



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: _____



1074988

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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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ALLIED CEMENTING CO., LLC. 038764

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Crestwood KS

DATE	SEC	TWP	RANGE	LOCATION	JOB START	JOB FINISH
6-23-11	30	24	121		7:30am	1:30pm

LEASE Wells WELL # 30-42 LOCATION West Macksville KS 281+50 COUNTY Osage STATE KS

OLD OR NEW (Circle one) NEW (Circle one) Tunnel west to 615 Road 1 1/2 Southwicks

Agreement By 108 CONTRACTOR Caverns Kansas LLC OWNER →

TYPE OF JOB Rotary Plug HOLE SIZE 7 7/8 T.D. 4450
 CASING SIZE _____ DEPTH _____
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE 4 1/2 DEPTH 4885
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. all
 PERFS. _____
 DISPLACEMENT fresh water / 800 mg
 EQUIPMENT _____

PUMP TRUCK CEMENTER Bobby Walker
 # 300 HELPER Greg
 BULK TRUCK DRIVER Mike M.
 # 341
 BULK TRUCK DRIVER _____
 # _____
 DRIVER _____

REMARKS:

1st plug at 4385 ft m.a. 5050 cement
 2nd plug at 900ft m.a. 5050 cement
 3rd plug at 300ft m.a. 6050 cement
 4th plug at 600ft m.a. 2050 cement
 5th hole m.a. 3050
 Mouse hole m.a. 2050

CHARGE TO: Caverns Kansas LLC
 STREET _____
 CITY _____ STATE _____ ZIP _____

6-24-11

COMMON 138 @ 16.25 2,212.50
 POZMIX 92 @ 8.50 782.00
 GEL 8 @ 21.25 170.00
 CHLORIDE _____ @ _____
 ASC _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING 238 @ 2.25 535.50
 MILEAGE 238 x 20.11 523.60
 TOTAL 4253.60

SERVICE _____
 DEPTH OF JOB 4385
 PUMP TRUCK CHARGE _____ 1250.00
 EXTRA FOOTAGE _____
 MILEAGE 7.44 @ 700 280.00
 MANIFOLD _____ @ _____
 _____ @ _____
 _____ @ _____

TOTAL 1530.00
 PLUG & FLOAT EQUIPMENT _____ @ _____

ALLIET CEMENTING CO., LLC. 037235

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Geant Bond Ws

DATE <u>6-16-11</u>	SEC. <u>30</u>	TWP. <u>24</u>	RANGE <u>14</u>	LOCATION <u>Markville Ws 4 East</u>	JOB START COUNTY <u>900</u>	JOB FINISH STATE <u>930PM Ws</u>
LEASE <u>Water</u>	WELL # <u>3042</u>	LOCATION <u>Markville Ws 4 East</u>			COUNTY <u>St Paul</u>	STATE <u>Ws</u>
OLD OR <u>NEW</u> (Circle one)	LOCATION <u>1 1/2 South west into</u>					

OWNER Caverns Kansas

CONTRACTOR Mauvick
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 TD. 266
 CASING SIZE 8 5/8 DEPTH 265
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG. 15
 PERFS.
 DISPLACEMENT 1595 BBLS
 EQUIPMENT

CEMENT
 AMOUNT ORDERED 18054 Class 50138
1290 501

COMMON 180 @ 16.25 2,925.00
 POZMIX @
 GEL 3 @ 21.25 63.70
 CHLORIDE 6 @ 58.20 349.20
 ASC @
 @
 @

HANDLING 189 @ 2.25 425.20
 MILEAGE 189 x 40 x .11 831.60
 TOTAL 4,594.20

REMARKS:

SERVICE

Ride on Bottom Break circulation
with Rig mud
Run 5 BBLs water. Ahead
Mix 5X Class A + 32oc + 28oc1
Shut Down Release Plus
Displace 1595 BBLs fresh water
Shut in cement and circulate
Rig Down circulate 105x to pit

DEPTH OF JOB 265
 PUMP TRUCK CHARGE 1125.00
 EXTRA FOOTAGE @
 MILEAGE Travel 40 @ 7.00 280.00
 MANIFOLD @
Light Truck 40 @ 4.00 160.00
 @

