



KANSAS CORPORATION COMMISSION 1095545
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 # 5259
Name: Mai Oil Operations, Inc.
Address 1: 8411 PRESTON RD STE 800
Address 2: _____
City: DALLAS State: TX Zip: 75225 + 5520
Contact Person: Allen Bangert
Phone: (214) 219-8883
CONTRACTOR: License # 33350
Name: Southwind Drilling, Inc.
Wellsite Geologist: Jim Musgrove
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.*): Lost Hole

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>11/18/2011</u> | <u>11/22/2011</u> | <u>11/22/2011</u> |
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - 15-169-20330-00-00

Spot Description: _____

SW SE NW SW Sec. 25 Twp. 15 S. R. 4 East West
1450 Feet from North / South Line of Section
750 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Saline

Lease Name: Frost Well #: 1

Field Name: _____

Producing Formation: N/A

Elevation: Ground: 1298 Kelly Bushing: 1306

Total Depth: 443 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 221 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: 10000 ppm Fluid volume: 80 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: 10/04/2012



1095545

Operator Name: Mai Oil Operations, Inc. Lease Name: Frost Well #: 1
 Sec. 25 Twp. 15 S. R. 4 East West County: Saline

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: | <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>Shale and Sand</td> <td>443</td> <td>+865</td> </tr> </table> | Name | Top | Datum | Shale and Sand | 443 | +865 |
| Name | Top | Datum | | | | | |
| Shale and Sand | 443 | +865 | | | | | |

| 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 | 221 | 60-40 Poz | 150 | 2% gel, 3% CC |
| | | | | | | | |
| | | | | | | | |

| 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)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____ | PRODUCTION INTERVAL: _____ _____ |
|---|---|--|

QUALITY OILWELL CEMENTING, INC.

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 079

| | | | | | | | |
|---|------|---------------------|--------|---|-------|-------------|---------|
| Date | Sec. | Twp. | Range | County | State | On Location | Finish |
| | 25 | 15 | 4 | Salina | KS | | 10/4/54 |
| Lease <u>Frost</u> | | Well No. <u>#1</u> | | Location <u>Smith's 23 rd 13 1/2 E. 1/4</u> | | | |
| Contractor <u>S. Thompson</u> | | | | Owner | | | |
| Type Job <u>Sec. P.C.C.</u> | | | | To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cement and help to assist owner or contractor to do work as listed. | | | |
| Hole Size <u>1 1/4</u> | | T.D. <u>321</u> | | Charge To <u>112 01</u> | | | |
| Csg. <u>8 1/8</u> | | Depth <u>22'</u> | | | | | |
| Tbg. Size | | Depth | | Street | | | |
| Tool | | Depth | | City | | | |
| | | | | State | | | |
| Cement Left in Csg. <u>1.5</u> | | Shoe Joint | | The above was done to the direction and supervision of owner agent or contractor. | | | |
| Meas Line | | D.space <u>1386</u> | | Cement Amount Ordered <u>15 1/2 bags</u> | | | |
| EQUIPMENT | | | | | | | |
| Pumptrk | No. | Cementor | Ho'per | Common | | | |
| Bulktrk | No. | Driver | Driver | Poz. Mix | | | |
| Bulktrk | No. | Driver | Driver | Gel. | | | |
| JOB SERVICES & REMARKS | | | | | | | |
| Remarks: | | | | Calcium | | | |
| Rat Hole | | | | Mud | | | |
| Mouse Hole | | | | Salt | | | |
| Centralizers | | | | Flowseal | | | |
| Baskets | | | | Kol-Seal | | | |
| D/V or Port Collar | | | | Mud CLR 48 | | | |
| <u>8 1/8 in. 20 ft. Cement This was done to the direction of the Contractor</u> | | | | CFL-117 or CD110 CAF-38 | | | |
| | | | | Sand | | | |
| | | | | Handling | | | |
| | | | | Mileage | | | |
| FLOAT EQUIPMENT | | | | | | | |
| | | | | Guide Shoe | | | |
| | | | | Centralizer | | | |
| | | | | Buckets | | | |
| | | | | AFU Inserts <u>8 1/8 1000</u> | | | |
| | | | | Float Shoe | | | |
| | | | | Latch Down | | | |
| | | | | | | | |
| | | | | Pumptrk Charge | | | |
| | | | | Mileage | | | |
| | | | | Tax | | | |
| | | | | Discount | | | |
| X Signature <u>[Signature]</u> | | | | Total Charge | | | |