



KANSAS CORPORATION COMMISSION 1089739
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 # 30717
Name: Downing-Nelson Oil Co Inc
Address 1: PO BOX 1019
Address 2: _____
City: HAYS State: KS Zip: 67601 + _____
Contact Person: Ron Nelson
Phone: (785) 621-2610
CONTRACTOR: License # 31548
Name: Discovery Drilling
Wellsite Geologist: Jason Alm
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 #: _____

07/23/2012 07/30/2012 07/31/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-083-21812-00-00

Spot Description: _____
SW NE SW NW Sec. 3 Twp. 24 S. R. 25 East West
1680 Feet from North / South Line of Section
850 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Hodgeman

Lease Name: Marion Ochs Well #: 1-3

Field Name: Wildcat

Producing Formation: None

Elevation: Ground: 2521 Kelly Bushing: 2529

Total Depth: 5310 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 222 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: 21000 ppm Fluid volume: 480 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 Garrison Date: 10/04/2012



1089739

Operator Name: Downing-Nelson Oil Co Inc Lease Name: Marion Ochs Well #: 1-3
 Sec. 3 Twp 24 S. R. 25 East West County: Hodgeman

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: Attached	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Attached Attached Attached
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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 pipe	12.25	8.625	23	222.50	Common	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
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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 <i>(Explain)</i> _____				
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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Downing-Nelson Oil Co Inc
Well Name	Marion Ochs 1-3
Doc ID	1089739

All Electric Logs Run

Sonic
Micro
Compensated Density Neutron
Dual Induction

Form	ACO1 - Well Completion
Operator	Downing-Nelson Oil Co Inc
Well Name	Marion Ochs 1-3
Doc ID	1089739

Tops

Name	Top	Datum
Top Anhydrite	1709'	+829
Base Anhydrite	1722'	+816
Heebner	4047'	-1509
LKC	4114'	-1576
Srark	4418'	-1880
BKC	4530'	-1992
Marmaton	4550'	-2012
Pawnee	4620'	-2082
Fort Scott	4650'	-2112
Cherokee	4658'	-2120
Mississippi	4793'	-2255
Warsaw	4910'	-2372
Osage	5002'	-2464
Gilmore City	5164'	-2626
Viola	5296'	-2758

ALLIED OIL & GAS SERVICES, LLC 053682

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT
Great Bend, KS

Mason
Dobson

DATE <u>7-13-12</u>	SEC. <u>3</u>	TWP. <u>24</u>	RANGE <u>05</u>	CALLED OUT	ON LOCATION	JOB START <u>7:45 PM</u>	JOB FINISH <u>9:45 PM</u>
LEASE <u>026</u>	WELL # <u>1-3</u>	LOCATION <u>1/2 mi. W, 9 west, 5 south</u>		COUNTY <u>Hodge</u>	STATE <u>KS</u>		
OLD OR NEW (Circle one) <u>NEW</u>		LOCATION <u>1/2 mi. W, 9 west, 5 south, east side</u>				<u>1.01</u>	<u>1.45</u>

CONTRACTOR <u>X) Discrocy Rig # 3</u>	OWNER <u>Downing - Nelson</u>
TYPE OF JOB <u>Surface</u>	
HOLE SIZE <u>10 1/4</u>	TD <u>223</u>
CASING SIZE <u>8 3/8</u>	DEPTH <u>223</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG. <u>15 FT</u>	
PERES	
DISPLACEMENT <u>13.25 BBL</u>	

CEMENT	AMOUNT ORDERED <u>150 SKS Class A</u>
	<u>2% cc 2% gel</u>
COMMON	<u>150 @ 16.25 = 2,437.50</u>
POZMIX	@
GEL	<u>3 @ 21.25 = 63.75</u>
CHLORIDE	<u>5 @ 52.20 = 261.00</u>
ASC	@

EQUIPMENT

PUMP TRUCK # <u>366</u>	CEMENTER <u>2 Greg Kottler</u>
	HELPER <u>2 Kevin Eddy</u>
BULK TRUCK # <u>344-112</u>	DRIVER <u>3 Kevin Weigens</u>
BULK TRUCK #	DRIVER

HANDLING <u>11209</u>	@ <u>2.10</u>	<u>235.38</u>
MILEAGE <u>1400 X 40</u>	@ <u>2.35</u>	<u>695.60</u>
		<u>296</u>
	TOTAL	<u>3,928.23</u>

REMARKS:
Rig on bottom. One bag w/ rig
with 1 bag of cement pump with
160 SKS Class A 2% cc 2% gel. Dis
place with 13.25 bbl fresh water
put in. Cement did circulate
Rig down
Plugdown @ 9:30 PM

