



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1075256
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: _____

1075256

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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: 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

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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Form	ACO1 - Well Completion
Operator	Wolf Operating LLC
Well Name	Stalder-Adams 1-1
Doc ID	1075256

All Electric Logs Run

Borehole Compensated Sonic
Dual Induction Resistivity
Compensated Neutron-Density
Micro Log

Form	ACO1 - Well Completion
Operator	Wolf Operating LLC
Well Name	Stalder-Adams 1-1
Doc ID	1075256

Tops

Name	Top	Datum
Heebner	940	190
Lansing	1079	51
Stark	1339	-209
BKC	1392	-262
Mississippian	2282	-1152
Kinderhook	2328	-1198
Hunton	2542	-1412
Maquoketa	3184	-2054
Viola	3256	-2126
Simpson SS	3558	-2428

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

April 20, 2012

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

Re: ACO1
API 15-131-20225-00-00
Stalder-Adams 1-1
SW/4 Sec.01-01S-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 N. Wohlford



CONSOLIDATED
ON Well Services, LLC



ENTERED

TICKET NUMBER 33584
LOCATION Euless
FOREMAN Rick Ledford

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

FIELD TICKET & TREATMENT REPORT
CEMENT

API # 15-131-20225

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
1/15/12	8802	Stalder-Adams 1-1	1	15	14E	Osage	
CUSTOMER		THREE RIVERS EXPLORATION		TRUCK #	DRIVER	TRUCK #	DRIVER
Wolf Operating LLC				445	Dave		
MAILING ADDRESS				667	Allen B.		
P.O. Box 3127				637	Chris B.		
CITY	STATE	ZIP CODE					
Fort Smith	AR	72913					

JOB TYPE Surface 0 HOLE SIZE 12 1/4" HOLE DEPTH 266' KB CASING SIZE & WEIGHT 8 5/8"
CASING DEPTH 252' G.L. DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 15# SLURRY VOL. 36 bbl WATER gal/sk 6.5 CEMENT LEFT in CASING 20'
DISPLACEMENT 15 bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting - Rig up to 8 5/8" casing. Break circulation w/ fresh water. Mixed 150 sacks class A cement w/ 3% cacl2, 2% gel + 44# flake/sk @ 15#/gal. Displace w/ 15 bbl fresh water. Shut casing in w/ good cement returns to surface. 12 bbl slurry to pit. Job complete. Rig down.

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	725.00	725.00
5406	150	MILEAGE	4.00	600.00
11043	150 Sks	Class A cement	14.25	2137.50
1102	425#	3% cacl2	.20	297.50
11185	280#	2% gel	.20	56.00
1107	40#	44# flake/sk	2.22	88.80
5407A	7.05	tax mileage bulk TRK	1.26	1339.45
5502C	8 hrs	80 bbl vac. TRK	90.00	720.00
1123	3000 gals	city water	15.00/1000	46.80
			Subtotal	6054.05
			7.3% SALES TAX	191.75
			ESTIMATED TOTAL	6245.80

Ravin 3787

247158

AUTHORIZATION _____

Chad Wilby

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 33528

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 # 15-131-20225

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-25-12	81802	Stalder-Adams #1-1	1	15	14E	Nemaha
CUSTOMER Wolf Operating LLC			Three Rivers Exploration			
MAILING ADDRESS P.O. Box 3127			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Fort Smith			520	John S		
STATE AR			611	Chris B		
ZIP CODE 72913						

JOB TYPE P.T.A HOLE SIZE 7 7/8" HOLE DEPTH 3660' CASING SIZE & WEIGHT 8 3/4" 24# Surface Pipe
 CASING DEPTH _____ DRILL PIPE 4 1/2" TUBING _____ OTHER _____
 SLURRY WEIGHT 128-13.2 SLURRY VOL. 43 Bbl WATER gal/sk 7.0 CEMENT LEFT in CASING 300'
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE 5BPM
 REMARKS: Rig up to 4 1/2" Drill pipe @ 3556' and set Following Plugs

- #1 50' plug @ 3556' 15 SKS Yield of 1.40
- #2 50' plug @ 2541' 15 SKS Yield of 1.40
- #3 50' plug @ 1341' 15 SKS Yield of 1.40
- #4 300' + 6 Surface 130 SKS Yield of 1.45

Kept hole full Job Complete, Hole was still slowly Falling. 4-thanks Shannon + crew!!

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	975.00	975.00
5406	150	MILEAGE	4.00	600.00
1131	175 SKS	60/40 Pozmix Cement	11.95	2091.25
1118B	602 #	Gel @ 4%	.20	120.40
5407A	7.52 Tons	Ton mileage bulk truck	1.26	1421.28
			Sub Total	5207.93
			7.3% SALES TAX	161.45
			ESTIMATED TOTAL	5369.38

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041401

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