



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: _____



1074019

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Flatirons Resources LLC
Well Name	SRC 42-22
Doc ID	1074019

Tops

Name	Top	Datum
Anhydrite top	2076	587
Anhydrite base	2110	553
Topeka	3621	-958
Heebner	3864	-1201
Lansing	3902	-1239
Base Kansas City	4228	-1565
Pawnee	4376	-1713
Johnson zone	4488	-1825
Mississippian	4526	-1863
TD	4583	-1920

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

February 14, 2012

John Marvin
Flatirons Resources LLC
303 E 17TH AVE STE 940
DENVER, CO 80203

Re: ACO1
API 15-101-22309-00-00
SRC 42-22
NE/4 Sec.22-16S-28W
Lane 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,
John Marvin

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

February 14, 2012

John Marvin
Flatirons Resources LLC
303 E 17TH AVE STE 940
DENVER, CO 80203

Re: ACO-1
API 15-101-22309-00-00
SRC 42-22
NE/4 Sec.22-16S-28W
Lane County, Kansas

Dear John Marvin:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 10/3/2011 and the ACO-1 was received on February 14, 2012 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Flations Resources LLC

22-16-28

303 Ave STE 940
Denver CO, 80203

SRC 42-22

Job Ticket: 44329

DST#: 1

ATTN: Clayton Erickson

Test Start: 2011.10.10 @ 14:26:00

GENERAL INFORMATION:

Formation: **Kansas City "K"**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 16:23:30

Time Test Ended: 20:54:15

Test Type: Conventional Bottom Hole (Initial)

Tester: Jace McKinney

Unit No: 28

Interval: 4152.00 ft (KB) To 4178.00 ft (KB) (TVD)

Reference Elevations: 2663.00 ft (KB)

Total Depth: 4178.00 ft (KB) (TVD)

2658.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 5.00 ft

Serial #: 8675

Inside

Press @ Run Depth: 92.26 psig @ 4153.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2011.10.10

End Date:

2011.10.10

Last Calib.:

2011.10.10

Start Time: 14:26:01

End Time:

20:54:15

Time On Btm:

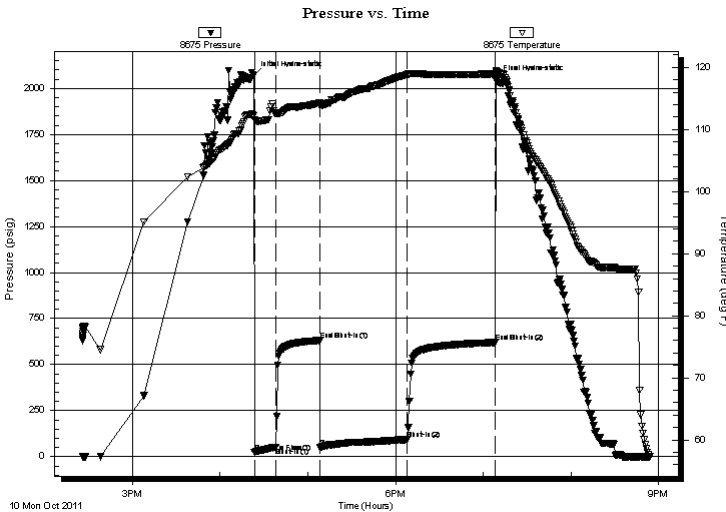
2011.10.10 @ 16:23:00

Time Off Btm:

2011.10.10 @ 19:09:00

TEST COMMENT: Built to 2" blow
No return blow
Built to 3" blow
Weak surface return blow

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2070.38	112.28	Initial Hydro-static
1	25.09	111.55	Open To Flow (1)
16	51.63	112.63	Shut-In(1)
45	630.81	114.23	End Shut-In(1)
46	52.64	113.86	Open To Flow (2)
105	92.26	118.85	Shut-In(2)
165	619.97	118.95	End Shut-In(2)
166	2047.16	119.31	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
140.00	mcw 10%M 90%W w ith oil spot	0.87