SERVICE

DEPTH OF JOB <u>223</u>	
PUMP TRUCK CHARGE	<u>1125.00</u>
EXTRA FOOTAGE	@
MILEAGE <u>11M 40</u>	@ <u>7.00 = 280.00</u>
MANIFOLD	@
<u>1M 40</u>	@ <u>4.00 = 160.00</u>

CHARGE TO: Downing - Nelson

STREET _____

CITY _____ STATE _____ ZIP _____

TOTAL 1,564.50

To: Allied Oil & Gas Services, LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PLUG & FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
	@	
	@	

PRINTED NAME X) GLEN GASHLER

SIGNATURE X) Glen Gashler

Thank You!

TOTAL _____

SALES TAX (If Any) 208.02

TOTAL CHARGES \$ 5,398.23

DISCOUNT 25% 1349.56 IF PAID IN 30 DAYS

\$4,048.67 \$4,048.67

ALLIED OIL & GAS SERVICES, LLC 053689

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: Westland, KS

DATE <u>7-31-12</u>	SEC. <u>3</u>	TWP. <u>24</u>	RANGE <u>25</u>	CALLED OUT	ON LOCATION	JOB START <u>7:00am</u>	JOB FINISH <u>4:00pm</u>
LEASE <u>Wagon Pchls</u>	WELLS <u>1-3</u>	LOCATION <u>Tehoma, KS 9 west</u>	COUNTY <u>Wagon</u>		STATE <u>KS</u>		
OLD OR NEW (Circle one)		<u>5 south, 1 west, 1/4 south</u>				<u>contrato 1.03</u>	

CONTRACTOR <u>Discovery #3</u>	OWNER <u>Downing - Nelson</u>
TYPE OF JOB <u>Rotary Plug</u>	
HOLE SIZE <u>7 7/8"</u>	T.D. <u>5310</u>
CASING SIZE	DEPTH
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT	

CEMENT			
AMOUNT ORDERED	<u>190 pks</u>		
	<u>60% 10 Deg</u>	<u>40% gel</u>	
	<u>1 1/4" #</u>	<u>110261</u>	
COMMON	<u>174</u>	@ <u>16.25</u>	<u>2,827.50</u>
POZMIX	<u>116</u>	@ <u>8.50</u>	<u>986.00</u>
GEL	<u>10</u>	@ <u>21.25</u>	<u>212.50</u>
CHLORIDE		@	
ASC		@	
	<u>Flowcol 72</u>	@ <u>2.70</u>	<u>194.40</u>
		@	
		@	
		@	
		@	
		@	
HANDLING	<u>311</u>	@ <u>2.10</u>	<u>653.10</u>
MILEAGE	<u>13 x 40 x</u>	<u>2.35</u>	<u>1,222.00</u>
	<u>520</u>		
		TOTAL	<u>6,095.50</u>

EQUIPMENT	
PUMP TRUCK	CEMENTER <u>Craig S.</u>
# <u>316</u>	HELPER <u>Kevin E. Johnson</u>
BULK TRUCK	
# <u>344</u>	DRIVER <u>Joel W. Z.</u>
BULK TRUCK	
#	DRIVER

REMARKS:
plug mix 50 pks @ 17.60'
plug mix 10 pks @ 9.60'
plug mix 30 pks @ 5.00'
4 1/2" plug mix 50 pks @ 2.40'
5" plug mix 20 pks @ 60'
mix 30 pks w/ 2 floats
mix 20 pks w/ 2 floats
float plugs @ 4:00pm

SERVICE			
DEPTH OF JOB	<u>1760'</u>		
PUMP TRUCK CHARGE		@ <u>1250.00</u>	
EXTRA FOOTAGE		@	
MILEAGE	<u>Hum 40</u>	@ <u>7.00</u>	<u>280.00</u>
MANIFOLD		@	
	<u>LUM 40</u>	@ <u>4.00</u>	<u>160.00</u>
		@	

CHARGE TO: Downing - Nelson

STREET _____

CITY _____ STATE _____ ZIP _____

TOTAL 1690.00

PLUG & FLOAT EQUIPMENT			
		@	
		@	
		@	
		@	
		@	

To: Allied Oil & Gas Services, LLC.
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PRINTED NAME GALE W. GINSCHLER

SIGNATURE Gale W. Ginschler

Thank You!

TOTAL _____

SALES TAX (if Any) 580.01

TOTAL CHARGES 7,785.50

DISCOUNT 25% 1,946.57 IF PAID IN 30 DAYS

5,839.12

