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OCT 11 2012

KCC WICHITA

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

OPERATOR: License # 6139
Name: Jay C. Boyer Estate
Address 1: PO Box 511
Address 2:
City: Hays State: Ks Zip: 67601
Contact Person: Bill Schoenhofer
Phone: (620) 257-3294
CONTRACTOR: License # 5822
Name: VAL Energy, Inc
Wellsite Geologist: Tim Priest
Purchaser: Maclasky Oil Field Services

Designate Type of Completion:

- Checkboxes for New Well, Re-Entry, Workover, Oil, Gas, OG, CM, Cathodic, etc.

If Workover/Re-entry: Old Well Info as follows:

Operator:
Well Name:
Original Comp. Date: Original Total Depth:
Checkboxes for Deepening, Re-perf., Conv. to ENHR, etc.

1/27/2012 2/1/2012 3/15/2012
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 155-21583 -0000
Spot Description: SW SW NW
Sec. 36 Twp. 26 S. R. 8
2,310 Feet from North Line of Section
390 Feet from West Line of Section
Footages Calculated from Nearest Outside Section Corner:
County: Reno
Lease Name: Lubbers Well #: 4
Field Name: Smoots Creek
Producing Formation: Lansing
Elevation: Ground: 1574 Kelly Bushing: 1584
Total Depth: 3695 Plug Back Total Depth: 3587
Amount of Surface Pipe Set and Cemented at: 223 Feet
Multiple Stage Cementing Collar Used? No
If yes, show depth set:
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: 35,000 ppm Fluid volume: 160 bbls
Dewatering method used: Vacuum Truck
Location of fluid disposal if hauled offsite:
Operator Name: Jay C. Boyer
Lease Name: Stucky License #: 6139
Quarter NE Sec. 1 Twp. 27 S. R. 8
County: Kingman Permit #: D-19415

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: [Signature]
Title: Agent Date: 10/5/2012

KCC Of Use ONLY

- Checkboxes for Letter of Confidentiality Received, Confidential Release Date, Wireline Log Received, Geologist Report Received, UIC Distribution, ALT I, II, III, Approved by: DLS Date: 10/15/12

Operator Name: Jay C. Boyer Estate Lease Name: Lubbers Well #: 4
 Sec. 36 Twp. 26 S. R. 8 East West County: Reno

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 checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: No logs ran	<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%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Lansing</td> <td>3252</td> <td>-1668</td> </tr> <tr> <td>RTD</td> <td>3695</td> <td>-2111</td> </tr> </table>	Name	Top	Datum	Lansing	3252	-1668	RTD	3695	-2111
Name	Top	Datum								
Lansing	3252	-1668								
RTD	3695	-2111								

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 1/4	8 5/8"	24	223	60/40 poz mix	100	2% G, 3% CC
Production	7 7/8"	4 1/2"	9 1/2	3598	60/40 pox lix	150	Latex in btm 50 sx

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	3536-41	500 Gal, 15% HCL	3536-41

TUBING RECORD:	Size: <u>2 3/8"</u>	Set At: <u>3552</u>	Packer At: <u>None</u>	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>3/30/2012</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 Bbls. <u>5</u>	Gas Mcf <u>5</u>	Water Bbls. <u>20</u>	Gas-Oil Ratio

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)</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 34088
LOCATION El Dorado Ks 180
FOREMAN William Zabel

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8876

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-1-12	1126	Lubber #4	36	26 S	8 W	Reno
CUSTOMER J.C. Boyer oil			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS P.O. Box 511			603 Jeff S			
CITY STATE ZIP CODE Hays KS 67601			502 Steve O.			

① JOB TYPE Cement Lining HOLE SIZE 7 7/8" HOLE DEPTH 3698' CASING SIZE & WEIGHT 4 1/2 98lb
 CASING DEPTH 3599' DRILL PIPE _____ TUBING _____ OTHER Plug, handle 280 PSL
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 59.24 lbs DISPLACEMENT PSI 450 PSI MIX PSI under 2000' RATE 6 BPM
 REMARKS: Ran Float Shoe, & Latch down Plug. + 3 centralizers at Totals 1,4, and 7,
Ran Pipe. Dropped ball broke circulation with 89. Pumped 150 sk 60/40 per
7 1/2% salt 2% gel stopped. Flushed Pump. Pumped Plug + Set Float.

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ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE Cement Pump	1325.00	1325.00
5406	50	MILEAGE Pump Truck	5.00	250.00
5407A	150 sk	Ten Miles Bulk Truck	1.67	526.05
5402	2200'	Casing Footage over 1500'	.22	484.00
1131	150 sk	60/40 Per mix.	15.10	2265.00
1118B	300 lbs	Premium Coal.	.25	75.00
1266	950 lbs	granulated Salt. 7 1/2%	.33	313.50
4129	3	4 1/2 Centralizers.	46.00	138.00
4161	1	4 1/2" Float Shoe AFU	342.00	342.00
4453	1	4 1/2" Latch down Plug.	276.00	276.00
Sub Total				\$5994.55
			SALES TAX	249.91
			ESTIMATED TOTAL	6244.46

Rev'n 3737

24/11/12

AUTHORIZATION _____

TITLE _____

DATE 2-1-12

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



ENTERED

TICKET NUMBER 36047

LOCATION #180 E. Doms

FOREMAN Jacob Storm

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8678

FIELD TICKET & TREATMENT REPORT

CEMENT Api 155-2/583-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-28-12	1126	Lubbers # 4	36	26S	8V	Reno
CUSTOMER		SAFETY MEETING		TRUCK #		DRIVER
dba Jay C Boyer oil		J.S		491		Joe
MAILING ADDRESS		J.S		603		Jeff
P.O. Box 511		J.S		511		Jacob
CITY		STATE		ZIP CODE		
Hays		KS		67601		

JOB TYPE Surface B HOLE SIZE 12 1/4 HOLE DEPTH 228 CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 228 DRILL PIPE N/A TUBING N/A OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 13.5 DISPLACEMENT PSI 100 MIX PSI 200 RATE 7 bpm

REMARKS: Safety meeting, break circulation, mixed 225 sks class 4 3% cc 2% gel 1/2 lb poly, displaced 13 bbl circulating cement to surface, shut in

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ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1085.00	1085.00
5406	50	MILEAGE	5.00	250.00
5407	1	min bulk delivery	410.00	410.00
11045	225	class 4	17.65	3971.25
1102B	500	gel	0.21	105.00
1102	360	calcium chloride	0.89	498.40
1107	125	poly flake	2.82	352.50
4432	1	8 5/8 wooden plug	96.00	96.00
4310	50 lbs	suger	40.00	40.00
			Subtotal	6808.15
			SALES TAX	369.61
			ESTIMATED TOTAL	7177.76

Rev 5737

AUTHORIZATION Rick Smith TITLE 241040 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