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Flatiorns Resources LLC

22-16-28

303 Ave STE 940
Denver CO, 80203

SRC 42-22

Job Ticket: 44329

DST#: 1

ATTN: Clayton Erickson

Test Start: 2011.10.10 @ 14:26:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 10.00 lb/gal

Cushion Length:

ft

Water Salinity:

50000 ppm

Viscosity: 58.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 5.20 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 3400.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
140.00	mcw 10%M 90%W w ith oil spot	0.871

Total Length: 140.00 ft Total Volume: 0.871 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

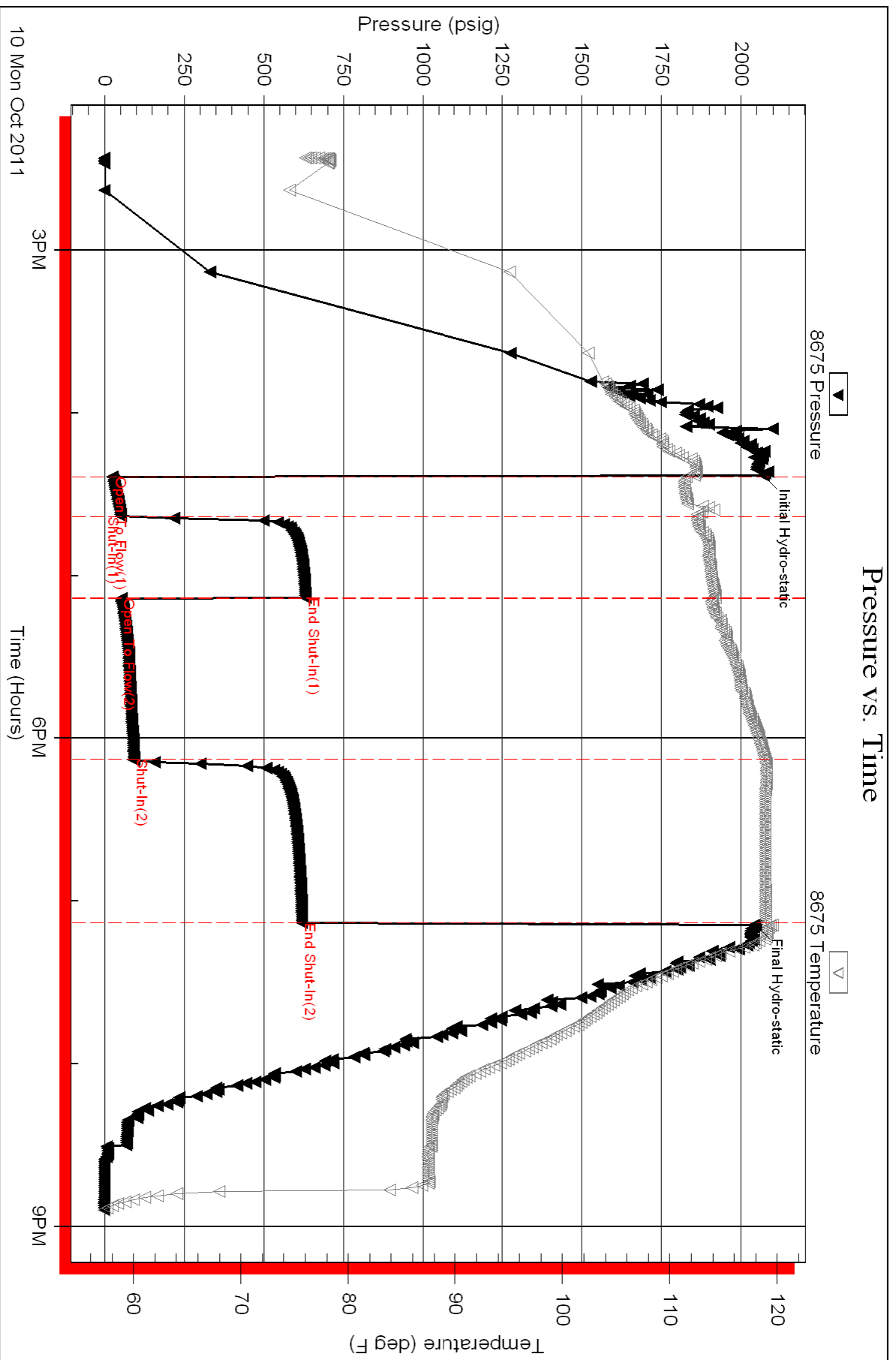
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: RW: .73 @ 60 F = 50,000

