



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1075001  
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: \_\_\_\_\_

1075001

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

Caerus Kansas LLC

**30-20-11 Barton, Ks**

PO Box 1378  
Hays, Ks 67601

**Soeken #30-11**

Job Ticket: 44726

**DST#: 1**

ATTN: Herb Deines

Test Start: 2011.11.02 @ 04:47:26

## GENERAL INFORMATION:

Formation: **Arbuckle**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 06:37:26

Time Test Ended: 10:53:56

Test Type: Conventional Bottom Hole (Initial)

Tester: Brian Fairbank

Unit No: 41

**Interval: 3336.00 ft (KB) To 3382.00 ft (KB) (TVD)**

Reference Elevations: 1810.00 ft (KB)

Total Depth: 3382.00 ft (KB) (TVD)

1801.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 9.00 ft

**Serial #: 8734 Outside**

Press @ Run Depth: 38.53 psig @ 3342.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2011.11.02

End Date: 2011.11.02

Last Calib.: 2011.11.02

Start Time: 04:47:27

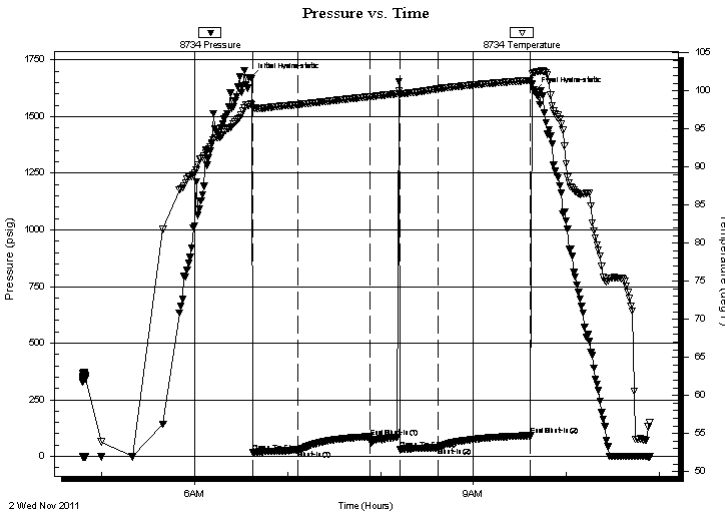
End Time: 10:53:56

Time On Btm: 2011.11.02 @ 06:35:56

Time Off Btm: 2011.11.02 @ 09:39:26

**TEST COMMENT:** IFP - weak to good blow 1/4" - 7"  
ISI - no blow back  
FFP - no blow 15 min - flush - weak blow throughout 1 1/4"  
FSI - no blow back

## PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1672.55	98.23	Initial Hydro-static
2	16.34	97.72	Open To Flow (1)
31	27.71	98.18	Shut-In(1)
77	86.07	99.21	End Shut-In(1)
97	32.60	99.52	Open To Flow (2)
122	38.53	100.25	Shut-In(2)
181	91.30	101.37	End Shut-In(2)
184	1610.97	102.39	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
50.00	GOCM 20%G, 20%O, 60%M	0.70
0.00	40' GIP	0.00

## Gas Rates

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



**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

Caerus Kansas LLC

**30-20-11 Barton, Ks**

PO Box 1378  
Hays, Ks 67601

**Soeken #30-11**

Job Ticket: 44726

**DST#: 1**

ATTN: Herb Deines

Test Start: 2011.11.02 @ 04:47:26

## Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 49.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 9.19 in<sup>3</sup>

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 4800.00 ppm

Filter Cake: inches

## Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
50.00	GOCM 20%G, 20%O, 60%M	0.701
0.00	40' GIP	0.000

