

KANSAS CORPORATION COMMISSION
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

ORIGINAL

OPERATOR: License # 34647
Name: Michael A. Adamson
Address 1: 4 Webb Place
Address 2: _____
City: Sapulpa State: OK Zip: 74135
Contact Person: Don Sullivan
Phone: (918) 496-1530
CONTRACTOR: License # N/A
Name: N/A
Wellsite Geologist: N/A
Purchaser: Maclasley Oil Company

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 (Corr. Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:
Operator: Vic Banks Oil
Well Name: 6-B

Original Comp. Date: July, 1979 Original Total Depth: 1240
 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 #: _____

Spud Date or _____ Date Reached TD _____ Completion Date or _____
Recompletion Date _____ Recompletion Date _____

API No. 15 - 019-21286 -00-01
Spot Description: _____
NW_NW_SE_SW Sec. 21 Twp. 32 S. R. 12 East West
986 Feet from North / South Line of Section
3,857 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Chautauqua
Lease Name: Rising Banks Well #: 6-B
Field Name: Hale-Inge
Producing Formation: Wayside
Elevation: Ground: 1039 Kelly Bushing: _____
Total Depth: 1240 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 49 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: N/A ppm Fluid volume: N/A bbls
Dewatering method used: N/A
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.
Signature: Don Sullivan
Administrative Assistant January 21 2013

KCC Office Use ONLY
 Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
Alt 2-Dlg - 1/25/13

Operator Name: Michael A. Adamson Lease Name: Rising Banks Well #: 6-B
 Sec. 21 Twp. 32 S. R. 12 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 type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input 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 type="checkbox"/> Sample Name Top Datum <div style="text-align: right; font-weight: bold; font-size: 1.2em;"> RECEIVED JAN 23 2013 KCC WICHITA </div>
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CASING RECORD <input 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		7		49			
Production		2 7/8		1235		145	

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

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR. October 31, 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. 1/2	Gas Mcf -	Water Bbls. 10	Gas-Oil Ratio	Gravity 27.5

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: 5 days/week
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C&F OIL LLC
5520 SOUTH LEWIS AVENUE
TULSA, OKLAHOMA 74105

Telephone: 918-269-7767
Fax: 918-499-1454
Email: cf@virtualtulsa.com

January 21, 2013

Kansas Corporation Commission
130 S. Market - Room 2078
Wichita, KS 67202

RECEIVED

JAN 21 2013

KCC WICHITA

RE: Well 6-B, Rising Banks Lease, Chautauqua County

Greetings,

You will find enclosed a Form U-5, removing our 6-B well from injection status. We are now pumping a small amount of oil from the well, so I have also included a Well Completion Form ACO-1.

We took over this lease approximately a year ago, with Michael Adamson as the new operator. The wells and equipment had been neglected over the years, along with the paperwork, so have been trying to return this lease to profitable production and comply with all Kansas documentation requirements.

For this well 6-B, we have no completion records or logs or geologist's reports. I have contacted helpful people at the KCC and the KGS, as well as extensive research on their websites, hoping to find some information on several of our wells. Apparently the drillers and operators in the late 1970s and early 1980 were lax in turning in the information about their activities. This is why the enclosed Well Completion Form is lacking certain information.

I hope you can accept these forms with their blank spaces, because the information is simply not available. If you know of anyplace where completion information on older Kansas wells can be found, we would appreciate your guidance.

Please call me directly if you need any additional information.

Regards,

Don Sullivan
Assistant to Michael Adamson
918-496-1530