Pressure vs. Time





TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Flations Resources LLC

22-16-28

303 Ave STE 940
Denver CO, 80203

SRC 42-22

Job Ticket: 44330

DST#: 2

ATTN: Clayton Erickson

Test Start: 2011.10.12 @ 05:35:00

GENERAL INFORMATION:

Formation: **Pawnee**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 08:14:30

Time Test Ended: 13:19:00

Test Type: Conventional Bottom Hole (Reset)

Tester: Jace McKinney

Unit No: 28

Interval: 4350.00 ft (KB) To 4392.00 ft (KB) (TVD)

Reference Elevations: 2663.00 ft (KB)

Total Depth: 4392.00 ft (KB) (TVD)

2658.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 5.00 ft

Serial #: 8675

Inside

Press @ Run Depth: 57.89 psig @ 4351.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2011.10.12

End Date:

2011.10.12

Last Calib.: 2011.10.12

Start Time: 05:35:01

End Time:

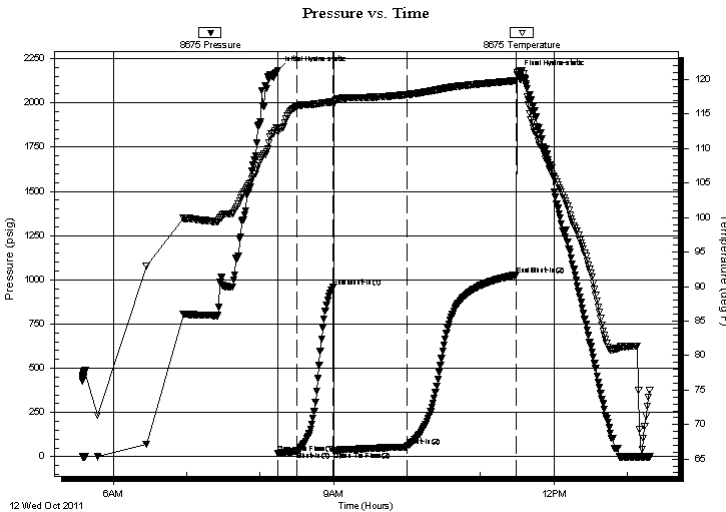
13:19:00

Time On Btm: 2011.10.12 @ 08:14:15

Time Off Btm: 2011.10.12 @ 11:30:15

TEST COMMENT: Built to 1 3/4" blow
No return blow
Built to 6" blow
Very weak surface return blow

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2183.85	113.05	Initial Hydro-static
1	17.50	112.36	Open To Flow (1)
16	30.58	116.15	Shut-In(1)
45	957.14	116.74	End Shut-In(1)
46	32.14	116.39	Open To Flow (2)
106	57.89	117.81	Shut-In(2)
195	1026.52	119.83	End Shut-In(2)
196	2161.34	121.01	Final Hydro-static

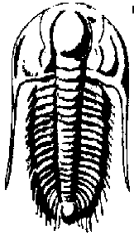
Recovery

Length (ft)	Description	Volume (bbl)
72.00	ocgmw 10%O 20%G 30%W 40%M	0.35

* Recovery from multiple tests

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



TRILOBITE
TESTING, INC.