Total Length: 50.00 ft      Total Volume: 0.701 bbl

Num Fluid Samples: 0

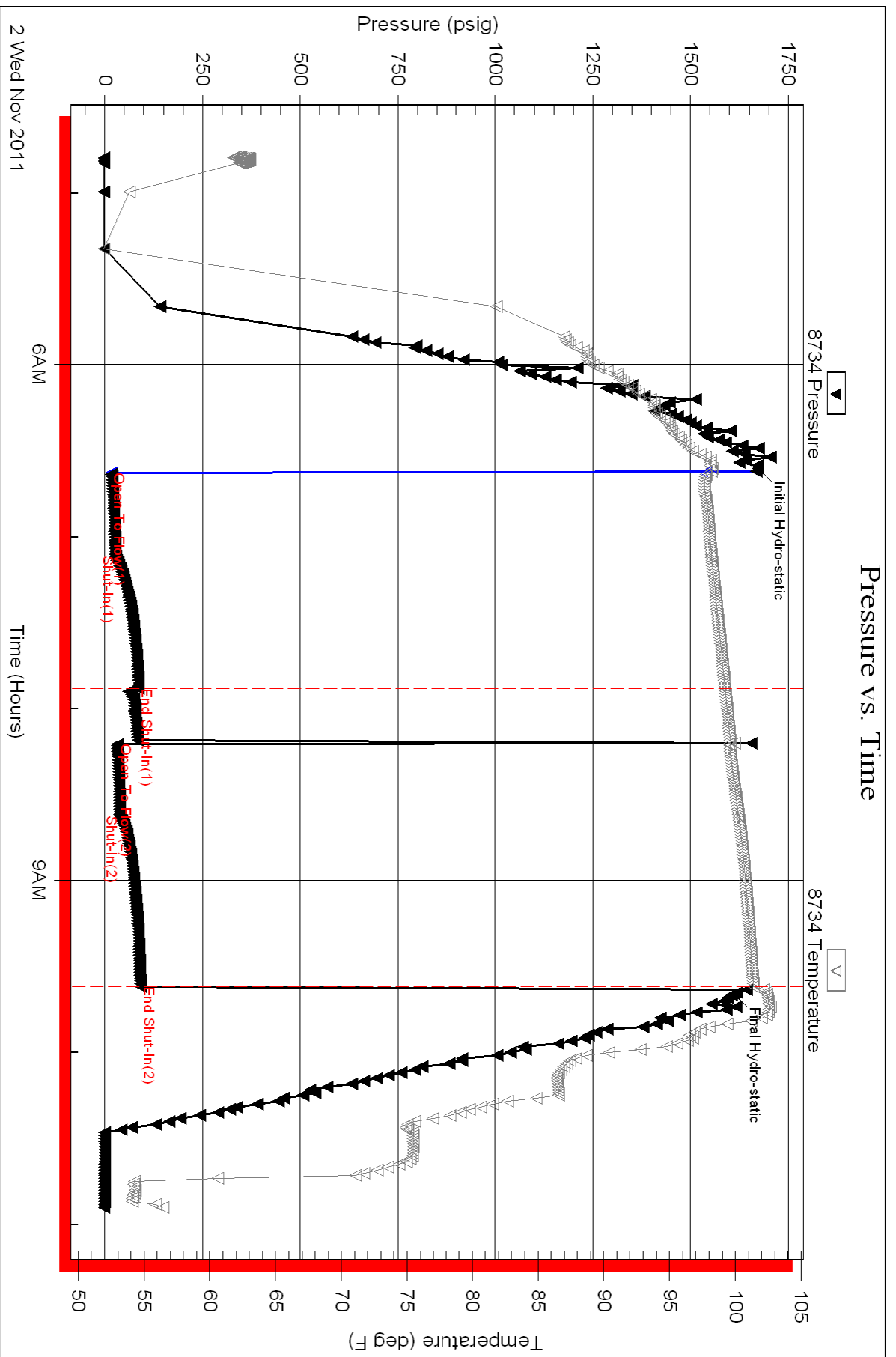
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:



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 15-009-25632-00-00  
Soeken 30-11  
NW/4 Sec.30-20S-11W  
Barton 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

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
**WELL PLUGGING RECORD**  
K.A.R. 82-3-117

Form CP-4  
March 2009  
Type or Print on this Form  
Form must be Signed  
All blanks must be Filled

OPERATOR: License #: 34110  
Name: Caerus Kansas LLC  
Address 1: 600 17TH ST. STE 1600 N  
Address 2: \_\_\_\_\_  
City: Denver State: CO Zip: 80202 + \_\_\_\_\_  
Contact Person: Amy Lay  
Phone: ( 720 ) 880-6414  
Type of Well: (Check one)  Oil Well  Gas Well  OG  D&A  Cathodic  
 Water Supply Well  Other: \_\_\_\_\_  SWD Permit #: \_\_\_\_\_  
 ENHR Permit #: \_\_\_\_\_  Gas Storage Permit #: \_\_\_\_\_  
Is ACO-1 filed?  Yes  No If not, is well log attached?  Yes  No  
Producing Formation(s): List All (If needed attach another sheet)  
\_\_\_\_\_ Depth to Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_\_\_  
\_\_\_\_\_ Depth to Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_\_\_  
\_\_\_\_\_ Depth to Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_\_\_

