



KANSAS CORPORATION COMMISSION 1108185  
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     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 #: \_\_\_\_\_  
6/22/2012    7/04/2012    7/05/2012  
Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date       Recompletion Date

API No. 15 - 15-103-21360-00-00  
Spot Description: \_\_\_\_\_  
SE NW SW SW Sec. 24 Twp. 12 S. R. 20  East  West  
825 Feet from  North /  South Line of Section  
4783 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW  
County: Leavenworth  
Lease Name: BLAKER Well #: 3  
Field Name: \_\_\_\_\_  
Producing Formation: Squirrel  
Elevation: Ground: 899 Kelly Bushing: 905  
Total Depth: 860 Plug Back Total Depth: 853  
Amount of Surface Pipe Set and Cemented at: 80 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: 1000 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



1108185

Operator Name: Tufte Enterprises, LLC Lease Name: BLAKER Well #: 3  
 Sec. 24 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>776</td> <td>123</td> </tr> </table>	Name	Top	Datum	Squirrel	776	123
Name	Top	Datum					
Squirrel	776	123					

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	11.25	7	23	80	Pozmix	56	94# Premium gel
Longstring	5.62	2.87	7.8	853	Pozmix	118	298# Premium gel

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 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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HAT DRILLING  
 12371 KS HWY 7  
 MOUND CITY, KS 66056  
 LICENSE # 33734

Blaker #3  
 API # 15-103-21360-00-00  
 SPUD DATE 6-22-12

Footage	Formation	Thickness	Set 81' of 7"
2	Topsoil	2	TD 860'
16	clay	14	Ran 853' of 2 7/8
45	sand/clay	29	
58	sand	13	
62	river gravel	4	
65	shale/r.gravel	3	
75	shale	10	
86	shale	11	
95	sand	9	
102	shale	7	
115	sand	13	
136	lime	21	
140	shale	4	
147	lime	7	
162	shale	15	
182	lime	20	
186	red bed	4	
204	shale	18	
268	lime	64	
292	shale	24	
297	lime	5	
301	shale	4	
303	lime	2	
318	shale	15	
327	lime	9	
345	shale	18	
447	lime	102	
604	shale	157	
608	lime	4	
623	shale	15	
628	lime	5	
725	shale	97	
732	sand	7	little odor
782	shale	50	
795	sand	13	little odor
796	coal	1	
860	shale	64	

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776  
 to  
 794 } oil show



**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 39892

LOCATION Ottawa, KS

FOREMAN Carey Kennedy

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
6/22/12	8111	Blaker #3	SW 24	12	20	LV
CUSTOMER				TRUCK #		
Tuftte Enterprises				481	Driver	TRUCK #
MAILING ADDRESS				666	Gar Moo	66
7531 US Hwy 59				675	Kei Det	KD
CITY	STATE	ZIP CODE	503	Har Bee	HB	
Oskaloosa	KS	66066				

JOB TYPE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT
surface	11/4"	81'	7"
CASING DEPTH	80'		
SLURRY WEIGHT			
DISPLACEMENT	3.1 bbls		
SLURRY VOL			
WATER			
MIX PSI			
CEMENT LEFT in CASING			5'
RATE			4.6 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 56 sks 50/50 Pozmix cement w/ 270 gal per sk, cement to surface, displaced cement to 75' w/ 3.1 bbls fresh water, shut in casing.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE		825.00
5406	40 mi	MILEAGE		160.00
5402	80'	casing footage		
5407	minimum	for mileage		350.00
5502C	2 hrs	80 UAC		180.00
1124	56 sks	50/50 Pozmix cement		613.20
1118B	94 #	Premium Gel		19.74
7.370 SALES TAX				46.20
ESTIMATED TOTAL				2194.14

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Revin 3737

AUTHORIZATION No Co. Rep. on location TITLE 250745

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.



**CONSOLIDATED**  
Oil Well Services, LLC

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

TICKET NUMBER 37407  
LOCATION Ottawa  
FOREMAN Alan Mader

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-5-12	8111	Blaker #3	SW 24	12	20	LV
CUSTOMER <u>Tube Enterprises</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>75 31 US Highway 59</u>			<u>516 Alan Mader Safety Meet</u>			
CITY <u>Oskaloosa</u>			<u>495 Bar Bec HSB</u>			
STATE <u>KS</u>			<u>370 Keith Carr KC</u>			
ZIP CODE <u>66066</u>			<u>548 Mik Itea MAH</u>			

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 860 CASING SIZE & WEIGHT 2 7/8  
 CASING DEPTH 853 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT IN CASING yes  
 DISPLACEMENT 3 DISPLACEMENT PSI 800 MIX PSI 200 RATE 5 bpm  
 REMARKS: Held crew meet. Established rate. Mixed & pumped 100 # gel to flush hole followed by 118 SK 50150 cement plus 290 gel. Circulated cement. Flushed pump. Pumped plug to casing ID. Well held 800 PSI. Set float. Closed valve.

HAT, Eric

*Alan Mader*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	40	MILEAGE		1100.00
5402	853	casing footage		
5407	min	ton miles		350.00
3502C	2 1/2	80 val		225.00
1124	118	50150 cement		1292.10
118B	298 #	gel		62.58
4402	1	2 1/2 plug		28.00
				SALES TAX 100.93
				ESTIMATED TOTAL 3248.61

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AUTHORIZATION [Signature]

TITLE 251123

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 fo