



KANSAS CORPORATION COMMISSION 1101088
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 # 33551
Name: S & K Oil Production, Inc.
Address 1: PO BOX 184
Address 2:
City: BLUE MOUND State: KS Zip: 66010 + 0184
Contact Person: Steve Jackson
Phone: (913) 756-2622
CONTRACTOR: License # 33551
Name: S & K Oil Production, Inc.
Wellsite Geologist: 0

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 #:
10/17/2012 10/18/2012 11/14/2012
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-011-24136-00-00
Spot Description:
N2 N2 NE SW Sec. 12 Twp. 25 S. R. 21 East West
2415 Feet from North / South Line of Section
1980 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Bourbon
Lease Name: Woodward Well #: S 6
Field Name:
Producing Formation: Bartlesville
Elevation: Ground: 1030 Kelly Bushing: 0
Total Depth: 690 Plug Back Total Depth:
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: 0
feet depth to: 20 w/ 7 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: ppm Fluid volume: bbls
Dewatering method used:
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 Gansior Date: 11/19/2012



1101088

Operator Name: S & K Oil Production, Inc. Lease Name: Woodward Well #: S 6
 Sec. 12 Twp. 25 S. R. 21 East West County: Bourbon

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 Yes No Log Formation (Top), Depth and Datum Sample
(Attach Additional Sheets)

Samples Sent to Geological Survey Yes No Name Top Datum
 Bartlesville 654 657

Cores Taken Yes No
 Electric Log Run Yes No
 Electric Log Submitted Electronically Yes No
(If no, Submit Copy)

List All E. Logs Run:

Gamma Ray/Neutron/Ccl

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	10	5.6250	6	20	One	7	None
Casing	7	2.8750	6	686	One	75	None

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	-			

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:

METHOD OF COMPLETION:

PRODUCTION INTERVAL:

Vented Sold Used on Lease
(If vented, Submit ACO-18.)

Open Hole Perf. Dually Comp. Commingled
(Submit ACO-5) *(Submit ACO-4)*
 Other (Specify) _____

