



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

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 #: _____

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

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ 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: _____ Date: _____



1054286

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

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
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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

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: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	White Exploration, Inc.
Well Name	Chain Ranch 3
Doc ID	1054286

All Electric Logs Run

Compensated Density/Neutron
Dual Induction
Microlog
Sonic

BASIC

energy services, LP

TREATMENT REPORT

Customer	White Exploration	Lease No.		Date	4-2-11
Lease	Charm Ranch	Well #	3	County	Barber
Field Order #	Station PAH K	Casing	5/8	Depth	3227'
Type Job	CO ₂ 876 Same	Formation		Legal Description	6-31-11
				State	KS

PIPE DATA	PERFORATING DATA	FLUID USED	TREATMENT RESUME			
Casing Size	Tubing Size	Shots/Ft	Acid	RATE	PRESS	ISIP
2 3/4	Depth	From	Pre Pad	Max		5 Min.
Volume	Volume	From	Pad	Min		10 Min.
Max Press	Max Press	From	Frac	Avg		15 Min.
Well Connection	Annulus Vol.	From		HHP Used		Annulus Pressure
Plug Depth	Packer Depth	From	Flush	Gas Volume		Total Load

Customer Representative				Station Manager		Treater	
Service Units	Driver Names	Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
							Run 7 STS 8 5/8" 28 CSG
0710							Casing and Bottoms
0720							Hook Up to circ
0725					3	3	14 hrs
					46	5.5	Mix cmt 205 & 60/40p-2
					46		Shut down Release Plug
						3	14 hrs
0800					19 1/2		Plug down
							circ 10 Bar cmt to Pit
							500 Gals/Lb
							Thick gas

BASIC

energy services, L.P.

TREATMENT REPORT

Customer: WHITE EXPLORATION Lease No. _____ Date 4-9-2011
 Lease: CHAM RANCH Well # 3
 Field Order #: _____ Station: Pratt, Ks. Casing _____ Depth _____ County: BARBER State: Ks.
 Type Job: CUO-PTA. Formation _____ Legal Description: e-315-11w

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft				RATE	PRESS	ISIP
Depth	Depth	From	To	Pre Pad	Max			5 Min.
Volume	Volume	From	To	Pad	Min			10 Min.
Max Press	Max Press	From	To	Frac	Avg			15 Min.
Well Connection	Annulus Vol.	From	To	Flush	HHP Used			Annulus Pressure
Plug Depth	Packer Depth	From	To	Gas Volume	Total Load			

Customer Representative: _____ Station Manager: _____ Treater: _____
 Service Units: 19870 19889 19842 19831 21010
 Driver Names: LESLEY NATURAL HUNTER

Service Log

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	
4:30PM					ON LOCATION - SAFETY MEETING
7:10PM					1ST PLUG @ 630' w/ 50SKS
7:12PM	50		15	6	H2O AHEAD
7:15PM	50		12.5	5	MIX 50SK CMT @ 13.78 PRG
7:18PM	0		3	5	H2O BEHIND
					2ND PLUG @ 360' w/ 50SKS
7:36PM	50		5	5	H2O AHEAD
7:49PM	50		12.5	5	MIX 50SK CMT @ 13.78 PRG
7:50PM	0		1.5	5	H2O BEHIND
					3RD PLUG @ 600' w/ 20SKS
8:00PM	0		5	3	MIX 20SKS CMT @ 13.78 PRG
8:05PM					CMT TO SURFACE
					PLUG RATHOLE w/ 30SK
8:20PM					PLUG MOUSEHOLE w/ 20SK

JOB COMPLETE,
 THANKS -
 KEVEN LESLEY

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



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Thomas E. Wright, Chairman
Ward Loyd, Commissioner

Corporation Commission

Sam Brownback, Governor

May 18, 2011

Kenneth S. White
White Exploration, Inc.
2400 N WOODLAWN STE 115
WICHITA, KS 67220-3966

Re: ACO1
API 15-007-23672-00-00
Chain Ranch 3
SW/4 Sec.06-31S-11W
Barber County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Kenneth S. White