



KANSAS CORPORATION COMMISSION 1096521
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 # 33561
Name: Miller, Thomas R. dba Miller Oil & Cattle
Address 1: 2526 N FUNSTON ST
Address 2:
City: IOLA State: KS Zip: 66749 + 4013
Contact Person: Tom Miller
Phone: (620) 496-6652
CONTRACTOR: License # 3728
Name: Kent, Roger dba R J Enterprises
Wellsite Geologist: NA
Purchaser:

Designate Type of Completion:

- New Well Re-Entry Workover
 Oil WSW SWD SLOW
 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 #:

03/09/2012 03/13/2012 08/01/2012
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-003-25318-00-00

Spot Description:
SW NW SE NE Sec. 13 Twp. 21 S. R. 19 East West
3487 Feet from North / South Line of Section
1057 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Anderson

Lease Name: F & R Miller Well #: 11

Field Name:

Producing Formation: Squirrel

Elevation: Ground: 1018 Kelly Bushing: 0

Total Depth: 755 Plug Back Total Depth:

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/ 5 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: ppm Fluid volume: bbls

Dewatering method used:

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: 10/12/2012



1096521

Operator Name: Miller, Thomas R. dba Miller Oil & Cattle Lease Name: F & R Miller Well #: 11
 Sec. 13 Twp. 21 S. R. 19 East West County: Anderson

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 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: Gamma Ray/Neutron/CCL	<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>Shale</td> <td>703</td> <td></td> </tr> <tr> <td>Broken Sand</td> <td>709</td> <td></td> </tr> </table>	Name	Top	Datum	Shale	703		Broken Sand	709	
Name	Top	Datum								
Shale	703									
Broken Sand	709									

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 Pipe	9.875	7	10	21	Portland	5	0
Casing	5.625	2.875	10	755	50/50 Portland	84	2.00

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
2	704-709		

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 Bbbs.	Gas Mcf	Water Bbbs. 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: _____ _____
---	---	--

GARNETT TRUE VALUE HOMECENTER

410 N Maple
 Garnett, KS 66032
 {785} 448-7106 FAX {785} 448-7135

Customer Copy

INVOICE

PLEASE REFER TO INVOICE NUMBER
 ON ALL CORRESPONDENCE

Page: 1		Invoice: 10183235	
Special :		Time:	13:50:44
Instructions :		Ship Date:	03/23/12
		Invoice Date:	03/23/12
Sale rep #: JIM	Acct rep code:	Due Date:	04/08/12
Sold To: MILLER OIL & CATTLE C/O TOM MILLER 2526 N FUNSTON IOLA, KS 66749		Ship To: MILLER OIL & CATTLE (620) 496-6652 (620) 496-6652	
Customer #: 0001121	Customer PO:	Order By:	

popping01

8TH
T 130

ORDER #	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
405.00		P	BAG	CPFA	FLY ASH MIX 80 LBS PER BAG	6.0900 BAG	6.0900	2466.45
420.00		P	BAG	CPPC	PORTLAND CEMENT-94#	8.4900 BAG	8.4900	3565.80

Cement:

FOR MILLER Lease

9, 10, 11, 12, 13, 14, 15, 1-I, 2-I, 3-I

	FILLED BY _____ CHECKED BY _____ DATE SHIPPED _____ DRIVER _____		Sales total	\$6032.25	
	SHIP VIA ANDERSON COUNTY				
	RECEIVED COMPLETE AND IN GOOD CONDITION		Taxable	6032.25	
X		Non-taxable	0.00	Sales tax	470.52
		Tax #			

TOTAL \$6502.77

2 - Customer Copy



* 0 0 5 C 7 S 0 0 1 1 F 2 G O L L *