



KANSAS CORPORATION COMMISSION 1094947
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 # 6009
Name: Double Eagle Exploration, Inc.
Address 1: 800 W 47TH ST STE 318
Address 2: _____
City: KANSAS CITY State: MO Zip: 64112 + 1245
Contact Person: Jim Robinson
Phone: (316) 264-0422
CONTRACTOR: License # 34535
Name: Integrity Drilling Co., LLC
Wellsite Geologist: Eldon J. Schierling
Purchaser: none

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>09/14/2012</u>	<u>09/18/2012</u>	<u>09/19/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-051-26338-00-00

Spot Description: _____

NE NW NE Sec. 11 Twp. 11 S. R. 19 East West
4950 Feet from North / South Line of Section
1650 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Ellis

Lease Name: VINE Well #: 1

Field Name: unnamed

Producing Formation: none

Elevation: Ground: 2008 Kelly Bushing: 2019

Total Depth: 3614 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 251 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 cm.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 3200 ppm Fluid volume: 612 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: 10/18/2012



1094947

Operator Name: Double Eagle Exploration, Inc. Lease Name: VINE Well #: 1
 Sec. 11 Twp. 11 S. R. 19 East West County: Ellis

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 type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Attached Top Attached Datum 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 Casing	12.25	8.625	23	265	Common Class A	170	3%CC 2%gel

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) (Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Double Eagle Exploration, Inc.
Well Name	VINE 1
Doc ID	1094947

Tops

Anhydrite	1360	+659
Topeka	2997	-978
Heebner	3220	-1201
Toronto	3236	-1217
Lansing	3261	-1242
B/KC	3495	-1476
Arbuckle	3590	-1571
RTD	3614	-1595

SEPTEMBER 19, 2012

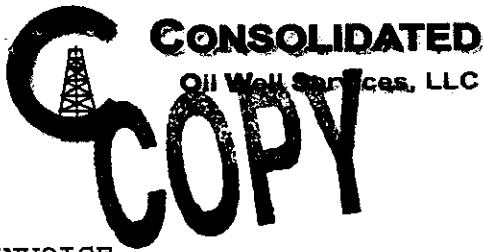
DOUBLE EAGLE EXPLORATION
221 S BROADWAY SUITE 310
WICHITA, KANSAS

#1 VINE
NE NWNE, 4950' FSL, 1650' FEL
Sec 11 Twp 11S R9E 19W
ELLIS Co., KANSAS

The #1 VINE encountered the Lansing-Kansas City
and the Arbuckle formations 18' structurally
low to: Okmar #1 GASAWAY, NE NE NW, 11-11S-19W,
with no shows of oil & gas in any producing
formations.

IT was recommended to plug & abandon
the #1 VINE.

Eldon J. Schierling



REMIT TO
 Consolidated Oil Well Services, LLC
 Dept. 970
 P.O. Box 4346
 Houston, TX 77210-4346

MAIN OFFICE
 P.O. Box 884
 Chanute, KS 66720
 620/431-9210 • 1-800/467-8676
 Fax 620/431-0012

INVOICE

Invoice # 252916

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 Invoice Date: 09/18/2012 Terms: 10/10/30,n/30 Page 1

DOUBLE EAGLE EXPLORATION INC
 221 S. BROADWAY, #310
 WICHITA KS 67202
 (316)264-0422

VINE #1
 37150
 11-11-19
 09-14-2012
 KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	170.00	17.6500	3000.50
1102	CALCIUM CHLORIDE (50#)	479.00	.8900	426.31
1118B	PREMIUM GEL / BENTONITE	319.00	.2500	79.75

Sublet Performed	Description	Total
9996-130	CEMENT MATERIAL DISCOUNT	-350.66
9995-130	CEMENT EQUIPMENT DISCOUNT	-191.08

Description	Hours	Unit Price	Total
460 TON MILEAGE DELIVERY	1.00	600.75	600.75
T-118 CEMENT PUMP (SURFACE)	1.00	1085.00	1085.00
T-118 EQUIPMENT MILEAGE (ONE WAY)	45.00	5.00	225.00

Amount Due 5638.22 if paid after 10/18/2012

Parts:	3506.56	Freight:	.00	Tax:	198.82	AR	5074.3
Labor:	.00	Misc:	.00	Total:	5074.39		
Sublt:	-541.74	Supplies:	.00	Change:	.00		

Signed _____ Date _____

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 316/322-7022 EUREKA, KS 620/583-7664 PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-2227 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 37150
LOCATION Oakton, VA
FOREMAN Mitchell

