



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1075542  
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: \_\_\_\_\_

1075542

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

<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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Form	ACO1 - Well Completion
Operator	Woolsey Operating Company, LLC
Well Name	RICKE A 1
Doc ID	1075542

Tops

Name	Top	Datum
CHASE	1796	-395
ELGIN SD	3500	-2099
HEEBNER	3660	-2259
DOUGLAS	3697	-2296
SWOPE LS	4366	-2965
MISSISSIPPIAN	4623	-3222
VIOLA	4925	-3524
SIMPSON	5045	-3644

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

March 01, 2012

DEAN PATTISON  
Woolsey Operating Company, LLC  
125 N MARKET STE 1000  
WICHITA, KS 67202-1729

Re: ACO1  
API 15-007-23795-00-00  
RICKE A 1  
NW/4 Sec.13-34S-11W  
Barber 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,  
DEAN PATTISON

# ALLIED CEMENTING CO., LLC. 037830

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
*Medicine Lodge KS*

DATE <i>11-04-11</i>	SEC <i>13</i>	TWP <i>34S</i>	RANGE <i>11W</i>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <i>1:00 PM</i>
LEASE <i>Ricke</i>	WELL # <i>A-1</i>		LOCATION <i>Garlane &amp; Bethel rds, 2s, e/s</i>		COUNTY <i>Franklin</i>	STATE <i>KS</i>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR <i>H-2 #3</i>	OWNER <i>Woolsey Oper.</i>
TYPE OF JOB <i>Surf Gate</i>	
HOLE SIZE <i>14 3/4</i>	T.D. <i>240'</i>
CASING SIZE <i>10 3/4</i>	DEPTH <i>226' + 12' @ 8%</i>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX <i>250*</i>	MINIMUM <i>-</i>
MEAS. LINE	SHOE JOINT <i>N/A</i>
CEMENT LEFT IN CSG. <i>20'</i>	
PERFS.	
DISPLACEMENT <i>2 1/2 Bbls Fresh H<sub>2</sub>O</i>	

CEMENT AMOUNT ORDERED <i>240sx class A + 3% cc + 2% gel</i>
COMMON <i>A 240 sx @ 16.25 3900.00</i>
POZMIX @
GEL <i>4 sx @ 20.25 81.00</i>
CHLORIDE <i>9 sx @ 58.20 523.80</i>
ASC @

**EQUIPMENT**

PUMP TRUCK	CEMENTER <i>D. Felis</i>
# <i>360-265</i>	HELPER <i>J. Thionesch</i>
BULK TRUCK	
# <i>381-250</i>	DRIVER <i>M. Thionesch</i>
BULK TRUCK	
#	DRIVER

WELL FILE

Regulatory Correspondence	
Drig Comp	Workovers
Tests / Meters	Operations
HANDLING <i>253 @ 2.25 569.25</i>	
MILEAGE <i>253/11/20 556.60</i>	
TOTAL <i>5630.65</i>	

**REMARKS:**  
*Pipe on Bttm, Break Circ. w/ Pump Spacers, Mix 240sx A 342 cement, Start Disp. w/ Fresh H<sub>2</sub>O, wash up truck, See increase in PSE, Slow Rate, Stop Pump at 2 1/2 Bbls total Disp., Shut-in, Cement Did Circ.*

**SERVICE**

DEPTH OF JOB <i>238'</i>	
PUMP TRUCK CHARGE <i>1125.00</i>	
EXTRA FOOTAGE @	
MILEAGE <i>40 @ 7.00 280.00</i>	
MANIFOLD <i>N/A @ N/A</i>	
<i>Light Vehicle 40 @ 4.00 160.00</i>	
TOTAL <i>1565.00</i>	

CHARGE TO: *Woolsey Oper.*

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PLUG & FLOAT EQUIPMENT**

DEC 05 2011

<i>None</i>	@	
	@	
	@	
	@	
	@	
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.

