



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1070523
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

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
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1070523

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

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

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

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 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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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
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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 <i>(Explain)</i> _____
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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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Wolf Operating LLC
Well Name	Baumgartner 1-16
Doc ID	1070523

All Electric Logs Run

Dual Induction Resistivity Log
Borehole Volume Caliper Log
Compensated Neutron PEL Density Log
Borehole Compensated Sonic Log

Form	ACO1 - Well Completion
Operator	Wolf Operating LLC
Well Name	Baumgartner 1-16
Doc ID	1070523

Tops

Name	Top	Datum
Heebner	1118	+174
Lansing	1282	+10
Stark	1556	-264
Base Kansas City	1609	-317
Marmaton	1735	-443
Mississippian	2453	-1161
Kinderhook	2609	-1317
Hunton	2806	-1514
Maquoketa	3452	-2160
Viola	3508	-2216

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



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

January 02, 2012

Charles Wohlford
Wolf Operating LLC
PO BOX 3127
FORT SMITH, AR 72913

Re: ACO1
API 15-131-20226-00-00
Baumgartner 1-16
NW/4 Sec.16-03S-14E
Nemaha 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,
Charles Wohlford



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8676

TICKET NUMBER 33479
LOCATION Eureka
FOREMAN Rick Ledford

FIELD TICKET & TREATMENT REPORT
CEMENT

API# 15-131-20226

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12/14/11	8800	Baumgardner 1-16	16	35	14E	Neosho
CUSTOMER			TRUCK #		DRIVER	
MAILING ADDRESS			TRUCK #		DRIVER	
CITY			TRUCK #		DRIVER	
STATE			TRUCK #		DRIVER	
ZIP CODE			TRUCK #		DRIVER	
Three Rigs Exploration			TRUCK #		DRIVER	
Wolf Operating LLC			520		John	
P.O. Box 3127			515		Celia	
Fat Smith						
AR						
72913						

JOB TYPE P.T.A 0 HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14# SLURRY VOL _____ WATER gal/sk 7.0 CEMENT LEFT IN CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting. Rig up to 4 1/2" drill pipe. Plugging rig as follows:
15 sks @ 3474'
15 sks @ 2793'
15 sks @ 1576'
100 sks @ 300' to surface
145 sks total

Thank You

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54050	1	PUMP CHARGE	975.00	975.00
5406	150	MILEAGE	4.00	600.00
5403	3474'	Casing footage	.21	729.54
1131	145 sks	60/40 Permex cement	11.95	1732.75
1132	500#	49# gal	.20	100.00
5407A	6.24	tan mileage bulk tire	1.26	1179.36
			Subtotal	5216.65
			7.3%	SALES TAX 133.79
			ESTIMATED TOTAL	5450.44

Revin 0737

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



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 33385

LOCATION Eureka, KS

FOREMAN Shannon Feck

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

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-131-20226

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
12-2-11	8802	Baumgartner #1-16	16	35	14E	Nemaha	
CUSTOMER <u>Wolf Operating LLC</u>			Three Rivers				
MAILING ADDRESS <u>P.O. Box 3127</u>							
CITY <u>Fort Smith</u>		STATE <u>AR</u>	ZIP CODE <u>72913</u>	TRUCK # <u>520</u>	DRIVER <u>CLIFFS</u>	TRUCK # <u>479</u>	DRIVER <u>Chris m.</u>

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 378' CASING SIZE & WEIGHT 8 5/8"
 CASING DEPTH 368' DRILL PIPE --- TUBING --- OTHER ---
 SLURRY WEIGHT 14-15# SLURRY VOL 52 Bbl WATER gal/sk 6.5-7.0 CEMENT LEFT in CASING 20'
 DISPLACEMENT 22 Bbl DISPLACEMENT PSI 100 MIX PSI 100 RATE 5 BPM

REMARKS: Rig up to 8 5/8" casing, Break circulation with 10 Bbl water, mixed 200 SKS Class "A" cement with 3% calcium, 2% gel & 1/4# Floceal/sk @ 14.5-15#/gal. Displace with 22 Bbl water & shut well in. Good circulation @ all times, 8 Bbl slurry to pit. Job Complete

Thanks Shannon & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	775.00	775.00
5406	150	MILEAGE	4.00	600.00
11045	200 SKS	Class 'A' Cement	14.25	2850.00
1102	565 #	Calcium @ 3%	.70	395.50
118B	375 #	Gel @ 2%	.20	75.00
1107	50 #	Floceal @ 1/4 #/sk	2.22	111.00
5407A	9.4 Tons	Ton mileage bulk truck	1.26	1776.60
				6583.10
			7.3%	SALES TAX 250.50
				ESTIMATED TOTAL 6833.60

Ravin 3737

246349

AUTHORIZATION [Signature]

TITLE _____

DATE 12-2-11

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.