



KANSAS CORPORATION COMMISSION 1096414
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: NA
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 #: _____

09/18/2012 09/19/2012 09/23/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-019-27234-00-00

Spot Description: _____
NW NW SE SW Sec. 10 Twp. 34 S. R. 12 East West
1217 Feet from North / South Line of Section
3770 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-2

Field Name: _____

Producing Formation: WAYSIDE

Elevation: Ground: 780 Kelly Bushing: 0

Total Depth: 1040 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 44 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: 1040 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 Garriso Date: 10/12/2012



1096414

Operator Name: John M. Denman Oil Co., Inc. Lease Name: LOWE Well #: S-2
 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 CASING COLLAR VARIABLE DENSITY LOG COMPENSATED DENSITY SIDEWALL NEUTRON 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	8.6250	6.75	12	44	PORTLAND	8	
CASING	6.75	4.5	10	1028	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 (Amount and Kind of Material Used)	Depth
2	972-982		

TUBING RECORD: Size: <u>2.3750</u> Set At: <u>1028</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>9/23/2012</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 Bbls.	Gas Mcf	Water Bbls. 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>972-982</u>
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9/20/2012

253084



255000278

CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	Derman Oil	State, County	Chautauqua, Kansas	Cement Type	CLASS A
Job Type	longstring	Section		Excess (%)	30
Customer Acct #	2223	TWP		Density	13.7
Well No	Lowe S2	RGE		Water Required	
Well Address		Formation		Yield	1.75
City & State		Hole Size	6 3/4	Slurry Weight	
Zip Code		Hole Depth	1040	Slurry Volume	
Contact		Casing Size	4 1/2 INCH	Displacement	16.3
Estid		Casing Depth	1028	Displacement PSI	
Est		Drill Pipe		MIX PSI	
Dispatch Location	BARTLESVILLE	Tubing	2 3/8	Rate	
Code	Cement Pump Charges and Mileage	Quantity	Unit	Price per Unit	
5401	CEMENT PUMP (2 HOUR MAX)	1	2 HRS MAX	\$1,030.00	\$ 1,030.00
5405	EQUIPMENT MILEAGE (ONE-WAY)	40	PER MILE	\$4.00	\$ 160.00
5407	MIN. BULK DELIVERY (WITHIN 50 MILES)	1	PER LOAD	\$350.00	\$ 350.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
5402	FOOTAGE	1,028	PER FOOT	0.22	\$ 226.16
				EQUIPMENT TOTAL	\$ 1,766.16
Cement, Chemicals and Water					
1126A	THICK SET CEMENT (8LB OMC 4% GEL 2% CAL. CHLORIDE)	110	0	\$19.20	\$ 2,112.00
1107A	PHENOSEAL	40	0	\$1.29	\$ 51.60
1110A	KOL SEAL (50 # SK)	550	0	\$0.46	\$ 253.00
1118B	PREMIUM GELBENTONITE (50#)	200	0	\$0.21	\$ 42.00
1123	CITY WATER (PER 1000 GAL)	5	0	\$16.50	\$ 82.50
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
				CHEMICAL TOTAL	\$ 2,541.10
Water Transport					
5501C	WATER TRANSPORT (CEMENT)	3	TER TRANSPORT (CEME	\$112.00	\$ 336.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
				TRANSPORT TOTAL	\$ 336.00
Cement Floating Equipment (TAXABLE)					
0			0	\$0.00	\$ -
Cement Tools					
0			0	\$0.00	\$ -
Fluid Shoes					
0			0	\$0.00	\$ -
Fluid Cuffs					
0			0	\$0.00	\$ -
Guide Shoes					
0			0	\$0.00	\$ -
Beils and Flapper Pieces					
0			0	\$0.00	\$ -
Packer Shoes					
0			0	\$0.00	\$ -
DV Tools					
0			0	\$0.00	\$ -
Ball Valves, Swedops, Clamps, Misc.					
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
Plugs and Ball Seals					
4404	1/2" RUBBER PLUG	1	PER UNIT	\$45.00	\$ 45.00
Downhole Tools					
0			0	\$0.00	\$ -
				CEMENT FLOATING EQUIPMENT TOTAL	\$ 45.00
DRIVER NAME				SUB TOTAL	\$ 4,688.26
432 Take				SALES TAX	213.65
531 James W				TOTAL	4,902.91
				10% (-DISCOUNT)	490.29
				DISCOUNTED TOTAL	\$ 4,412.63

AUTHORIZED BY: Shelley D WS
 DATE: 9/20/12

TITLE: _____
 FOREMAN: Don Bell

I ACKNOWLEDGE THAT THE PAYMENT REMAINS UNLESS SPECIFICALLY AMENDED IN WRITING ON THE FRONT OF THE FORM OR IN THE CUSTOMER'S ACCOUNT RECORDS, AT OUR OFFICE. THE CONDITIONS OF SERVICE ON THE BACK OF THIS FORM ARE IN EFFECT FOR SERVICES IDENTIFIED ON THIS FORM.

9/20/2012



2550000278

CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	Denman Oil	State, County	Chautauqua , Kansas	Cement Type	CLASS A
Customer Acct #	longstring	Section	0	Excess (%)	30
Well No	0	TWP	0	Density	13.7
Mailing Address	Lowe S2	RGE	0	Water Required	0
City & State	0	Formation	0	Yield	1.75
Zip Code	0	Hole Size	6 3/4	Slurry Weight	0
Contact	0	Hole Depth	1040	Slurry Volume	0
Email	0	Casing Size	4 1/2INCH,	Displacement	16.3
Cell	0	Casing Depth	1028	Displacement PSI	0
Office	0	Drill Pipe	0	MIX PSI	0
Dispatch Location	BARTLESVILLE	Tubing	2 3/8	Rate	0

REMARKS

Ran 4sks of gel established circulation. Ran 110sks thickset cement class a. Shut down washed pump and lines clean. Dropped plug and displaced to bottom. Plug land and held. Knocked loose and washed up. Cement was circulated to surface.

SAFTY MEETING

[Handwritten signature]
JW
LB