CHARGE TO: Caverns Kansas LLC
 STREET

TOTAL 1565.00

CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

Loss in Plus @ 94.00 94.00
 @
 @
 @

TOTAL 94.00

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 Jeremy Stuckey

SALES TAX (If Any) _____
 TOTAL CHARGES 1565.00
 DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE [Signature]

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 23, 2012

Amy Lay
Caerus Kansas LLC
600 17TH ST, STE 1600 N
DENVER, CO 80202

Re: ACO1
API 15-185-23679-00-00
Waters 30-42
NE/4 Sec.30-24S-14W
Stafford 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,
Amy Lay

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
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Sam Brownback, Governor

February 23, 2012

Amy Lay
Caerus Kansas LLC
600 17TH ST, STE 1600 N
DENVER, CO 80202

Re: ACO-1
API 15-185-23679-00-00
Waters 30-42
NE/4 Sec.30-24S-14W
Stafford County, Kansas

Dear Amy Lay:

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 6/16/2011 and the ACO-1 was received on February 23, 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

Caerus Kansas LLC
PO Box 1378
Hays KS 67601
ATTN: Brian Karlin

Waters #30-42
30-24s-14w
Job Ticket: 37495 **DST#: 1**
Test Start: 2011.06.23 @ 07:09:17

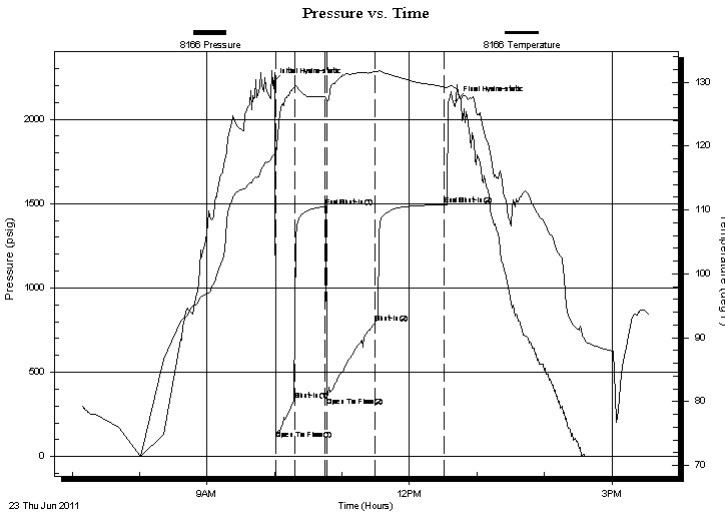
GENERAL INFORMATION:

Formation: **Arbuckle**
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 10:01:32
Time Test Ended: 15:34:17
Interval: **4315.00 ft (KB) To 4400.00 ft (KB) (TVD)**
Total Depth: 4450.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Fair
Test Type: Conventional Straddle
Tester: Chris Staats
Unit No: 34
Reference Elevations: 1996.00 ft (KB)
1987.00 ft (CF)
KB to GR/CF: 9.00 ft

Serial #: 8166 Outside
Press @ Run Depth: 791.35 psig @ 4316.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2011.06.23 End Date: 2011.06.23 Last Calib.: 2011.06.23
Start Time: 07:09:22 End Time: 15:34:16 Time On Btm: 2011.06.23 @ 09:58:32
Time Off Btm: 2011.06.23 @ 12:41:32

TEST COMMENT: IF: Strong blow BOB 2 min
IS: Weak blow back
FF: Strong blow BOB 3 min
FS: No blow back

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2218.28	118.51	Initial Hydro-static
3	105.47	118.58	Open To Flow (1)
19	331.94	129.14	Shut-In(1)
46	1482.71	127.67	End Shut-In(1)
49	350.29	127.28	Open To Flow (2)
91	791.35	131.61	Shut-In(2)
152	1493.67	129.25	End Shut-In(2)
163	2109.72	128.93	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
1380.00	G M W OIL Spots 2% oil 30% mud 68%	w18.82
960.00	w m 10% mud 90% w ater	13.47

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Caerus Kansas LLC

Waters #30-42

PO Box 1378
Hays KS 67601

30-24s-14w

Job Ticket: 37495

DST#: 1

ATTN: Brian Karlin

Test Start: 2011.06.23 @ 07:09:17

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: 54.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 10.19 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 4000.00 ppm

