



KANSAS CORPORATION COMMISSION 1100006
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 # 6279
Name: Patrick Development Corporation
Address 1: 3408 W 93 RD
Address 2:
City: LEAWOOD State: KS Zip: 66206 + 2005
Contact Person: Kerry Patrick
Phone: (913) 381-2814
CONTRACTOR: License # 33734
Name: Hat Drilling LLC
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 #:
04/18/2012 04/19/2012 04/19/2012
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-207-28115-00-00
Spot Description: NE1/4
SE NW NW NE Sec. 19 Twp. 26 S. R. 17 East West
4725 Feet from North / South Line of Section
2100 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Woodson
Lease Name: S EARL GREY Well #: PDC #5
Field Name: PerryHalligan
Producing Formation: Squirrel
Elevation: Ground: 1013 Kelly Bushing: 1020
Total Depth: 862 Plug Back Total Depth: 841
Amount of Surface Pipe Set and Cemented at: 22 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: 862 w/ 134 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 0 ppm Fluid volume: 120 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 Confidentially Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanna Garrison Date: 11/09/2012



1100006

Operator Name: Patrick Development Corporation Lease Name: S EARL GREY Well #: PDC #5
 Sec. 19 Twp. 26 S. R. 17 East West County: Woodson

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

Cores Taken Yes No

Electric Log Run Yes No

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

List All E. Logs Run: Squirrel 818.5 824.5

Cornish Wireline

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
Production	5.825	2.825	6.5	862	50/50 Pos	144	2% gel
Surface	8.625	7	23.57	22	Portland	6	

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 (Amount and Kind of Material Used)	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 Open Hole Perf. Dually Comp. Commingled Other (Specify) _____
 (If vented, Submit ACO-18.) (Submit ACO-5) (Submit ACO-4)

METHOD OF COMPLETION: _____ PRODUCTION INTERVAL: _____



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 36657
LOCATION Ottawa
FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-20-12	6316	S. Earl Gray # PDC-5	NW 19	26	17	Woodson
CUSTOMER <u>Patrick Development</u>			TRUCK #			
MAILING ADDRESS <u>3402 W 93rd</u>			DRIVER			
CITY <u>Leawood</u>			TRUCK #			
STATE <u>KS</u>			DRIVER			
ZIP CODE <u>66206</u>			TRUCK #			
JOB TYPE <u>long string</u>			DRIVER			

HOLE SIZE 5 5/8 HOLE DEPTH 862 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 859 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 495
 DISPLACEMENT 5 bbl DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 1/2 bpm

REMARKS: Held crew meet. Established rate. Mixed & pumped 100# gel followed by 144 sk 50/50 402 plus 2 1/2 gal. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float. Closed valve.
HAT, Eric

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		
5406	75	MILEAGE		1030.00
5402	859'	casing footage		300.00
5407	464.4	ten miles		—
35026	3	80 vac		622.30
				270.00
1124	144	50/50 cement		1576.80
1118.3	336 #	gel		70.56
4402	1	2 1/2 plug		28.00
No company rep			7.3	SALES TAX
AUTHORIZATION <u>Jim Dk'd</u>				ESTIMATED
TITLE _____				TOTAL
DATE _____				4019.96

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.