



KANSAS CORPORATION COMMISSION 1110728
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 # 34392
Name: TexKan Exploration LLC
Address 1: 307 NW 3rd ST
Address 2: PO BOX H
City: PLAINVILLE State: KS Zip: 67663 +
Contact Person: Bill Robinson
Phone: (785) 688-4040
CONTRACTOR: License # 6426
Name: Express Well Service & Supply Inc
Wellsite Geologist: Bill Bobinson
Purchaser: na

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.): protect fresh water zone

If Workover/Re-entry: Old Well Info as follows:
Operator: Leith Operations
Well Name: Sauer #2
Original Comp. Date: 06/07/1977 Original Total Depth: 4135
 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 #: _____
01/21/2013 01/25/2013 01/25/2013
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-065-20925-00-01
Spot Description: _____
N2 SW NE Sec. 28 Twp. 9 S. R. 25 East West
1650 Feet from North / South Line of Section
1980 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Graham
Lease Name: Sauer Well #: 2
Field Name: Bollog
Producing Formation: none
Elevation: Ground: 2572 Kelly Bushing: 2574
Total Depth: 2250 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 231 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: _____ ppm Fluid volume: _____ bbls
Dewatering method used: _____
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: 01/29/2013



1110728

Operator Name: TexKan Exploration LLC Lease Name: Sauer Well #: 2
 Sec. 28 Twp. 9 S. R. 25 East West County: Graham

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>anhydrite</td> <td>2218</td> <td>354</td> </tr> </table>	Name	Top	Datum	anhydrite	2218	354
Name	Top	Datum					
anhydrite	2218	354					

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	12.25	8.625	24	231	common	175	3% cc + 2% 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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ALLIED OIL & GAS SERVICES, LLC 058839

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT: Dakota

DATE <u>1/25/13</u>	SEC <u>28</u>	TWP <u>9</u>	RANGE <u>25</u>	CALLED OUT	ON LOCATION	JOB START <u>1:30p</u>	JOB FINISH <u>2:30p</u>
LEASE <u>Sauer</u>		WELL # <u>2</u>		LOCATION <u>7 Peter 3 N 1 1/2 W Nicks</u>		COUNTY <u>Stanton</u>	STATE <u>TX</u>
<input checked="" type="radio"/> OLD OR NEW (Circle one)							

CONTRACTOR Express

TYPE OF JOB PTA

HOLE SIZE _____ T.D. _____

CASING SIZE 7 1/8 DEPTH 231

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER Same

CEMENT AMOUNT ORDERED 175 60/40 470 gal

41 PWD

COMMON	<u>105</u>	@ <u>17.90</u>	<u>1879.50</u>
POZMIX	<u>70</u>	@ <u>9.50</u>	<u>665.00</u>
GEL	<u>6</u>	@ <u>25.00</u>	<u>150.00</u>
CHLORIDE		@	
ASC		@	
PWD Seal	<u>4416</u>	@ <u>2.22</u>	<u>150.00</u>
HANDLING	<u>155.247</u>	@ <u>2.42</u>	<u>766.85</u>
MILEAGE	<u>2.04</u>	@ <u>118.50</u>	<u>48.00</u>
			TOTAL <u>4455.40</u>

EQUIPMENT

PUMP TRUCK # 402 CEMENTER Alan
HELPER Wage

BULK TRUCK # 317 DRIVER Kevin

BULK TRUCK # _____ DRIVER _____

REMARKS:

2810 - 25 SH 1/2" dia seal hole

1325 - 100 SH 1/2" dia seal hole

285 - 40 SH 1/2" dia seal hole

40 - 20 SH 1/2" dia seal hole

1/2" dia seal hole at 11:30 AM

1/2" dia seal hole at 11:30 AM

CHARGE TO: TexRon

STREET 911

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB 2230

PUMP TRUCK CHARGE 1200

EXTRA FOOTAGE _____

MILEAGE 53 miles @ 2.22 996.60

MANIFOLD 11.5 miles @ 17.80 205.90

TOTAL 1951.80

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

To: Allied Oil & Gas Services, LLC.

You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME _____

SIGNATURE Tom Brown

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS