapah Limestone</td> <td>398'</td> <td>+431'</td> </tr> <tr> <td>Altamont Limestone</td> <td>434'</td> <td>+395'</td> </tr> <tr> <td>Pawnee Limestone</td> <td>548'</td> <td>+281'</td> </tr> <tr> <td>Oswego Limestone</td> <td>634.25'</td> <td>+194.75'</td> </tr> <tr> <td>Verdigris Limestone</td> <td>746'</td> <td>+83'</td> </tr> <tr> <td>Mississippi</td> <td>1077'</td> <td>-248'</td> </tr> </table>	Name	Top	Datum	Lenapah Limestone	398'	+431'	Altamont Limestone	434'	+395'	Pawnee Limestone	548'	+281'	Oswego Limestone	634.25'	+194.75'	Verdigris Limestone	746'	+83'	Mississippi	1077'	-248'
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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	11	8.625	18	40	Portland	4	
Production	6.75	4.5	10.5	1115	Thickset	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
4	9 shots 660-662'	Spot 100gal HCl, breakdown perms	660-662'
4	17 shots 677-681'	stage 400gal HCl w/36 ballsealers	667-681'
		Total 8800# sand	

TUBING RECORD:	Size: <u>2.375"</u>	Set At: <u>696'</u>	Packer At: <u>n/a</u>	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>12/31/2011</u>		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____		
Estimated Production Per 24 Hours	Oil Bbls. <u>0</u>	Gas Mcf <u>15</u>	Water Bbls. <u>20</u>	Gas-Oil Ratio _____

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" 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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	SEK Energy, LLC
Well Name	BOSCH, DAVID 1-4
Doc ID	1095124

All Electric Logs Run

Gamma Ray/Neutron
Density-Neutron
Dual Induction
Differential Temperature