API No. 15 - 009-25632-00-00  
Spot Description: \_\_\_\_\_  
SE    NW    NW    Sec. 30 Twp. 20 S. R. 11  East  West  
400 Feet from  North /  South Line of Section  
640 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Barton  
Lease Name: Soeken Well #: 30-11  
Date Well Completed: \_\_\_\_\_  
The plugging proposal was approved on: 11/2/11 (Date)  
by: Patt Staab (KCC District Agent's Name)  
Plugging Commenced: 11/2/11  
Plugging Completed: 11/3/11

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out
		Surface	8-5/8"	600'	None

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

1st plug at 3420' with 25 sks, 2nd plug at 600' with 125 sks, 3rd plug at 40' with 10 sks, 30 sks in the rat hole, and 15 sks in the mouse hole. Cementing material was a total of 205' sks 60/40 4% gel 1/4# flocele. Cement provided by Quality Oilwell Cementing, Inc.

Plugging Contractor License #: 34233 Name: Maverick Drilling LLC  
Address 1: 100 S. Main, Ste 440 Address 2: \_\_\_\_\_  
City: Wichita State: KS Zip: 67202 + \_\_\_\_\_  
Phone: ( 316 ) 262-6700  
Name of Party Responsible for Plugging Fees: Caerus Kansas LLC  
State of Colorado County, Denver, ss.  
Amy Lay  Employee of Operator or  Operator on above-described well,  
(Print Name)

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

Signature: A. Lay

# QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

No. 511

Phone 785-483-2025  
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

Date	11/3/11	Sec.	30	Twp.	20	Range	11	County	Barton	State	KS	On Location		Finish	9:30 AM
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Lease Soeken Well No. 30-11 Location Ellinwood, MS, E into

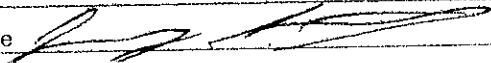
Contractor	Maverick Drilling Rig #108	Owner	To Quality Oilwell Cementing, Inc.
Type Job	PTA	You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.	
Hole Size	7 7/8"	T.D.	3450'
Csg.		Depth	
Tbg. Size		Depth	
Tool		Depth	
Cement Left in Csg.		Shoe Joint	
Meas Line		Displace	

EQUIPMENT			
Pumptrk	9	No.	Cementer
			Helper
Bulktrk	8	No.	Driver
			Driver
Bulktrk	PV	No.	Driver
			Driver

JOB SERVICES & REMARKS	
Remarks:	
Rat Hole	305x
Mouse Hole	155x
Centralizers	
Baskets	
D/V or Port Collar	
	3420' - 255x
	600' - 1255x
	40' - 105x

FLOAT EQUIPMENT	
Guide Shoe	
Centralizer	4 5/8"
Baskets	
AFU Inserts	Plug
Float Shoe	
Latch Down	

Pumptrk Charge	plug
Mileage	1.3
Tax	
Discount	
Total Charge	

X Signature 

Thank You!!



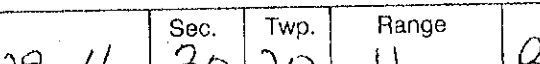
# QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025  
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