DRILL STEM TEST REPORT

FLUID SUMMARY

Flatiorns Resources LLC

22-16-28

303 Ave STE 940
Denver CO, 80203

SRC 42-22

Job Ticket: 44330

DST#: 2

ATTN: Clayton Erickson

Test Start: 2011.10.12 @ 05:35:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 10.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 48.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 6.00 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 3800.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
72.00	ocgmw 10%O 20%G 30%W 40%M	0.354

Total Length: 72.00 ft Total Volume: 0.354 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

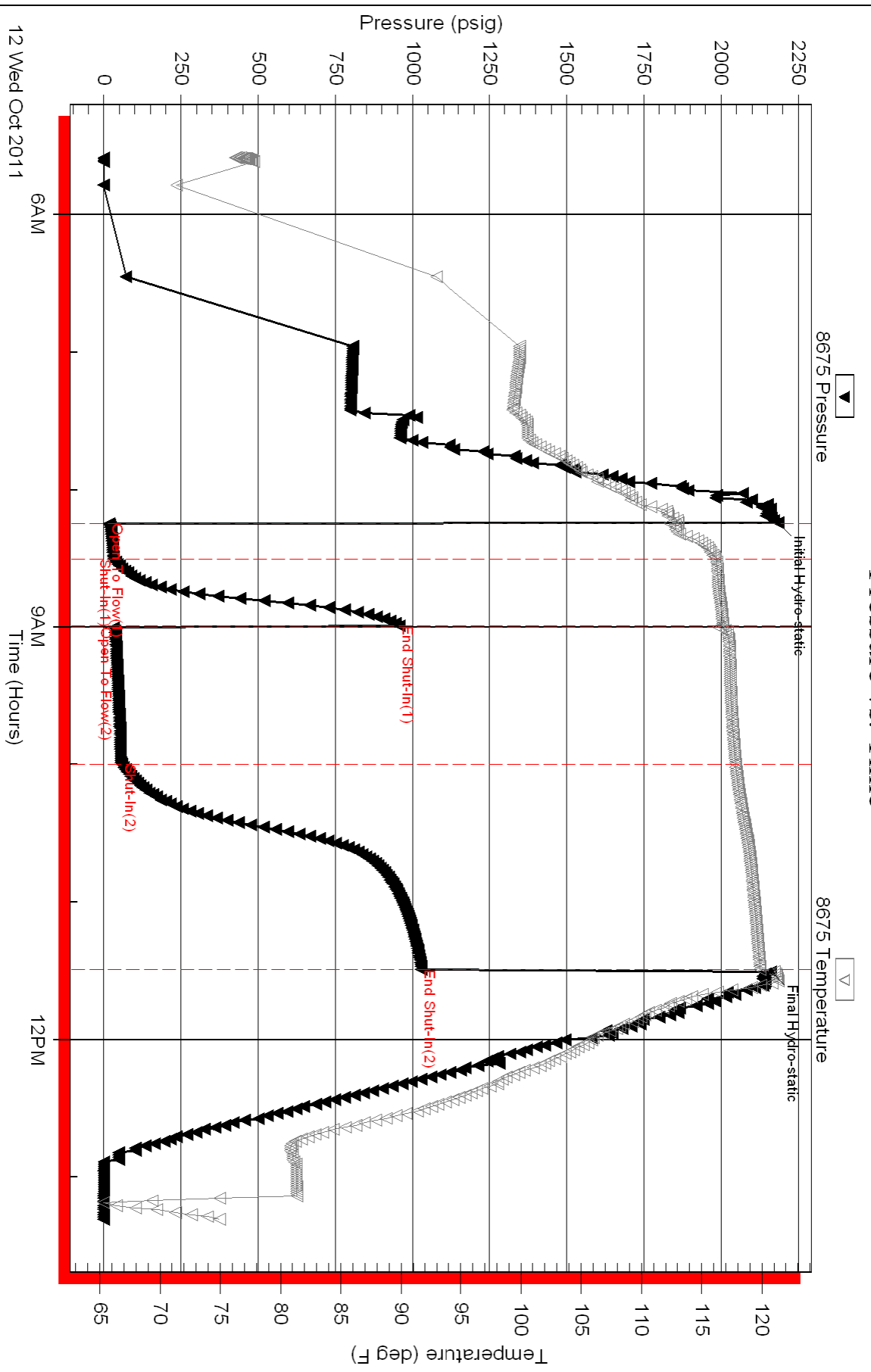
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: RW: .1 @ 67 F = 70,000

