



KANSAS CORPORATION COMMISSION 1108960
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 # 5723
Name: John M. Denman Oil Co., Inc.
Address 1: PO BOX 36
Address 2: _____
City: Sedan State: KS Zip: 67361 + 0036
Contact Person: Shelley Wise
Phone: (620) 7253737
CONTRACTOR: License # 5831
Name: M.O.K.A.T.
Wellsite Geologist: NA
Purchaser: Coffeyville Resources

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 #: _____
12/11/2012 12/13/2012 12/17/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-019-27272-00-00
Spot Description: SE-SW-NW-SE
SE SW NW SE Sec. 27 Twp. 34 S. R. 10 East West
1534 Feet from North / South Line of Section
2064 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Chautauqua
Lease Name: JOHNSON Well #: S-3
Field Name: Elgin
Producing Formation: Wayside
Elevation: Ground: 1021 Kelly Bushing: 0
Total Depth: 1538 Plug Back Total Depth: 0
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: 0
feet depth to: 1518 w/ 155 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 0 ppm Fluid volume: 0 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: 01/24/2013

1108960

Operator Name: John M. Denman Oil Co., Inc. Lease Name: JOHNSON Well #: S-3
 Sec. 27 Twp. 34 S. R. 10 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 checked="" type="checkbox"/> Yes <input 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 Induction LL3/GR LOG Compensated Density Sidewall Neutron Log Gamma Ray Radial Bond Casing Collar Variable Density Log	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Wayside
---	---

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	6.7500	8.6250	20	40	Portland	8	
Casing	6.7500	4.5000	11.60	1518	Portland	155	
Production	4.5000	2.3750	8	1474.9	0	0	

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 (Amount and Kind of Material Used)	Depth
2	1473 to 1485		

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 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: <u>1473 to 1485</u>
---	---	---



CONSOLIDATED
Oil Well Services, LLC

#255424

TICKET NUMBER 35751

LOCATION Leitchville, KY

FOREMAN Scott

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12/17/12	2223	Johnson 53	27	34	10	CHAT.
CUSTOMER <u>DeLman Oil</u>			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
			DRIVER			

JOB TYPE LS HOLE SIZE 6 3/4 HOLE DEPTH 1538' CASING SIZE & WEIGHT 4 1/2 11.6"
 CASING DEPTH 1514 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.8 SLURRY VOL 1.75 WATER gal/ek _____
 DISPLACEMENT 24.7 DISPLACEMENT PSI 500 MIX PSI 200 CEMENT LEFT IN CASING 0
 REMARKS: EST CIP WITH GEL AND H2O. RUN 30% EXTRA ON FLUSH GO TO
CAT. RUN 1555x THICK SET W/ 5" KOL SEAL & .25" PHENO WASH OUT PUMP
AND LINES. RELEASE PLUG. DISP. 24.7 BBL TO LAND PLUG
CAT TO SUB PLUG DOWN 1200".

Shah
go

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		
5406	50	MILEAGE		1080.00
5402	1518	FOOTAGE		200.00
5407	1	BULK TRK		333.96
5501C	3hr	TRANSPORT		350.00
5502C	3hr	80 VAC		336.00
				300.00
1126A	1555x	THICK SET		
1110A	800'	KOL SEAL		2976.00
1118B	400'	GEL		368.00
1107A	20'	PHENO		84.00
1123	7500 gal	CITY WATER		105.20
4404	1	4 1/2 RUBBER PLUG		123.75
				45.00
10% DSC if paid 21.11 655.00 Total \$5901.30				

AUTHORIZATION Shahley WS

TITLE _____

SALES TAX 307.10
 ESTIMATED TOTAL 6557.01
 DATE 12-17-12

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.



M.O.K.A.T. Drilling Inc.

P.O. BOX 590

Caney, KS 67333

Phone (620)879-5377 Cell (620)252-8338

"For All Your Drilling Needs"
Specializing In Coal Gas

Invoice

DATE	INVOICE NO.
12/16/2012	1420

BILL TO
DENMAN OIL 202 S. CHAUTAUQUA PO BOX 36 SEDAN, KS 67361

P.O. No.

WELL No.	LEASE
S-3	JOHNSON

DESCRIPTION	QTY	RATE	AMOUNT
1538' DRILLED AT \$8.50 PER FT.	1,538	8.50	13,073.00

THANK YOU FOR YOUR BUSINESS	Total	\$13,073.00
-----------------------------	--------------	-------------