



KANSAS CORPORATION COMMISSION 1095435
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 # 34365
Name: Ventex Operating Corp.
Address 1: 3141 HOOD ST., STE 700
Address 2: _____
City: DALLAS State: TX Zip: 75219 + _____
Contact Person: Chuck Sledge
Phone: (214) 520-2929
CONTRACTOR: License # 33532
Name: Advanced Drilling Technologies LLC
Wellsite Geologist: Gary Brumley
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 #: _____
4/10/2012 5/1/2012 10/3/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-127-20586-00-00
Spot Description: _____
NE SE NE Sec. 30 Twp. 16 S. R. 5 East West
1650 Feet from North / South Line of Section
330 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Morris
Lease Name: Albrect Well #: 1
Field Name: _____
Producing Formation: Mississippian Chat
Elevation: Ground: 1437 Kelly Bushing: 1447
Total Depth: 2425 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 280 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: 1400 ppm Fluid volume: 800 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: Dianna Garrison Date: 10/30/2012



1095435

Operator Name: Ventex Operating Corp. Lease Name: Albrect Well #: 1
 Sec. 30 Twp. 16 S. R. 5 East West County: Morris

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 checked="" type="checkbox"/> Yes <input 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: Triple Combo/Array InductionGR/SP	<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>Miss Chat</td> <td>2304</td> <td>857</td> </tr> </table>	Name	Top	Datum	Miss Chat	2304	857
Name	Top	Datum					
Miss Chat	2304	857					

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	12.25	8.625	24	282	Class H	150	3% Cacl
Production	7.875	5.5	15.50	2485	Class A	275	4% Gel

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
6	2314 - 2320	112,518 gal, 172,200 lb 20/40	2314-2320

TUBING RECORD: Size: <u>2 375</u> Set At: <u>2270</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>10/4/2012</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>0</u>	Gas Mcf <u>0</u>	Water Bbls. <u>215</u>
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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CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 34388
LOCATION # 180 Eldorado
FOREMAN Jacob Storm

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-2-12	8544	180 Eldorado <u>Forest #1</u>	32	16	SE	Morris
CUSTOMER <u>ven tex operating</u>			Safety meeting <u>JA</u>			
MAILING ADDRESS <u>3500 oaklawn Dr Ste 720</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY <u>Dallas</u>			<u>603</u>	<u>Jeff</u>		
STATE <u>TX</u>			<u>491</u>	<u>Joe</u>		
ZIP CODE <u>75219</u>			<u>502</u>	<u>Steve</u>		
			<u>511</u>	<u>Jacob</u>		

JOB TYPE Longstring B HOLE SIZE 7 7/8 HOLE DEPTH 2485 CASING SIZE & WEIGHT 5 1/2 15.5lb
CASING DEPTH 2474 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 14.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 62 DISPLACEMENT PSI 1200 MIX PSI 500 RATE 8 bpm

REMARKS: Safety meeting, Break circulation, mixed 500 gal Dv1100, tailed with 200 sacks 60/140 8x gel 2x cc 5/8 kol seal, 1/4 lb poly, tailed with 75 sacks thickset 5/8 kol seal displaced with bbl water, landing plug set 1500 psi, checked float float held.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	50	MILEAGE	4.00	200.00
5407	2	min bulk delivery	350.00	700.00
5402	950	footage	.22	209.00
1126A	75	thickset	19.20	1440.00
1131	200	60/140	12.55	2510.00
1118B	1600	gel	.21	336.00
1107	75	poly Flake	2.35	176.25
1110A	950	kol seal	.46	437.00
1102	320	calcium chloride	.74	236.80
1144G	500	Dv 1100	1.05	525.00
4104	15 3	Centralizer 5 1/2 Baskets	229.00	687.00
4130	15	5 1/2 Centralizer	48.00	720.00
4159	1	5 1/2 float shoe	344.00	344.00
3172	10	KCl	33.50	335.00
4312	4	5 1/2 weld on collar	86.00	344.00
4310	2	5 1/2 weld on thread	75.00	150.00
			<u>Subtotal</u>	<u>10380.05</u>
			SALES TAX	<u>577.15</u>
			ESTIMATED TOTAL	<u>10957.20</u>

RAVIN 9797
AUTHORIZATION [Signature] TITLE Foreman 249648
DATE 5-2-2011

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.