



KANSAS CORPORATION COMMISSION 1099520
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 # 5259
Name: Mai Oil Operations, Inc.
Address 1: 8411 PRESTON RD STE 800
Address 2:
City: DALLAS State: TX Zip: 75225 + 5520
Contact Person: Allen Bangert
Phone: (214) 219-8883
CONTRACTOR: License # 6426
Name: Express Well Service & Supply Inc
Wellsite Geologist: N/A
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: Twin Western Resources, Inc.
Well Name: Bobbi #1
Original Comp. Date: 05/28/1978 Original Total Depth: 4740
 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 #:

10/15/2012 10/31/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-083-20586-00-01

Spot Description:
NW SE NW SW Sec. 3 Twp. 22 S. R. 24 East West
1990 Feet from North / South Line of Section
686 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Hodgeman
Lease Name: Dechant Well #: 3
Field Name:

Producing Formation: Cedar Hills

Elevation: Ground: 2462 Kelly Bushing: 2467

Total Depth: 1734 Plug Back Total Depth: 1690

Amount of Surface Pipe Set and Cemented at: 604 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: 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 Garrisco Date: 11/07/2012



1099520

Operator Name: Mai Oil Operations, Inc. Lease Name: Dechant Well #: 3
 Sec. 3 Twp. 22 S. R. 24 East West County: Hodgeman

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: Dual Receiver Cement Bond Log	<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>Cedar Hills</td> <td>1202</td> <td>+1265</td> </tr> </table>	Name	Top	Datum	Cedar Hills	1202	+1265
Name	Top	Datum					
Cedar Hills	1202	+1265					

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
Production	7.875	5.5	14	1721	SMD	300	.25 # PS floccel

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
1	1220-1250', 1296-1326'		

TUBING RECORD: Size: <u>2 3/8"</u> Set At: <u>1198</u> Packer At: <u>11198</u> Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>11/06/2012</u>	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain) <u>Vac. SWD</u>
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 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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CHARGE TO: **MAI OPERATIONS**

ADDRESS:

CITY, STATE, ZIP CODE:

TICKET
23371

PAGE 1 OF 2

SERVICE LOCATIONS 1. 700 LA, KS	WELL/PROJECT NO. #3 SWD	LEASE Deckert	COUNTY/PARISH Hickman	STATE KS	CITY Jetmore	DATE Oct 20 12	OWNER
2.	TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR F. Brown	RIG NAME/NO.	SHIPPED MA	DELIVERED TO location	ORDER NO.	
3.	WELL TYPE SWD	WELL CATEGORY SWD	JOB PURPOSE sewer disposal well	WELL PERMIT NO.	WELL LOCATION Roni 8 3-11 2-11		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF			U/M			
575		1			MILEAGE TRK 114	30	mi		6.00	180.00
579		1			Pump Charge	1	ea		1500.00	1500.00
330		1			SMD cement	300	sk		16.50	4950.00
276		1			Fluoride	75	lb		2.00	150.00
290		1			D-AIR	3	gal		35.00	105.00
221		1			KCL liquid	2	gal		25.00	50.00
400		1			Guide shoe	5	in	1/2	160.00	160.00
401		1			Insect Flood w/ auto fill	5	in	1 ea	160.00	160.00
402		1			Cement	5	in	2 ea	70.00	140.00
403		1			Cement + Riskit	5	in	1 ea	250.00	250.00
404		1			Service charge	200	sk		2.00	600.00
523		1			Drivage	37953	lb	447.9	1.17	44488.80

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X
DATE SIGNED: _____ TIME SIGNED: _____ A.M. P.M.

REMIT PAYMENT TO:

SWIFT SERVICES, INC.
P.O. BOX 466
NESS CITY, KS 67560
785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?			
WE UNDERSTOOD AND MET YOUR NEEDS?			
OUR SERVICE WAS PERFORMED WITHOUT DELAY?			
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?			
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND			

PAGE TOTAL #1	8693.80
#2	100.00
Subtotal TAX	8793.80
SWD d/r ynje Well	
TOTAL	8793.80

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES

SWIFT OPERATOR: **BC Bill** APPROVAL: _____

Thank You!



PO Box 466
 Ness City, KS 67560
 Off: 785-798-2300

TICKET CONTINUATION

TICKET No. 23371

CUSTOMER Mai Genthons	WELL W-1 Unit #3 SWO	DATE 10-20-16	PAGE 2	OF 2
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REFERENCE	DESCRIPTION/REFERENCE/	ACCOUNTING		TYPE	DESCRIPTION	DIMENSIONS				CUBIC FEET	WEIGHT		
		NO.	DATE			DIAM.	HT.	WT.	HT.				
410		1			Top Plug	5 1/2	in	1	in	100	cc	100	cc
SERVICE CHARGE						CUBIC FEET							
TOTAL WEIGHT		LOADED MILES				TON MILES							

COMM. FEE TOTAL	150.00
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JOB LOG

SWIFT Services, Inc.

DATE 12-21-12 PAGE NO. 7

CUSTOMER		WELL NO.		LEAS		JOB TYPE		TICKET NO.	
Max Operations		43		Declint		5 1/2" / 1 1/2"		23371	
CHART NO.	TIME	RATE (BPM)	VOLUME (GAL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS	
				T	C	TUBING	CASING		
									TD - 1720' TP - 1711.25' 1721
									Slur 11" / 12.5' 5 1/2" 11"
									Cement 200' 1" / 14"
									Basket - 1"
									3" rate SMD w/ 1/4" Fluoride
	0930								on location
	1143								Start 5 1/2" casing in well
	1315								Deep ball circulate
	1352	7 1/2	20		✓		120		Pump 20 bbl KCL flush
	1358	7 1/2	19				110		mix 125 shs @ 112' 110'
	1415								100' start down with a water truck
	1425	3	36		✓		100		mix 100 shs @ 12.7' 119'
		3	21		✓		100		mix 75 shs @ 14.0' 119' 3" 119'
									3" rate total - 126 bbls -
									unplug pump + line
									swap Top Plug
	1511	4 1/2	1		✓		1		Start 11" placement
	1515	4 1/2	20		✓		200		Circulate Cement to bit - 40 shs -
	1520	4 1/2	46.1		✓		1000		Land Top Plug
									Release PSE Hold
									wish up tracks
	1100								Job complete
									Thank you
									Dave Blaine TS Lsinc