



KANSAS CORPORATION COMMISSION 1105485
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 # 33594

Name: Quito, Inc.

Address 1: 1613 W 6TH ST

Address 2: _____

City: BARTLESVILLE State: OK Zip: 74003 + 3712

Contact Person: Mark W McCann

Phone: (918) 337-4747

CONTRACTOR: License # 33286

Name: Lorenz, Barton T.

Wellsite Geologist: Mark W McCann

Purchaser: Sunoco Logistics

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 #: _____

<u>9/21/2012</u>	<u>9/25/2012</u>	<u>12/05/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-019-27222-00-00

Spot Description: _____

SE SE NW SW Sec. 15 Twp. 34 S. R. 12 East West

1455 Feet from North / South Line of Section

4073 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Chautauqua

Lease Name: Dearmond Well #: W-10

Field Name: _____

Producing Formation: Peru

Elevation: Ground: 801 Kelly Bushing: 0

Total Depth: 1060 Plug Back Total Depth: 1025

Amount of Surface Pipe Set and Cemented at: 1050 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 1025

feet depth to: 0 w/ 200 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 10000 ppm Fluid volume: 30 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: 12/27/2012



1105485

Operator Name: Quito, Inc. Lease Name: Dearmond Well #: W-10
 Sec. 15 Twp. 34 S. R. 12 East West County: Chautauqua

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 Neutron Cement Bond Completion 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:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>Cement Bond Log</td> <td>0</td> <td>GL</td> </tr> </table>	Name	Top	Datum	Cement Bond Log	0	GL
Name	Top	Datum					
Cement Bond Log	0	GL					

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
SURFACE	11	8.625	20	40	PORTLAND	13	NONE
LONGSTRING	6.75	4.5	10	1025	PORTLAND	200	10% SALT

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
20	952-962		1060
10	952-962		1060
20	972-982		1060

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Injection Well			
Date of First, Resumed Production, SWD or ENHR. _____		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>952-962</u> <u>972-982</u>
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Quito, INC
1613 W 6th st
Bartlesville OK 74003

Barton T. Lorenz
KCC# 33286

508 21500 RD
Cherryvale, KS 76335
620-328-3325

Lease: CQ County
Dearmond
Well# W-10 9-21-12, Drilled 11" hole and set 42.8' of
API:15-019-27222 8 5/8" surfce pipe. 13 sacks cement

9-21-12 Started drilling
9-25-12 Finished drilling
0-6' Dirt
6-21' Lime
21-280' Shale/sand streaks
280-283' Lime
283-300' Shale
300-315' Lime
315-345' Shale
345-350' Lime
350-402' Sand/ H2O present
402-550' Shale
550-554' Lime
554-592' Sand
592-655' Sandy shale
655-661' Lime
661-730' Shale
730-750' Lime
750-770' Sand
770-811' lime/ shale breaks
811-926' Sandy Shale
926-928' lime
928-931' Sandy Shale
931-945' lime
945-955' Sand
955-980' Sand/Odor, Brown in color
980-1000' Sandy shale
1000-1021' Lime
Td 1021'



OILWELL CEMENTERS, INC

P.O. BOX 510 - PHONE (580) 229 - 1776
HEALDTON, OKLAHOMA 73438



COPY

P.O. NO. _____
DATE 12/5/2012

MCCANN OIL CO. 1613 W. 6TH BARTLESVILLE, OKLAHOMA 74003

NAME OF COMPANY _____ MAILING ADDRESS _____

WELL OWNER _____ MAILING ADDRESS _____

mccann,mark (918) 7984365

NAME OF CONTRACTOR _____ MAILING ADDRESS _____

TERMS: Accounts Due and Payable Upon Receipt. 1.5% (18% per yr) Finance charge Added to Accounts 30 Days Past Due.

Well owner or his Representative

FARM DEARMOND WELL NO. W-10
COUNTY KANSAS,USA SEC _____ TWN _____ RGE _____

KIND OF JOB LONGSTRING TRUCK NO. 244 BULK CEMENT

SIZE OF PIPE 4.5" SIZE OF HOLE 6 3/4" CEMENT 200 SACKS @ \$11.50 \$2,300.00

DEPTH OF WELL 1100 DEPTH OF WELL CEMENTED 1025 ASH MIX SACKS @ \$11.50 \$0.00

WELL 1100 WELL CEMENTED 1025 PLUG STOPPED 1025 % GEL SACKS @ \$0.00 \$0.00

KIND OF CEMENT REG, 10% SALT, 1/4# FLOCELE, .2FLA CACL @ \$0.60 \$0.00

ASH MIX _____ 50 FLO SEAL @ \$2.50 \$125.00

AMOUNT 200 SKS W/ 50% EXCESS 850 SALT @ \$0.50 \$425.00

PRESSURE MAXIMUM 800 MINIMUM 200 40 FLA @ \$9.25 \$370.00

TIME OUT 10:00AM ON LOC 1:00PM 1 TRP-TWP @ \$60.00 \$60.00

JOB STARTED 2:00PM COMPLETE 3:30PM GUIDE SHOE @ \$0.00 \$0.00

TYPE FLOATING EQUIPMENT IR FLOAT SHOE @ \$0.00 \$0.00

PRICE REF.NO. 1 @ \$1,000.00 \$1,000.00 FLOAT COLLAR @ \$0.00 \$0.00

1025 FEET @ \$0.25 \$256.25 INSERT FLOAT @ \$0.00 \$0.00

220 TRUCK MILES @ \$4.00 \$880.00 CENTRALIZERS @ \$0.00 \$0.00

110 PICKUP MILES @ \$2.00 \$220.00 BASKETS @ \$0.00 \$0.00

CONN.OVER 6 FT. @ \$650.00 \$0.00 MUDD FLUSH @ \$1.00 \$0.00

EXTRA HRS ON LOC. @ \$250.00 \$0.00 KCL @ \$40.00 \$0.00

1 PLUG CONTAINER @ \$250.00 \$250.00 AFU KIT @ \$60.00 \$0.00

1 PERMITS (KS.) @ \$165.86 \$165.86 SAND @ \$0.50 \$0.00

_____ @ \$0.00 \$0.00 THREAD LOCK @ \$60.00 \$0.00

_____ @ \$0.00 \$0.00

_____ @ \$0.00 \$0.00 MATERIAL COST \$3,280.00

_____ @ \$0.00 \$0.00 OKLA. SALE TAX 4.50% \$147.60

_____ @ \$0.00 \$0.00 COUNTY SALE TAX \$0.00

_____ @ \$0.00 \$0.00 DUMPING CHARGE 200 \$4.00 \$800.00

PUMP TRUCK CHARGES \$2,772.11 TOTAL MATERIALS \$4,227.60

PUMP TRUCK \$2,772.11

Sub Total \$6,999.71

Discount 10% \$699.97

TOTAL \$6,299.74

TRUCK NO. 223

CEMENTER M.HOLDERFIELD HELPER: R.FOX/D.CHASE

REMARKS: BREAK CIRC., MIX AND PUMP 200 SKS REG CEMENT, WASH PUMP AND LINES, DISPLACE W/ 16.5 BBLs F/W. BUMPED PLUG,FLOAT

HELD. CIRCULATED 10 BBLs OF CEMENT TO SURFACE.

INVOICE NO. 30242

P.O. Box 510
 Healdton, Ok 73438
 580-229-1776

Oilwell Cementers, Inc.

Invoice

Date	Invoice #
12/5/2012	30242-LS

Terms	
Rep	MH

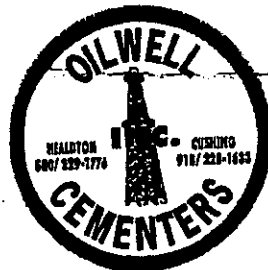
Bill To
McCann Companies 1613 W. 6th St. Bartlesville, Ok. 74003

 COPY

P.O. No.	DEARMOND W-10
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Hrs/Qty	Item	Description	Rate	Amount
200	CEC	Regular Cement	11.50	2,300.00T
50	FS	Flocele	2.50	125.00T
850	SAA	Salt	0.50	425.00T
40	FA	Fluid Loss Additive	9.25	370.00T
1	WP	Wooden Plug	60.00	60.00T
200	DDUMP	Dump	4.00	800.00
1	PERMIT	Permits	165.86	165.86
1	PC4	4 1/2" PLUG CONTAINER	250.00	250.00
110	GG	Pickup Mileage Charge	2.00	220.00
220	GT	Truck Mileage	4.00	880.00
1,025	FT	Footage Charge	0.25	256.25
1	TRUCK	Truck	1,000.00	1,000.00
-1	CREDIT	***CREDIT***CREDIT***CREDIT***	699.97	-699.97

PAID
 Date _____ CK# _____



Subtotal	\$6,152.14
Sales Tax (4.5%)	\$147.60
Balance Due	\$6,299.74