



KANSAS CORPORATION COMMISSION 1107912
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 # 34721
Name: Tufte Enterprises, LLC
Address 1: 7531 US 59 Hwy
Address 2: _____
City: OSKALOOSA State: KS Zip: 66066 + _____
Contact Person: Stephan Tufte
Phone: (785) 231-8090
CONTRACTOR: License # 33734
Name: Hat Drilling LLC
Wellsite Geologist: none
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>10/23/2012</u>	<u>10/23/2012</u>	<u>10/25/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-103-21372-00-00

Spot Description: _____
SW NW SW SE Sec. 27 Twp. 12 S. R. 20 East West

900 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: Leavenworth

Lease Name: MARK MILLERET Well #: 2

Field Name: _____

Producing Formation: Squirrel

Elevation: Ground: 810 Kelly Bushing: 815

Total Depth: 728 Plug Back Total Depth: 722

Amount of Surface Pipe Set and Cemented at: 56 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: 900 ppm Fluid volume: 20 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: 01/23/2013



1107912

Operator Name: Tufte Enterprises, LLC Lease Name: MARK MILLERET Well #: 2
 Sec. 27 Twp. 12 S. R. 20 East West County: Leavenworth

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	<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>Squirrel</td> <td>646</td> <td>163</td> </tr> </table>	Name	Top	Datum	Squirrel	646	163
Name	Top	Datum					
Squirrel	646	163					

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	8.62	32	56	Pozmix	44	74# premium gel 50# CaCl 11# Floseal
longstring	7.87	5.5	15.5	722	OWC	105	100# premium gel 394# Silica flour

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 (Amount and Kind of Material Used)	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 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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HAT DRILLING
 12371 KS HWY 7
 MOUND CITY, KS 66056
 LICENSE # 33734

Mark Millerett #2
 API # 15-103-21372-00-00
 SPUD DATE 10-23-12

Footage	Formation	Thickness	Set 56' of 8 5/8" TD 728' Ran 722' of 5 1/2"
2	Topsoil	2	
18	sand	16	
26	river gravel	8	
51	river gravel/snd	25	
63	lime	12	
70	shale	7	
77	lime	7	
91	shale	14	
107	lime	16	
138	shale	31	
199	lime	61	
225	shale	26	
235	lime	10	
248	shale	13	
250	lime	2	
253	shale	3	
261	lime	8	
278	shale	17	
299	lime	21	
301	shale	2	
310	lime	9	
318	shale	8	
332	lime	14	
340	red bed	8	
362	shale	22	
366	lime	4	
368	shale	2	
373	lime	5	
382	shale	9	
520	lime	138	
525	red bed	5	
549	shale	24	
554	lime	5	
568	shale	14	
573	lime	5	
588	shale	15	
591	lime	3	
599	shale	8	
602	lime	3	
604	shale	2	
615	lime	11	
622	shale	7	
624	lime	2	
646	shale	22	
647	sand	1	slight odor
649	sandy shale	2	

RECEIVED
 JAN 04 2013
 KCC WICHITA

653	sand	4	good odor, little bleed
658	sand/shale	5	
660	sandy/shale	2	
698	shale	38	
699	coal	1	
728	shale	29	

RECEIVED
JAN 04 2013
KCC WICHITA



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 35120
LOCATION Ottawa, KS
FOREMAN Cassey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/23/12	2169	Mark Miller #2	SE 27	12	20	LV
CUSTOMER <u>Country Boy Crude LLC</u>			TRUCK #			
MAILING ADDRESS <u>12728 K4 Highway</u>			DRIVER			
CITY <u>Valley Falls</u>			TRUCK #			
STATE <u>KS</u>			DRIVER			
ZIP CODE <u>66088</u>			TRUCK #			
			DRIVER			

JOB TYPE Surface HOLE SIZE 11" HOLE DEPTH 57' CASING SIZE & WEIGHT 8 5/8"
 CASING DEPTH 56' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 3'
 DISPLACEMENT 3.3 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.5 bpm
 REMARKS: held safety meeting, established circulation, mixed + pumped 44 sks 50/50 Pozmix cement w/ 2% gel and 1/4 # Floseal per sk, cement to surface, displaced cement w/ 3.3 bbls fresh water, shut in casing.

* Mixed cement w/ CaCl H₂O *

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE		825.00
5406	40 mi	MILEAGE		160.00
5402	56'	casing footage		
5407A	75.68	ton Mileage		101.41
5501C	2 hrs	transport		224.00
			KCC WICHITA	
1124	44 sks	50/50 Pozmix cement		481.80
1118B	74 #	Premium Gel		15.54
1102	50 #	Calcium Chloride		37.00
1107	11 #	Floseal		25.85
			7.3%	SALES TAX
				40.89
				ESTIMATED TOTAL
				1911.49

Revin 3737

AUTHORIZATION No Co Rep on location TITLE _____ DATE _____

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.

254038