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-14-10	3088	Vino #1	11	11S	19W	Ellis
CUSTOMER <u>Double Eagle Exploration</u>						
MAILING ADDRESS						
CITY						
STATE						
ZIP CODE						
TRUCK #	DRIVER	TRUCK #	DRIVER			
59-71K	Jerry Y					
400	M. G. M					

JOB TYPE Subair HOLE SIZE 12 1/2 HOLE DEPTH 476' 270 CASING SIZE & WEIGHT 5 7/8 33 1/2
CASING DEPTH 205' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 14 lb SLURRY VOL 136 WATER gal/sk _____ CEMENT LEFT in CASING 20'
DISPLACEMENT 15.2 bbl/sk DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety operations and rig area integrity #7 Circulate casing
run 170 sks Common cement with 38 gallon 28 gal Displaced 15.2 bbl/sk water
Shut in cement did circulate 666 bbl/sk

Thank Mitchell crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1085. ⁰⁰	1085. ⁰⁰
5400	45	MILEAGE	5. ⁰⁰	225. ⁰⁰
5407 A	7.99 TONS	Ton mileage delivery	1.67	600. ⁷⁵
11045	170 SKS	Common Class A	17.65	3000. ⁵⁰
1102	479 #	Calcium Chloride	.89	426. ³¹
1118B	319 #	Bentonite gel	.25	79. ⁷⁵
			Subtotal	5417. ³¹
			Less 1080.00	5417. ³¹
			Subtotal	4975. ⁵⁷
			SALES TAX	198. ⁸²
			ESTIMATED TOTAL	5074. ³⁹

Revin 3737

AUTHORIZATION [Signature] 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.

252916



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 253024

Invoice Date: 09/21/2012 Terms: 10/10/30,n/30 Page 1

DOUBLE EAGLE EXPLORATION INC
221 S. BROADWAY, #310
WICHITA KS 67202
(316)264-0422

VINE #1
37204
11-11-19
09-19-2012
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	230.00	15.1000	3473.00
1118B	PREMIUM GEL / BENTONITE	792.00	.2500	198.00
1107	FLO-SEAL (25#)	58.00	2.8200	163.56

Sublet Performed	Description	Total
9996-130	CEMENT MATERIAL DISCOUNT	-383.46
9995-130	CEMENT EQUIPMENT DISCOUNT	-266.34

Description	Hours	Unit Price	Total
405 SINGLE PUMP	1.00	1695.00	1695.00
405 EQUIPMENT MILEAGE (ONE WAY)	45.00	5.00	225.00
460 TON MILEAGE DELIVERY	1.00	743.40	743.40

Amount Due 6739.53 if paid after 10/21/2012

Parts:	3834.56	Freight:	.00	Tax:	217.41	AR	6065.57
Labor:	.00	Misc:	.00	Total:	6065.57		
Sublt:	-649.80	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 316/322-7022 EUREKA, KS 620/583-7664 PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-2227 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914



CONSOLIDATED
Oil Field Services, LLC

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8676

TICKET NUMBER 37204
LOCATION Oakley, Ks
FOREMAN Walt Diabel

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-19-12	3088	Yine #1	11	115	19W	ELLIS
CUSTOMER		MAILING ADDRESS		CITY	STATE	ZIP CODE
Double Eagle Exploration		Kays north to S. June Rd 4 1/2 W 1N-WIS				
TRUCK #	DRIVER	TRUCK #	DRIVER			
405	Bobby Stewart					
460	Mike Marthen					

JOB TYPE PTA HOLE SIZE 5 7/8 HOLE DEPTH 3614 CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting, rig up on Integrity Pigs
Plug as ordered
25 SKS @ 3570'
25 SKS @ 1375'
100 SKS @ 659'
40 SKS @ 300'
10 SKS @ 40'
30 SKS in pit
230 SKS 6 7/8 PDC, 4% Gel 1/4" Flo Seal

*Thank You
Walt + crew*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE		
5406	4.5	MILEAGE	1,695.00	1,695.00
1131	230 SKS	6 7/8 PDC	5.00	2,250.00
1118B	792 #	Gel	15.10	3,473.00
1107	58 #	Flo Seal	.25	198.00
5407A	9.89	Ton Mileage Delivery	2.22	163.56
			1.67	743.40
				6,497.96
				647.80
				5,849.16
				217.41
				(1,065.57)

SALES TAX _____ ESTIMATED TOTAL _____ DATE _____
 AUTHORIZATION [Signature] TITLE _____

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.

253024