Filter Cake: 0.02 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
1380.00	G M W OIL Spots 2% oil 30% mud 68% w ater	18.820
960.00	w m 10% mud 90% w ater	13.466

Total Length: 2340.00 ft Total Volume: 32.286 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

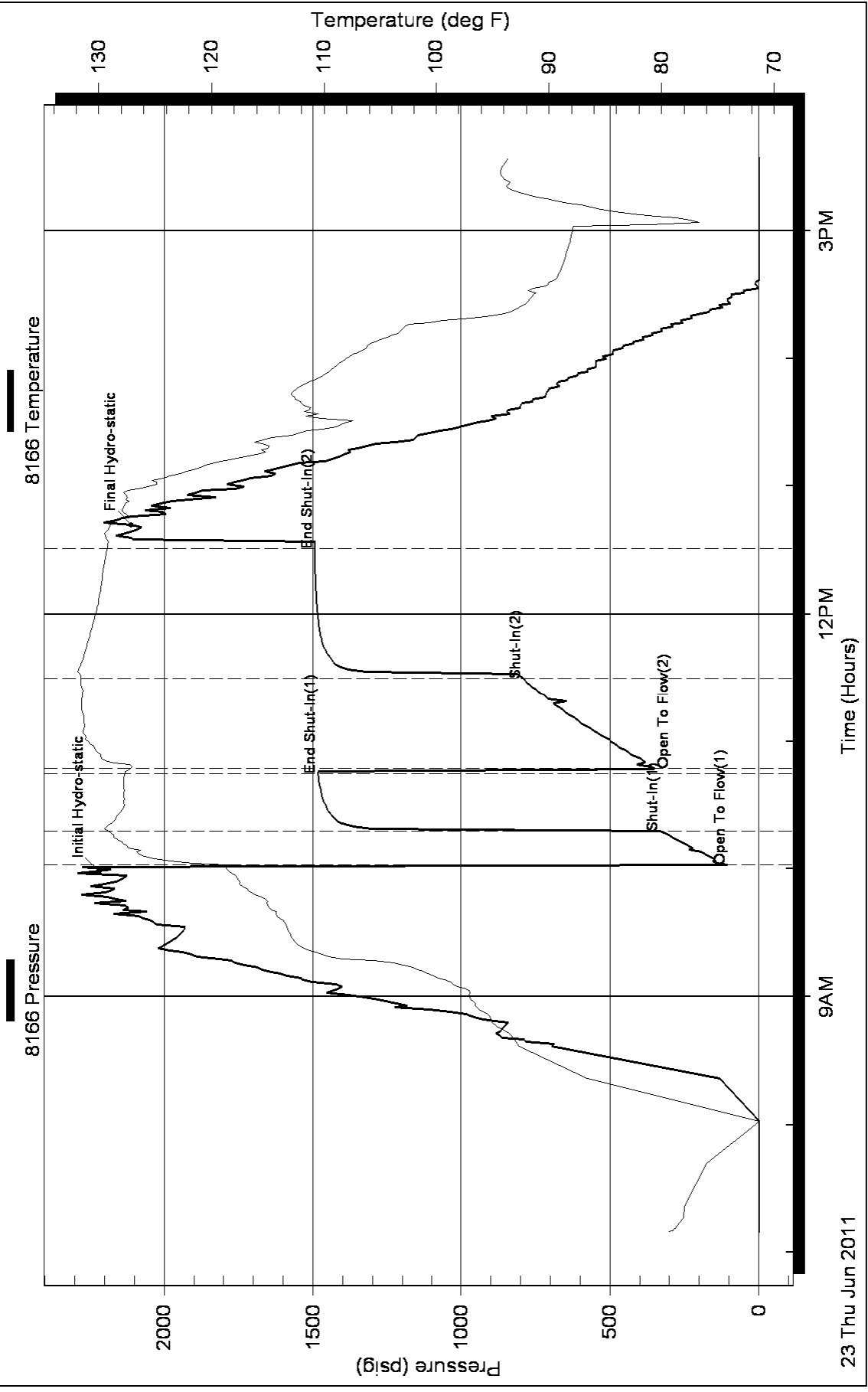
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

Pressure vs. Time



Pressure vs. Time