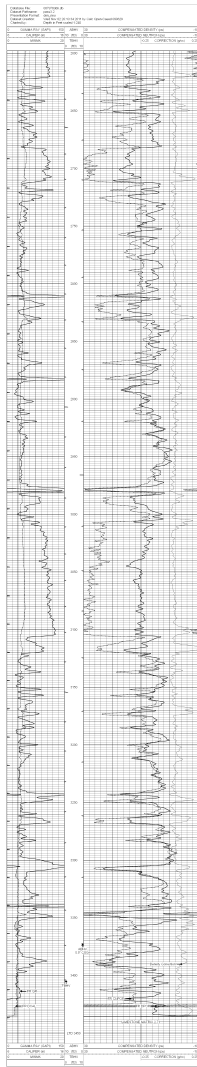
No. 161

Date	Sec.	Twp.	Range	County	State	On Location	Finish
10-29-11	30	20	11	Barton	Ks		11:30 PM
Lease Soeken	Well No. 30-11	Location Great Bend, Ks - 5 s to 50 Rd (5 mile BLK)					
Contractor Maverick #108	Owner Approx 8E to Stop Sign, 5/8 to well			To Quality Oilwell Cementing, Inc.			
Type Job Surface	You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.						
Hole Size 12 1/2"	T.D. 600'	Charge To Caerus Kansas					
Csg. 8 5/8"	Depth 600'	Street					
Tbg. Size	Depth	City					
Tool	Depth	State					
Cement Left in Csg. 15'	Shoe Joint 15'	The above was done to satisfaction and supervision of owner agent or contractor.					
Meas Line	Displace 37 BUS	Cement Amount Ordered 280 SK Common 3% CC 2% Gel					
<b>EQUIPMENT</b>				1/2 # Flc - seal			
Pumptrk 1 No. Cementer Helper Cisco	Common 280						
Bulktrk 10 No. Driver Mike	Poz. Mix						
Bulktrk p.u. No. Driver Rick	Gel. 5						
<b>JOB SERVICES &amp; REMARKS</b>				Calcium 10			
Remarks: Cement did Circulate.	Hulls						
Rat Hole	Salt						
Mouse Hole	Flowseal 140 #						
Centralizers	Kol-Seal						
Baskets	Mud CLR 48						
D/V or Port Collar	CFL-117 or CD110 CAF 38						
	Sand						
	Handling 295						
	Mileage						
				<b>FLOAT EQUIPMENT</b>			
				Guide Shoe			
				Centralizer			
				Baskets			
				AFU Inserts			
				Float Shoe			
				Latch Down			
				1 - Rubber plug			
				Pumptrk Charge Surface			
				Mileage 13			
				Tax			
				Discount			
				Total Charge			
X Signature 							

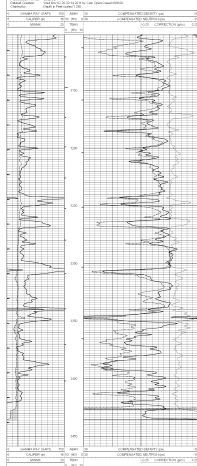
<b>QUALITY CONTROL</b> 1. All data must be checked for accuracy and consistency. 2. All data must be checked for completeness and consistency. 3. All data must be checked for accuracy and consistency. 4. All data must be checked for completeness and consistency.	
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**REPEAT SECTION**

1. All data must be checked for accuracy and consistency.  
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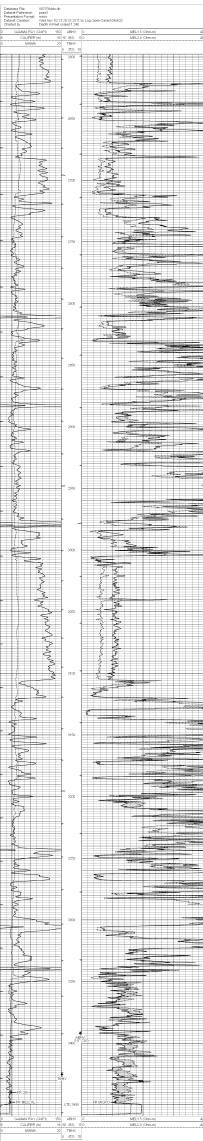
**REPEAT SECTION**



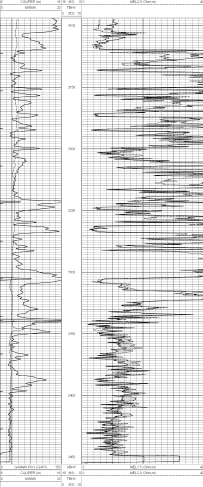
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SUPERVISOR: _____ PROJECT NO.: _____ DATE: _____	
CLIENT: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	
CONTRACT NO.: _____ SHEET NO.: _____ OF _____	
DRAWN BY: _____ CHECKED BY: _____ DATE: _____	
SCALE: _____ TITLE: _____	

SUPERVISOR'S SIGNATURE: \_\_\_\_\_  
 PROJECT NO.: \_\_\_\_\_  
 DATE: \_\_\_\_\_  
 CLIENT: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 CONTRACT NO.: \_\_\_\_\_  
 SHEET NO.: \_\_\_\_\_ OF \_\_\_\_\_  
 DRAWN BY: \_\_\_\_\_  
 CHECKED BY: \_\_\_\_\_  
 DATE: \_\_\_\_\_  
 SCALE: \_\_\_\_\_  
 TITLE: \_\_\_\_\_



**REPEAT SECTION**  
 SUPERVISOR'S SIGNATURE: \_\_\_\_\_  
 PROJECT NO.: \_\_\_\_\_  
 DATE: \_\_\_\_\_  
 CLIENT: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 CONTRACT NO.: \_\_\_\_\_  
 SHEET NO.: \_\_\_\_\_ OF \_\_\_\_\_  
 DRAWN BY: \_\_\_\_\_  
 CHECKED BY: \_\_\_\_\_  
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SUPERVISOR'S SIGNATURE: _____ PROJECT NO.: _____ DATE: _____ CLIENT: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ CONTRACT NO.: _____ SHEET NO.: _____ OF _____ DRAWN BY: _____ CHECKED BY: _____ DATE: _____ SCALE: _____ TITLE: _____	
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