



KANSAS CORPORATION COMMISSION 1096560
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 # 5723
Name: John M. Denman Oil Co., Inc.
Address 1: PO BOX 36
Address 2: _____
City: SEDAN State: KS Zip: 67361 + 0036
Contact Person: SHELLEY WISE
Phone: (620) 725-3727
CONTRACTOR: License # 5831
Name: M.O.K.A.T.
Wellsite Geologist: N/A
Purchaser: COFFEYVILLE RESOURCES

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>9/19/2012</u>	<u>9/20/2012</u>	<u>9/25/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-019-27235-00-00

Spot Description: _____
SW SW NE SW Sec. 10 Twp. 34 S. R. 12 East West
1531 Feet from North / South Line of Section
3781 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Chautauqua

Lease Name: LOWE Well #: S-3

Field Name: _____

Producing Formation: WAYSIDE

Elevation: Ground: 783 Kelly Bushing: 0

Total Depth: 1038 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 41 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 0

feet depth to: 1038 w/ 110 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 Garrisor Date: 10/12/2012



1096560

Operator Name: John M. Denman Oil Co., Inc. Lease Name: LOWE Well #: S-3
 Sec. 10 Twp. 34 S. R. 12 East West County: Chautauqua

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 RADIAL BOND CASING COLLAR VARIABLE DENSITY LOG COMPENSATED DENSITY SIDEWALL LOG DUAL INDUCTION LL3/GR LOG	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum WAYSIDE
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CASING RECORD <input type="checkbox"/> New <input checked="" 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	8.6250	12	41	PORTLAND	8	
CASING	7	4.5	10.5	1017	PORTLAND	110	

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	888-898		
2	912-925		

TUBING RECORD: Size: <u>2.3750</u> Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>09/25/2012</u>		Producing Method: <input type="checkbox"/> Flowing <input checked="" 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 checked="" 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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>888-898</u> <u>912-925</u>
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9/25/2012



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CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	Denman Oil	State, County	Chautauqua , Kansas	Cement Type	CLASS A
Customer Acct #	4 1/2" Prod.	Section	5	Excess (%)	0.3
Well No	0	TWP	26N	Density	13.8
Well Address	Low S-3	RGE	6E	Water Required	8.42
City & State	0	Formation	0	Yield	1.77
Zip Code	0	Hole Size	6 3/4"	Slurry Weight	0
Contact	0	Hole Depth	1038'	Slurry Volume	35 bbl
Email	0	Casing Size	4 1/2" 10.5#	Displacement	16.2 bbl
Cell	0	Casing Depth	1017.7'	Displacement PSI	700
Office	0	Drill Pipe	0	MIX PSI	100
Dispatch Location	BARTLESVILLE	Tubing	0	Rate	3 bpm
REMARKS					

Arrive on Location. Rig up. Safety Meeting. Pump 10 BBL of Gel, followed by 35 BBL of Cement @ 13.8 ppg, shut down wash pump and lines and drop top rubber plug and displace 16.2 BBL. Landed plug at 1200#. Float Held.

SAFTY MEETING
