



KANSAS CORPORATION COMMISSION 1099945  
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 # 32619  
Name: Excel Oil & Gas L.L.C.  
Address 1: PO BOX 68  
Address 2: \_\_\_\_\_  
City: BUCYRUS State: KS Zip: 66013 + 0068  
Contact Person: John Loyd  
Phone: ( 913 ) 208-9555  
CONTRACTOR: License # 33350  
Name: Southwind Drilling, Inc.  
Wellsite Geologist: Harvey Gough  
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 #: \_\_\_\_\_

<u>01/28/2012</u>	<u>02/02/2012</u>	<u>3/1/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-113-21351-00-00

Spot Description: \_\_\_\_\_  
SW SW NW Sec. 19 Twp. 21 S. R. 1  East  West  
2310 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: McPherson  
Lease Name: Wedel H Well #: 1-A  
Field Name: Winsinger  
Producing Formation: Hunton  
Elevation: Ground: 1493 Kelly Bushing: 1503  
Total Depth: 3423 Plug Back Total Depth: 3402  
Amount of Surface Pipe Set and Cemented at: 223 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from: 3423  
feet depth to: 2280 w/ 110 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 Gantisor Date: 11/13/2012



1099945

Operator Name: Excel Oil & Gas L.L.C. Lease Name: Wedel H Well #: 1-A  
 Sec. 19 Twp. 21 S. R. 1  East  West County: McPherson

**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:  Gamma Ray/Cement Bond/CCL/VDL	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum Hunton 3358
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CASING RECORD <input type="checkbox"/> New <input checked="" 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	20	223	Class A	160	3% cc, 2% gel
Production	7.875	5.50	17	3410	thick set	140	5% kol seal

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
4	3359-3361		3359-3361

TUBING RECORD: Size: <u>2.875</u> Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>3/1/2012</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.	Gas Mcf	Water Bbls. Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" 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 **36056**

LOCATION **180**

FOREMAN **Larry J. Stearns**

PO Box 884, Chanute, KS 66720  
620-431-8210 or 800-467-8678

**FIELD TICKET & TREATMENT REPORT**

**CEMENT** *APT 15-113-21361-00-00*

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-28-12	2624	Wedel 1-A	19	21 S	1 W	McPherson
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Excel Oil & Gas			467	Ron M.		
MAILING ADDRESS			442	Marik		
P.O. Box 68			539	Larry J.		
CITY	STATE	ZIP CODE				
Ruehous	KS	66013				

JOB TYPE *Surface B* HOLE SIZE *12 1/4* HOLE DEPTH *223* CASING SIZE & WEIGHT *8 1/2*  
 CASING DEPTH *222* DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT *15.0* SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT *12.87* DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE *5 bbl/s*

REMARKS: *Probe. Consolidation - 110 skt A + 3% CAC 2 + 2% SLS*  
*1 1/2 Poly - Displacement 12.87 bbls - Consolidated Cement 00 Surface.*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	825.00	825.00
54026	25	MILEAGE	8.80	220.00
11045	160	skt A	14.95	2392.00
11022	450	lbs CAC 2	.74	333.00
1118B	300	lbs SLS	.21	63.00
1107	75	lbs Poly	2.35	176.25
2407A	55	Bulk Debris 7.52 tons X	1.34	554.22
<i>Subtotal</i>				4563.47
SALES TAX				816.40
ESTIMATED TOTAL				4119.81

Rev'n 5757 AUTHORIZATION: *William Sanders* TITLE: *Toolpusher* DATE: *1-28-12*

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.

