



KANSAS CORPORATION COMMISSION 1110957
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 # 5983
Name: Leis, Victor J.
Address 1: 101 N. STATE ST.
Address 2: PO BOX 223
City: YATES CENTER State: KS Zip: 66783 +
Contact Person: RYAN M. LEIS
Phone: (785) 313-2567
CONTRACTOR: License # 33900
Name: Leis, Steven A.
Wellsite Geologist: NA
Purchaser: PACER

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 #: _____

3/12/2012	3/14/2012	4/19/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-207-28082-00-00
Spot Description: _____
SW NE SE SW Sec. 30 Twp. 24 S. R. 16 East West
720 Feet from North / South Line of Section
2115 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Woodson
Lease Name: SHAFFER Well #: 2
Field Name: CHEROKEE BASIN
Producing Formation: SQUIRREL
Elevation: Ground: 1075 Kelly Bushing: 1075
Total Depth: 1335 Plug Back Total Depth: _____
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: 1335
feet depth to: 0 w/ 240 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: 01/30/2013

1110957



Operator Name: Leis, Victor J. Lease Name: SHAFFER Well #: 2
 Sec. 30 Twp 24 S. R. 16 East West County: Woodson

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/neutron	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum see attached
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CASING RECORD <input type="checkbox"/> New <input checked="" 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	10	8.625	23.5	40	PORT.	12	NA
CASING	6.75	2.875	6	1292	OWC	240	NA

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
2	20 SHOTS 998-1008	GEL SALTWATER, SAND	998

TUBING RECORD: Size: Set At: Packer At: Liner Run: Yes 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		
	10	0	0		28		

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" 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: _____ _____
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Lease Name: shaffer	Spud Date: 3-12-12	Surface Pipe Size: 8 5/8"	Depth: 40'	TD: 1300
Operator: Vic Leis	Well # 2	Bit Diameter: 6 3/4"		
Footage taken	Sample type			
0_4	soil			
5_19	clay			
19_23	lime			
23_201	shale			
201_206	lime			
206_209	shale			
209_213	lime			
213_223	shale			
223_273	lime			
273_298	shale			
298_433	lime			
433_471	white lime			
471_493	hard lime			
493_497	shale			
497_499	lime			
499_549	shale			
549_621	lime			
621_624	shale			
624_650	lime			
650_653	shale			
653_680	lime			
680_839	shale			
839_844	lime			
844_865	shale			
865_873	lime			
873_932	shale			
932_936	lime			
936_941	shale			
941_945	lime			
945_961	shale			
961_967	lime			
967_979	shale			
979_982	lime			
982_997	shale			
997_1003	lime			
1003_1061	shale			
1061_1012	lime			
1012_1017	upper sand			
1017_1024	oil sand shale			
1024_1050	lime			
1050_1051	shale			
1051_1054	lime			
1054_1055	shale			
1055_1059	lime			
1059_1060	oil sand shale			
1060_1300	shale			
	1300 TD			



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 36518

LOCATION Ottawa KS

FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3/15/12	2463	Schaffer #2	SW 30	24	16	WO
CUSTOMER			TRUCK#			
D - Rock Oil Company			506	Driver	TRUCK#	DRIVER
MAILING ADDRESS			455	1300		
P.O. Box 223			369	DM		
CITY			503	D6	611	JOERND
Yates Center						
STATE						
KS						
ZIP CODE						
66788						

JOB TYPE Long Strin HOLE SIZE 6 3/4 HOLE DEPTH 1335' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 1292 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 7.5133 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Establish pump rate. Mix & Pump 250# Premium Gel Flush.
 Mix & Pump 120 SKS 50/50 for Mix Cement 6% Gel. Follow
 w/ 120 SKS. OWC Cement. Cement to surface. Flush
 pump & lines clean. Displace 2 1/2" Rubber plug to casing
 TD. Pressure to 900# PSI. Release pressure to
 set float valve. Shut in Casing.

Customer Supplied Same Water
 @ Steve Heis Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401		PUMP CHARGE	475	1030.00
5406	60 m	MILEAGE	485	240.00
5402	1292	Casing footage		N/C
5407A	370.80	Ten Miles	503	1901.81
5407B	320.4	Ten Miles	611	1958.44
5502C	4 hrs	80 GAL Vac Truck	369	360.00
1124	120 SKS	50/50 for Mix Cement		1314.00
1126	120 SKS	DWC Cement		2256.00
118B	855#	Premium Gel		179.55
4402	1	2 1/2" Rubber Plug		25.00
248522				
			7.82	275.76
			ESTIMATED TOTAL	6609.52

Rev'n 5/7/11

AUTHORIZATION [Signature] 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.