



KANSAS CORPORATION COMMISSION 1105433
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: NA

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>11/8/2012</u>	<u>11/13/2012</u>	<u>12/17/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-011-24172-00-00

Spot Description: _____

NW NW SW SE Sec. 18 Twp. 25 S. R. 22 East West

1155 Feet from North / South Line of Section

2475 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Bourbon

Lease Name: Page Well #: 23

Field Name: _____

Producing Formation: Bartlesville

Elevation: Ground: 1025 Kelly Bushing: 0

Total Depth: 722 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/ 5 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 Garrison Date: 12/27/2012



1105433

Operator Name: S & K Oil Production, Inc. Lease Name: Page Well #: 23
 Sec. 18 Twp. 25 S. R. 22 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 <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/CCL	<input 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>Bartlesville</td> <td>680</td> <td>690</td> </tr> </table>	Name	Top	Datum	Bartlesville	680	690
Name	Top	Datum					
Bartlesville	680	690					

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	9.0875	7	6	20	One	5	None
Casing	5.06250	2.09850	6	712	One	73	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	-			

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

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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 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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Lone Jack Oil Company
Blue Mound, KS
1-913-756-2307 1-620-363-0492

Lease: _____ Page _____ Operator: S & K Oil API # 15-011-24172-00-00
 Contractor: Lone Jack Oil Company Date Started: 11/8/12 Date Completed: 11/13/12
 Total Depth: 722 feet Well # 23 Hole Size: 5 5/8
 Surface Pipe: 20' 7" Surface Bit: 9 7/8 Sacks of Cement: 5
 Depth of Seat Nipple: _____ Rag Packer At: _____
 Length and Size of Casing: 712' - 2 7/8 Sacks of Cement: 73
 Legal Description: NW NW SW SE Sec: 18 Twp: 25S Range: 22E County: Bourbon

Thickness	Depth	Type of Formation	Thickness	Depth	Type of Formation
2	2	Top Soil	2	696	Black Sand (No Oil)
8	10	Clay	6	702	Sandy Shale
5	15	Lime (Sandy)	20	722	Shale
24	39	Lime		722	TD
3	42	Shale			
5	47	Lime			
7	54	Shale			
16	70	Lime			
2	72	Shale			
4	76	Lime			
48	124	Shale			
5	129	Lime			
100	229	Shale			
2	231	Lime			
6	237	Shale			
4	241	Shaley Lime			
8	249	Lime			
6	255	Shale			
3	258	Lime			
21	279	Shale			
3	282	Lime			
58	340	Shale			
20	360	Lime			
45	405	Shale			
16	421	Lime			
7	428	Shale			
5	433	Lime			
14	447	Shale			
4	451	Oil Sand (Shaley) Little Bleed			
2	453	Sandy Shale			
55	508	Shale			
2	510	Lime			
33	543	Shale			
2	545	Lime			
133	678	Shale			
2	680	Oil Sand (Shaley) Little Bleed			
12	692	Oil Sand (Good Bleed)			
2	694	Black Sand (Little Oil)			