



KANSAS CORPORATION COMMISSION 1098897
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 # 9749
Name: Melander, Chris dba Chris Melander Drilling
Address 1: 2256 CR 2500
Address 2:
City: CANEY State: KS Zip: 67333 + 8548
Contact Person: Chris Melander
Phone: (620) 289-4723

CONTRACTOR: License # 9749
Name: Melander, Chris dba Chris Melander Drilling
Wellsite Geologist: none

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 #:

8/17/2012	9/25/2012	9/26/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-125-32262-00-00
Spot Description:
SE SW SE NW Sec. 13 Twp. 34 S. R. 13 East West
2795 Feet from North / South Line of Section
3305 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Montgomery
Lease Name: Hodges Well #: 5

Field Name:
Producing Formation: Weiser

Elevation: Ground: 762 Kelly Bushing: 30
Total Depth: 1488 Plug Back Total Depth: 900

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:
feet depth to: w/ sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 0 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: 11/02/2012



1098897

Operator Name: Melander, Chris dba Chris Melander Drilling Lease Name: Hodges Well #: 5
 Sec. 13 Twp. 34 S. R. 13 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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	red cap	502	522
Electric Log Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	wayside cap	675	709
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	weiser cap	747	764

List All E. Logs Run:

CASING RECORD New 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	8.5	10	20	portland	12	
casing	6.25	2.75	10	1480	portland	130	

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 checked="" type="checkbox"/> Plug Off Zone	900-1488	portland	154	sks gel

PERFORATION RECORD - Bridge Plugs Set/Type
Specify Footage of Each Interval Perforated

Acid, Fracture, Shot, Cement Squeeze Record
(Amount and Kind of Material Used)

Shots Per Foot	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours: Oil Bbls. _____ Gas Mcf _____ Water Bbls. _____ Gas-Oil Ratio _____ Gravity _____

DISPOSITION OF GAS: Vented Sold Used on Lease
(If vented, Submit ACO-18.)

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled
(Submit ACO-5) (Submit ACO-4)
 Other (Specify) _____

PRODUCTION INTERVAL: _____

STATEMENT

10178

ELMORE'S INC.
 Box 87 - 776 HWY99
 Sedan, KS 67361
 Cell: (620) 249-2519
 Eve: (620) 725-5538

Date 9-26-12

Customer Crisis Melander
 Address _____
 City _____ State _____ Zip _____

Qty.	Description	Price	Amount
154	SKS Cement	10.00	1540.00
6	SKS Coel	16.00	96.00
4	hr Cement Pump	110.00	440.00
1	hr Pump Truck	95.00	95.00
1	Plug Container	50.00	50.00
1	Dye	5.00	5.00
1	Bowlk Tank	85.00	85.00
1	2 1/2" Rubber Plug	25.00	25.00
			2336.00
	Hagan 25	Tax	193.89
	Raw Tubin To 14.80'	\$	2529.89
	Coel Hole Spotted 12 SKS		
	Cement Pulled Up to 900'		
	Spotted 12 SKS Cement Pulled		
	Up to 800' Cemented Longstring ID		
	Wall With 130 SKS Cement To		
	Surface 2 1/2 Casings		

Thank You - We appreciate your business!

Rec'd. by _____

TERMS: Account due upon receipt of services. A 1 1/2% Service Charge, which is an annual percentage rate of 18% will be charged to accounts after 30 days.



Woods Lumber of Independence KS.

PAGE NO 1

PO Box 528

915 North Penn

Independence, KS 67301

PHONE: (620) 331-4900

receipt required on ALL returns

SPECIAL ORDERS *NOT RETURNABLE* E

CUST NO: *6 JOB NO: 000 PURCHASE ORDER:

REFERENCE:

TERMS: CASH,CHECK, BANKCAR

CLERK: DWW

DATE / TIME: 10/11/12 10:25

SOLD TO: **** CASH ****

SHIP TO: 1

TERMINAL: 568

67301

SALESPERSON: DW DAVID WATSON
TAX: 001 SALES TAX

INVOICE: F19903

LINE	SHIPPED	ORDERED	UM	SKU	DESCRIPTION	SUGG	UNITS	PRICE/ PER	EXTENSION
1	20	20	BG P		*PORTLAND CEMENT TYPE I 94#		20	10.50 /BG	210.00

** PAID IN FULL **

229.53

TAXABLE	210.00
NON-TAXABLE	0.00
SUBTOTAL	210.00

TAX AMOUNT 19.53

TOTAL	229.53
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TOT WT: 1880.00
MID: 000803418581

BANKCARD PAYMENT
BKCRD# XXXXXXXXXXXXX7722

229.53

APP: 291374 XR: 519903

[Signature]

Received By