



KANSAS CORPORATION COMMISSION 1108874
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 # 9749
Name: Melander, Chris dba Chris Melander Drilling
Address 1: 2256 CR 2500
Address 2: _____
City: CANEY State: KS Zip: 67333 + 8548
Contact Person: Chris Melander
Phone: (620) 289-4723
CONTRACTOR: License # 9749
Name: Melander, Chris dba Chris Melander Drilling
Wellsite Geologist: none
Purchaser: _____

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.): _____

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 #: _____

<u>11/28/2012</u>	<u>1/10/2013</u>	<u>1/11/2013</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-125-32296-00-00
Spot Description: _____
NE NE NW SE Sec. 13 Twp. 34 S. R. 13 East West
2550 Feet from North / South Line of Section
1636 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Montgomery
Lease Name: Hollandsworth Well #: 4
Field Name: _____
Producing Formation: Weiser
Elevation: Ground: 761 Kelly Bushing: 791
Total Depth: 842 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 20 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: 0 ppm Fluid volume: 80 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: 01/24/2013



1108874

Operator Name: Melander, Chris dba Chris Melander Drilling Lease Name: Hollandsworth Well #: 4
 Sec. 13 Twp. 34 S. R. 13 East West County: Montgomery

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 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>wayside</td> <td>682</td> <td>701</td> </tr> <tr> <td>weiser</td> <td>750</td> <td>805</td> </tr> </table>	Name	Top	Datum	wayside	682	701	weiser	750	805
Name	Top	Datum								
wayside	682	701								
weiser	750	805								

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	12	7.5	10	20	ready mix	10	
casing	6	2.78	6.50	846	pozmix	150	gel 4%

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 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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CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 255874

Invoice Date: 01/17/2013 Terms:

Page 1

CDM DRILLING
C/O CHRIS MELANDER
2256 CR 2500
CANEY KS 67333
() -

HOLLWORTH #4
41178
13-34-13
01-11-13
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	150.00	12.5500	1882.50
1118B	PREMIUM GEL / BENTONITE	520.00	.2100	109.20
1102	CALCIUM CHLORIDE (50#)	200.00	.7400	148.00
1107A	PHENOSEAL (M) 40# BAG)	150.00	1.2900	193.50
1118B	PREMIUM GEL / BENTONITE	300.00	.2100	63.00
1123	CITY WATER	3000.00	.0165	49.50
4402	2 1/2" RUBBER PLUG	2.00	28.0000	56.00

Description	Hours	Unit Price	Total
445 CEMENT PUMP	1.00	1030.00	1030.00
445 EQUIPMENT MILEAGE (ONE WAY)	60.00	4.00	240.00
637 80 BBL VACUUM TRUCK (CEMENT)	4.00	90.00	360.00
667 TON MILEAGE DELIVERY	387.00	1.34	518.58

Parts: 2501.70 Freight: .00 Tax: 157.61 AR 4807.89
 Labor: .00 Misc: .00 Total: 4807.89
 Sublt: .00 Supplies: .00 Change: .00

Signed _____

Date _____

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 316/322-7022 EUREKA, KS 620/583-7664 PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-2227 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914



Woods Lumber of Independence KS.
 PO Box 528
 915 North Penn
 Independence, KS 67301
 PHONE: (620) 331-4900
 receipt required on ALL returns
 SPECIAL ORDERS *NOT RETURNABLE* E

CUST NO: *6 JOB NO: 000 PURCHASE ORDER: REFERENCE: TERMS: CASH,CHECK, BANKCAR CLERK: MNR DATE / TIME: 1/15/13 11:25

SOLD TO: **** CASH ****

SHIP TO:
1

1

TERMINAL: 561

SALESPERSON: MR MEGAN R
TAX: 001 SALES TAX

INVOICE: F47601

LINE	SHIPPED	ORDERED	UM	SKU	DESCRIPTION	SUGG	UNITS	PRICE/ PER	EXTENSION
1	10	10	BG MC		*80# PRE-MIX CONCRETE MIX		10	3.69 /BG	36.90

Handwritten notes:
 200.00
 35.00
 21.00
 94.00
 59.00
 600

** PAID IN FULL **

Handwritten: 406
446

40.33 TAXABLE 36.90
 NON-TAXABLE 0.00
 SUBTOTAL 36.90

TAX AMOUNT 3.43

TOTAL 40.33



BANKCARD PAYMENT
BKCRD# XXXXXXXXXXXX9935

40.33

TOT WT: 800.00
MID: 000803418581

APP: 001258 XR: 547601

Signature: X Pearl Meland
Received By