



KANSAS CORPORATION COMMISSION 1095344
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 # 32693
Name: Hawkins Oil, LLC
Address 1: 427 S BOSTON AVE STE 915
Address 2: _____
City: TULSA State: OK Zip: 74103 + 4114
Contact Person: J. Hunt Hawkins
Phone: (918) 382-7743
CONTRACTOR: License # 33557
Name: Skyy Drilling, LLC
Wellsite Geologist: Bill Jackson
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>5/8/2012</u>	<u>5/15/2012</u>	<u>6/4/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-015-23943-00-00

Spot Description: _____
W2_E2_SE Sec. 18 Twp. 25 S. R. 5 East West
1320 Feet from North / South Line of Section
990 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Butler

Lease Name: West Robinson Well #: 29

Field Name: _____

Producing Formation: Mississippi Chat

Elevation: Ground: 1396 Kelly Bushing: 1403

Total Depth: 2667 Plug Back Total Depth: 2658

Amount of Surface Pipe Set and Cemented at: 201 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: 100 ppm Fluid volume: 100 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 Gerritsor Date: 10/16/2012



1095344

Operator Name: Hawkins Oil, LLC Lease Name: West Robinson Well #: 29
 Sec. 18 Twp. 25 S. R. 5 East West County: Butler

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: GR/N CBL	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"></td> <td style="width:20%; text-align: center;">Top</td> <td style="width:20%; text-align: center;">Datum</td> </tr> <tr> <td>Cherokee</td> <td style="text-align: center;">2473</td> <td style="text-align: center;">-1070</td> </tr> <tr> <td>Ardmore</td> <td style="text-align: center;">2522</td> <td style="text-align: center;">-1119</td> </tr> <tr> <td>Mississippi Chert</td> <td style="text-align: center;">2544</td> <td style="text-align: center;">-1141</td> </tr> <tr> <td>Mississippi Lime</td> <td style="text-align: center;">2635</td> <td style="text-align: center;">-1232</td> </tr> <tr> <td>TD</td> <td style="text-align: center;">2667</td> <td style="text-align: center;">-1264</td> </tr> </table>		Top	Datum	Cherokee	2473	-1070	Ardmore	2522	-1119	Mississippi Chert	2544	-1141	Mississippi Lime	2635	-1232	TD	2667	-1264
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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	12.25	8.625	20.0	201	Class A	150	1# poly, 3% CC
Production	7.875	5.5	14.0	2656	Class A	150	2% gel, 2% CC, 5% kosea

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	2,546-48'; 2,552-54'; 2,558-72'		

TUBING RECORD:	Size: <u>2.875</u>	Set At: <u>2624</u>	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR. <u>6/6/2012</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 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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 34389
LOCATION # 180 Eldorado
FOREMAN Jacob Storm

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

FIELD TICKET & TREATMENT REPORT

CEMENT Api 15-015-23943-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-15-12	3353	West Robinson #29	18	25S	SE	Butler
CUSTOMER						
Hawk ins oil						
MAILING ADDRESS						
427 s Boston AVE Ste 915						
CITY STATE ZIP CODE						
Tulsa OK 74103						
TRUCK # DRIVER TRUCK # DRIVER						
603 Jeff						
442 Mark						
511 Jacob						
451108 Clay						

JOB TYPE Long string B HOLE SIZE 7 7/8 HOLE DEPTH 2667 CASING SIZE & WEIGHT 5 1/2 1415
 CASING DEPTH 2656 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.516 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 144
 DISPLACEMENT 64.74 DISPLACEMENT PSI 800 MIX PSI 300 RATE 26 bpm

REMARKS: Salty meeting, Run pipe, break circulation pump 10 bbl freshwater flush, mix 160 SR-S class A 2% gel 2% cc 5% kol seal, displaced with plug to 2656 landing plug at 1500 psi. Checked float, float held

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	10	MILEAGE	4.00	40.00
5407	1	min bulk delivery	350.00	350.00
1104 S	160	class A	74.95	2392.00
1102	240	calcium chloride	0.74	177.60
1118 B	350	gel	0.21	73.50
1110 A	800	kol seal	.46	368.00
5501 C	3	Transport	112.00	336.00
1123	5	city water	16.50	82.50
4159	1	5 1/2 AFu Shoe	344.00	344.00
4130	2	5 1/2 centralizer	48.00	96.00
4310	2	5 1/2 collar	80.00	160.00
4310	1	5 1/2 X 6" nipple	60.00	60.00
4310	1	5 1/2 X 4' nipple	85.00	85.00
			Subtotal	5594.60
			SALES TAX	201.42
			ESTIMATED TOTAL	5796.02

Revin 3737

249829

AUTHORIZATION J.A.M. TITLE _____ 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



CONSOLIDATED
Oil Well Services, LLC

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

ENTERED

TICKET NUMBER 34370
LOCATION 180
FOREMAN Larry Shaw

FIELD TICKET & TREATMENT REPORT

CEMENT APT 15-015-27943-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-9-12	3553	West Robinson #29	18	255	5E	Butler
CUSTOMER			TRUCK #		DRIVER	
Hawkins Oil LLC			446		Gerald	
MAILING ADDRESS			502		Steve	
4275 Boston Ave Ste 915			539		Larry	
CITY		STATE	ZIP CODE			
Tulsa		OK	74103			

JOB TYPE Surface B HOLE SIZE 12 1/4 HOLE DEPTH 210 CASING SIZE & WEIGHT 858
 CASING DEPTH 208 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.3 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 25.5
 DISPLACEMENT 12.0 DISPLACEMENT PSI 200 MIX PSI 0 RATE 5.66

REMARKS: MOVED 150 sks A + 3% CACW2 + 2% Poly + 1 lb Poly - Displacement
11.5 bbls - Circulated Cement to Surface

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	825.00	825.00
		MILEAGE		12
11045	150 sks A		14.95	2242.50
1102	400 lbs CACW2		.74	296.00
1118B	300 lbs Gel		.21	63.00
1107	150 lbs Poly-Flake		2.35	352.50
5407	1	Bulk Displacement	350.00	350.00
		Subtotal		4129.00
		SALES TAX		193.49
		ESTIMATED TOTAL		4322.49

Ravin 3737

AUTHORIZATION

[Signature]

TITLE

Tool P/S for

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.