

ORIGINAL

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

OPERATOR: License # 30993
Name: M.A.E. RESOURCES, INC
Address 1: P O BOX 304
Address 2: _____
City: PARKER State: KS Zip: 66072 + 0304
Contact Person: TERRY JOHNSON
Phone: (913) 898-3221
CONTRACTOR: License # 33734
Name: HAT DRILLING
Wellsite Geologist: _____
Purchaser: COFFEYVILLE RESOURCES

API No. 15 - 003-25017-00-00 Kcc
Spot Description: _____
E2 E2 NE SE Sec. 8 Twp. 23 S. R. 20 East West
1,980 Feet from North / South Line of Section
220 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: ANDERSON
Lease Name: JOEL SPRAGUE Well #: 2
Field Name: WILDCAT
Producing Formation: SQUIRREL SAND
Elevation: Ground: 1126 (EST.) Kelly Bushing: _____
Total Depth: 848 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 24 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: _____
feet depth to: SURFACE w/ 65 sx cmt.

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 #: _____

04-09-11 04-09-11 04-09-11
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: none ppm Fluid volume: 150 bbls
Dewatering method used: EVAPORATION
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: [Signature]
Title: PRESIDENT Date: 8-3-11

KCC Office Use ONLY
 Letter of Confidentiality Received
Date: _____
 Confidential Release Date: AUG 08 2011
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Dlg Date: 8/15/11

Operator Name: M.A.E. RESOURCES, INC Lease Name: JOEL SPRAGUE Well #: 2
 Sec. 8 Twp. 23 S. R. 20 East West County: ANDERSON

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 checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>TOPSOIL</td> <td>0</td> <td>2</td> </tr> <tr> <td>CLAY</td> <td>2</td> <td>7</td> </tr> <tr> <td>SHALE/LIME</td> <td>12</td> <td>836</td> </tr> </tbody> </table>	Name	Top	Datum	TOPSOIL	0	2	CLAY	2	7	SHALE/LIME	12	836
Name	Top	Datum											
TOPSOIL	0	2											
CLAY	2	7											
SHALE/LIME	12	836											

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	10.25"	6"	NA	24'	PORTLAND	6	NA
DRY HOLE							

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	
Date of First, Resumed Production, SWD or ENHR. _____		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain) <u>DRY HOLE</u>	
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: <div style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: right; font-weight: bold; font-size: 1.2em;">AUG 08 2011</div>
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CONSOLIDATED
Oil Well Services, LLC

API

15-003-25D13.06-07

TICKET NUMBER 31811
LOCATION Ottawa
FOREMAN Alan Maden

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
4-13-11	5209	Joel Sprague #1	SE 8	23	20	AN
CUSTOMER M.A.E Resources			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS P.O. Box 304			516	Alan M	Safety Meeting	
CITY STATE ZIP CODE Parker KS 66072			495	Casey K	CF	
			505	Harold B	HFB	
			548	Cecil P	CFP	

JOB TYPE plug HOLE SIZE 5 5/8 HOLE DEPTH 878 CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Held crew meeting. Established rate. Mixed & pumped 10 sk 50/50 po2 plus 6% gel at hole T.D. Pulled drill steel to 500. Pumped 10 sk. Pulled to 250, filled to surface. Pulled out & topped off. 65 sk total.

HAT Drilling

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5403N	1	PUMP CHARGE		975.00
5406	35	MILEAGE		140.00
5407	min	700 mileage		330.00
5502C	2	transport		225.00
1118B	328#	gel		65.60
1124	65 sk	50/50 po2		679.25
		WO# 240502		
		<u>Alan Maden</u>		
		RECEIVED		
		AUG 08 2011		
		KCC WICHITA	SALES TAX ESTIMATED	58.10
			TOTAL	2471.95

Ravin 3737

AUTHORIZATION _____ 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.

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

Joel Sprauge 1
API # 15-003-2501-00-00
SPUD DATE 4-09-11

Footage	Formation	Thickness	Set 24' of 6"
2	Topsoil	2	TD 848'
5	clay	3	Ran 0' of 2 7/8
12	lime	7	
64	shale	52	
72	lime	8	
74	sand	2	
75	shale	1	
78	lime	3	
156	shale	78	
190	lime	34	
225	shale	35	
233	lime	8	
255	shale	22	
335	lime	80	
338	shale	3	
354	lime	16	
359	shale	5	
383	lime	24	
388	sand	5	
565	shale	177	
567	red bed	2	
570	lime	5	
576	shale	6	
596	lime	20	
603	shale	7	
606	sand	3	
658	shale	52	
680	lime	22	
709	shale	29	
734	lime	25	
739	red shale	5	
744	lime	5	
840	shale	96	
842	lime	2	
843	shale	1	
848	lime	5	dry hole

RECEIVED
AUG 08 2011
KCC WICHITA