



KANSAS CORPORATION COMMISSION 1097755
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 # 33353
Name: Wiesner, Tom dba Tom's Oil
Address 1: 3108 E 13TH ST
Address 2: _____
City: HAYS State: KS Zip: 67601 + 9356
Contact Person: Tom Weinser
Phone: (785) 628-1510
CONTRACTOR: License # 5184
Name: Shields Oil Producers Inc.
Wellsite Geologist: Herb Deines
Purchaser: _____

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 #: _____
09/30/2010 10/06/2010 10/07/2010
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-051-26030-00-00
Spot Description:
SW SE NE SE Sec. 6 Twp. 15 S. R. 18 East West
1636 Feet from North / South Line of Section
383 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Ellis
Lease Name: DECHANT Well #: 1
Field Name: Dechant
Producing Formation: NA
Elevation: Ground: 2026 Kelly Bushing: 2032
Total Depth: 3682 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 217 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: 10000 ppm Fluid volume: 60 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: 10/23/2012



1097755

Operator Name: Wiesner, Tom dba Tom's Oil Lease Name: DECHANT Well #: 1
 Sec. 6 Twp. 15 S. R. 18 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 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: Radiation Guard Log	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>Anhydrite</td> <td>1223</td> <td>809</td> </tr> <tr> <td>Heebner</td> <td>3273</td> <td>1241</td> </tr> <tr> <td>Lansing</td> <td>3319</td> <td>1287</td> </tr> <tr> <td>Base KC</td> <td>3556</td> <td>1524</td> </tr> <tr> <td>Arbuckle</td> <td>3662</td> <td>1630</td> </tr> </tbody> </table>	Name	Top	Datum	Anhydrite	1223	809	Heebner	3273	1241	Lansing	3319	1287	Base KC	3556	1524	Arbuckle	3662	1630
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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	10.75	8.625	23	217	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> _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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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ALLIED OIL & GAS SERVICES, LLC 053566

Federal Tax ID

RESH# TO PO BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: *Russell*
Coastal

DATE: *9/30/12* SEC: *27* TIME: *145* RANGE: *1600* CALLED OUT: []
JOB LOCATION: *3425 W 13*
JOB START: *9/30* JOB FINISH: *10/10/12*
COUNTY: *Ellis* STATE: *KS*

CONTRACTOR: *Royal Drilling Rigs*
TYPE OF JOB: *Rig*
HOLE SIZE: *17 1/2* TD:
CASING SIZE: *4 1/2* DEPTH:
TUBING SIZE: DEPTH:
DRILL PIPE: *4 1/2* DEPTH: *3425*
TOOL: DEPTH:
PRES. MAX: MINIMUM
MEAS. LINE: SHOE JOINT
CEMENT LEFT IN CSG: *811*
PERIS:
DISPLACEMENT: *Freshwater*
EQUIPMENT

OWNER:
CEMENT AMOUNT ORDERED: *210 yds 60% cement*
40% gr 2 44 yds 140 lbs
COMMON: *126 @ 17.80 = 2255.40*
POZMIX: *84 @ 9.35 = 785.40*
GEL: *7 @ 23.40 = 163.80*
CTB LORIDE:
ASC:
FOO-SEAL: *53# @ 2.97 = 157.41*

PUMP TRUCK: *CEMENTER: Darryl Chambers*
409 HELPER: Kevin Ruffo
BULK TRUCK:
461-000 DRIVER: Tony Plummer
BULK TRUCK:
DRIVER:

HANDLING: *225.2 @ 2.48 = 558.49*
MILEAGE: *9.4 x 25 = 2.60 = 611.00*
TOTAL: *4531.50*

REMARKS:

Fill Hole with Rtg mud
1 3425 = 1545
2 1020 = 80 945
3 1120 = 80 945
4 110 = 10 945
5 RH = 32 945
6 RN = 15 945
plug down 10:15 pm

SERVICE:

DEPTH OF JOB: *3425'*
PUMP TRUCK CHARGE: *2600.47*
EXTRA FOOTAGE:
MILEAGE:
MANIFOLD:
1100 RT 50 @ 7.70 = 8475.00
1700 RT 50 @ 4.40 = 7480.00
TOTAL: *3205.47*

CHARGE TO: *P.F. & E Exploration*
STREET:
CITY: STATE: ZIP:

PLUG & FLOAT EQUIPMENT

1-wood Plug @ 107.64
TOTAL: *107.64*

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.

PRINTED NAME: *X Doug Bueg*
SIGNATURE: *X Doug Bueg*
Thank you!!

SALES TAX (If Any): *494.21*
TOTAL CHARGES: *\$ 7844.61*
DISCOUNT: *1658.95* IF PAID IN 30 DAYS
\$ 6185.66