



KANSAS CORPORATION COMMISSION 1105152
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 # 4085
Name: King, Tom dba King Energy Co.
Address 1: 2 TIMBER DR
Address 2: _____
City: IOLA State: KS Zip: 66749 + 1608
Contact Person: TOM KING
Phone: (620) 365-7750
CONTRACTOR: License # 33986
Name: Owens Petroleum Services, LLC
Wellsite Geologist: NA
Purchaser: HIGH SIERRA CRUDE

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 #: _____
09/28/2012 10/02/2012 10/30/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-207-28265-00-00
Spot Description: _____
SW NE SW SE Sec. 5 Twp. 24 S. R. 16 East West
690 Feet from North / South Line of Section
1805 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Woodson
Lease Name: Newby Well #: 16-12
Field Name: VERNON
Producing Formation: SQUIRREL
Elevation: Ground: 1060 Kelly Bushing: 1065
Total Depth: 1088 Plug Back Total Depth: 1075
Amount of Surface Pipe Set and Cemented at: 40 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: 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 Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanna Garrison Date: 12/26/2012



1105152

Operator Name: King, Tom dba King Energy Co. Lease Name: Newby Well #: 16-12
 Sec. 5 Twp. 24 S. R. 16 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 <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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" 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>SQUIRREL SAND</td> <td>1016</td> <td></td> </tr> </table>	Name	Top	Datum	SQUIRREL SAND	1016	
Name	Top	Datum					
SQUIRREL SAND	1016						

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	11.625	7	21	40	COMMON	20	
CASING	5.875	2.875	6.5	1075	70/30 POZ	157	2% GEL

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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
2	15 HOLES 1021-1028	75 GAL 15% HCL, FRAC W/ 5000 LBS SAND AND 130 BBLS GELLED WATER	1028

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. 11/01/2012		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbls. 6	Gas Mcf 0	Water Bbls. 3
		Gas-Oil Ratio	Gravity 24

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: 1021-1028
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Hurricane Services, Inc.
 3613 A Y Road
 Madison, KS 66860
 Office # 620-437-2661
 Brad Cell # 620-437-6765

Ticket Number 100156
 Location Madison
 Foreman Brad Butler

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
10-3-12		Newby * 16-12	5-24s-16E	Woodson
Customer	Tom King : King Energy	Mailing Address 2 Timber Dr.	City Jola	State Ks.
			Zip 66749-1608	

Job Type:

Hole Size: 5 7/8"	Casing Size:	Displacement: 6.23 Bbls	Truck #	Driver
Hole Depth: 1088'	Casing Weight:	Displacement PSI: 500	201	Kelly
Bridge Plug:	Tubing: 2 7/8"	Cement Left in Casing: 0'	202	Jerry
Packer:	PBTD: 1077'		143-151	Cody

Quantity Or Units	Description of Services or Product	Pump charge	
35	Mileage	\$3.25/Mile	790.00
157 sacks	70/30 Pozmix cement	11.40	1789.80
275 lbs.	Gel 22	.30	82.50
50 lbs.	Floccle	1.85	92.50
200 lbs.	Gel > Flush Ahead	.30	60.00
3 1/2 Hrs.	Water Truck	84.00	294.00
2100 Gal.	City water	16.00 @ 1000	33.60
35 miles	Truck #20	1.50	52.50
6.9 Tons	wireline charge Bulk Truck	50.00	N/C
		\$1.15/Mile	277.72
2	Plugs 2 7/8" Top Rubber	25.00	50.00
	As Bid - Along with Discount		Subtotal 3636.37
	5% Discount (-181.81)		Sales Tax 153.91
			Estimated Total 3608.47

Remarks: Run wireline down well - Total float shoe at 1077'. Rig up to 2 7/8" tubing, Break circulation with
 Fresh water Pumped 10 Bbl. Gel Flush Ahead - circulate Gel around To condition Hole.
 Mixed 157 sks 70/30 Pozmix cement w/ 22 Gel + Floccle, shut down - washout Pump Lines.
 Release 2 Top Rubber Plugs - Displace Plugs with 6 1/4 Bbls water. Final Pumping @ 500 PSI
 Bumped Plugs To 1000 PSI - close Tubing 20 with 1000 PSI
 Good cement returns To Surface with 6 Bbl. slurry
 "Thank You"

Witnessed by Tom
 Customer Signature