Pressure vs. Time



ALLIÉ CEMENTING CO., LLC. 037372

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Secret Base 188

DATE <u>10-3-11</u>	SEC. <u>22</u>	TWP. <u>16</u>	RANGE <u>28</u>	CALLED OUT	ON LOCATION	JOB START COUNTY <u>Linne</u>	JOB FINISH STATE <u>KS</u>
LEASE <u>SR</u>	WELL # <u>42-22</u>	LOCATION <u>Shawnee 28 miles East</u>					
OLD OR NEW (Circle one) <u>NEW</u>							

CONTRACTOR Shawnee 28 miles East OWNER Patricia Beckwith

TYPE OF JOB Surface CEMENT

HOLE SIZE 12 1/4 T.D. 223

CASING SIZE 8 5/8 DEPTH 223

TUBING SIZE DEPTH

DRILL PIPE 1 1/2 DEPTH 223

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 1504

PERFS.

DISPLACEMENT Perforator

EQUIPMENT

PUMP TRUCK CEMENTER Boch 65

366 HELPER Justin

BULK TRUCK DRIVER Kevin W. / S.A.P.

BULK TRUCK DRIVER

HANDLING _____

MILEAGE 40 TOTAL _____

REMARKS:

Pipe on bottom socket perforation with

abund

100 lbs cement in 3 hrs 26 sec

Cement 11.22 lbs 3 minutes and

2.2 in. cement old (granite)

CHARGE TO: Patricia Beckwith

STREET _____

CITY _____ STATE _____ ZIP _____

To Allied Cementing Co., LLC.

You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Patricia Beckwith

SIGNATURE Patricia Beckwith

SERVICE

DEPTH OF JOB 223

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

MANIFOLD _____ @ _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS _____

ALLIED CEMENTING CO., LLC. 037293

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

6-seat Bond

DATE 10-14-11	SEC. 22	TWP. 16	RANGE 28	CALLED OUT	ON LOCATION	JOB START 12:30 PM	JOB FINISH 1:50 PM
LEASE SRC	WELL# 42 Z7	LOCATION Shields MS East To 300		COUNTY Lane	STATE KS		
OLD OR NEW (Circle one)				OWNER Flatiron Res			

CONTRACTOR AD R 3

TYPE OF JOB Ratway Plus

HOLE SIZE 7 7/8 T.D. 4580

CASING SIZE _____ DEPTH _____

TUBING SIZE 4 1/2 DEPTH 2100

DRILL PIPE 4 1/2 DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT 60LS

EQUIPMENT _____

PUMP TRUCK CEMENTER Wayne

398 HELPER Steve

BULK TRUCK DRIVER Kevin

341 DRIVER Kevin

BULK TRUCK DRIVER _____

_____ DRIVER _____

HANDLING _____

MILEAGE _____

TOTAL _____

REMARKS:

Pipe on bottom head hole
 Ran 10 RBLS Ahead / 18 Plus 2100
 Mix 50SX 2nd Plus at 1280 MIX 50SX
 2nd Plus at 650 MIX 40SX
 4th Plus at 250 MIX 50SX
 5th Plus at 60 MIX 20SX
 Rat hole mix 50SX

SERVICE

DEPTH OF JOB 2100

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

MANIFOLD _____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

CHARGE TO: Flatiron Res

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

@ _____

@ _____

@ _____

@ _____

@ _____

TOTAL _____

To Allied Cementing Co., LLC.

You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (if Any) _____

TOTAL CHARGES _____

DISCOUNT _____

IF PAID IN 30 DAYS

PRINTED NAME Kevin Wayne

SIGNATURE Kevin Wayne