



KANSAS CORPORATION COMMISSION 1094694  
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 # 31486  
Name: Horton, Jack  
Address 1: PO BOX 97  
Address 2:  
City: SEDAN State: KS Zip: 67361 + 0097  
Contact Person: Jack Horton  
Phone: ( 620 ) 249-4476  
CONTRACTOR: License # 31486  
Name: Horton, Jack  
Wellsite Geologist: Fred Jones  
Purchaser:

Designate Type of Completion:

- New Well  Re-Entry  Workover
- Oil  WSW  SWD  SIOU
- 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 #:

9/7/2012 9/18/2012 9/25/2012  
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-125-32265-00-00  
Spot Description:  
NW SW SE NW Sec. 15 Twp. 34 S. R. 14  East  West  
3050 Feet from  North /  South Line of Section  
1475 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Montgomery  
Lease Name: Kellenberger Well #: 21  
Field Name: Wayside Havana  
Producing Formation: Weiser  
Elevation: Ground: 829 Kelly Bushing: 833  
Total Depth: 1326 Plug Back Total Depth: 925  
Amount of Surface Pipe Set and Cemented at: 20 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: 814 w/ 80 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 300 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: 10/08/2012



1094694

Operator Name: Horton, Jack Lease Name: Kellenberger Well #: 21  
 Sec. 15 Twp. 34 S. R. 14  East  West County: Montgomery

**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:  Gamma Ray Neutron	<input checked="" 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>Weiser</td> <td>764</td> <td>65</td> </tr> </table>	Name	Top	Datum	Weiser	764	65
Name	Top	Datum					
Weiser	764	65					

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	9.75	7	18	20	Portland	8	
Longstring	5.625	2.875	6.5	814	Portland	80	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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	767-777	6000lbs sand	767-777

TUBING RECORD:	Size: <u>1</u>	Set At: <u>777</u>	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" 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

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 checked="" 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: <u>767</u> <u>777</u>
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STATEMENT

10167

ELMORE'S INC.

Box 87 - 776 HWY99  
 Sedan, KS 67361  
 Cell: (620) 249-2519  
 Eve: (620) 725-5538

Date 9-18-12

Customer Southwinds Energy  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Qty	Description	Price	Amount
114	SKS Cement	10.00	1140.00
4	hp Cement Pump	110.00	440.00
3	Ko Water Tank	85.00	255.00
1	Phy Container	50.00	50.00
1	Dye	5.00	5.00
1	Bank Tank	85.00	85.00
1	sk Rubber Plug	25.00	25.00
1	sk Calcium Chloride	40.00	40.00
			2040.00
	Killer Hammer # 21	169.32	169.32
	Camouflaged Lung String	0	2209.32
	Row 1" to 1350 <del>Spotted</del> Gal		
	Wide Spotted 2 SKS Cement P. Mod 1/2		
	to 900' Cement 2 SKS Cement P. Mod 1		
	Out Row 2 1/2 Case to 804 Camouflaged		
	with 80 sk 290' and 20 SKS Neck		
	with 80LB Calcium Chloride to Service		

Thank You - We appreciate your business!  
 Lost Circulation on Lost Borehole Pumping Plug  
 Rec'd by Stan M. Knorr

TERMS: Account due upon receipt of services. A 11.5% Service Charge, which is an annual percentage rate of 18% will be charged to accounts after 30 days.