PRINTED NAME *Donald Boyd*

SIGNATURE *Donald Boyd*

SALES TAX (If Any) \_\_\_\_\_

TOTAL CHARGES *7195.65*

DISCOUNT *20%* IF PAID IN 30 DAYS

*NET 5756.52*

# ALLIED CEMENTING CO., LLC. 037894

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:  
Medicine Lodge, KS

DATE <u>11-13-2011</u>	SEC. <u>13</u>	TWP. <u>34</u>	RANGE <u>11</u>	CALLED OUT <u>3:00 pm</u>	ON LOCATION <u>5:30 pm</u>	JOB START <u>9:30 pm</u>	JOB FINISH <u>10:30 pm</u>
LEASE <u>Ricre</u>	WELL # <u>A-1</u>	LOCATION <u>Garlin &amp; Beator Rd</u>			COUNTY <u>Boyer</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)		<u>2 South, east into</u>					

CONTRACTOR H2#3  
 TYPE OF JOB Production  
 HOLE SIZE 7 7/8 T.D. 5223'  
 CASING SIZE 5 1/2 15.5# DEPTH 5037'  
 TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_  
 PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_  
 MEAS. LINE \_\_\_\_\_ SHOE JOINT 44  
 CEMENT LEFT IN CSG. \_\_\_\_\_  
 PERFS. \_\_\_\_\_  
 DISPLACEMENT 120 bbls of 2% KCL water

OWNER Woolsey Operating  
 CEMENT  
 AMOUNT ORDERED 75s x 60:40:40 Gm  
150s x Class H + 10% Crp + 10% Asslt + 4#  
Kolseal + .8% FH60 + 1/4# Flores

EQUIPMENT  
 PUMP TRUCK CEMENTER Darin F  
 # 471-302 HELPER Ron B.  
 BULK TRUCK  
 # 363-290 DRIVER Eddie P.  
 BULK TRUCK  
 # \_\_\_\_\_ DRIVER \_\_\_\_\_

COMMON	<u>45 A</u>	@	<u>16.25</u>	<u>731.25</u>
POZMIX	<u>30</u>	@	<u>8.50</u>	<u>255.00</u>
GEL	<u>3</u>	@	<u>21.25</u>	<u>63.75</u>
CHLORIDE		@		
ASC		@		
H	<u>150 sx</u>	@	<u>22.15</u>	<u>3322.50</u>
Gypseal	<u>14 sx</u>	@	<u>34.20</u>	<u>478.80</u>
Salt	<u>16 sx</u>	@	<u>62.00</u>	<u>992.00</u>
Kolseal	<u>900 #</u>	@	<u>-.89</u>	<u>801.00</u>
F1-160	<u>112 #</u>	@	<u>17.20</u>	<u>1926.40</u>
Floresal	<u>37</u>	@	<u>2.70</u>	<u>99.90</u>
Claprot	<u>12 Gals</u>	@	<u>31.25</u>	<u>375.00</u>
HANDLING	<u>278</u>	@	<u>2.25</u>	<u>625.50</u>
MILEAGE	<u>278 / 11 / 15</u>			<u>458.70</u>
				TOTAL <u>9329.80</u>

**REMARKS:**

Pipe on bottom & break Circulation  
Mix 25s of cement for 1st hole, mix 50s  
of scavenger cement, mix 150s of oil  
cement, shut down, wash pump & lines  
Release plug, start displacement, lift pressure  
9+80 bbls, slow rate to 3bpm 9+110 bbls  
bump plug 9+120 bbls 800-1500 psi  
float die hole

**SERVICE**

DEPTH OF JOB	<u>5037'</u>		
PUMP TRUCK CHARGE			<u>2405.00</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>30</u>	@	<u>7.00</u> <u>210.00</u>
MANIFOLD Headrunners		@	<u>200.00</u>
Light Vehicle	<u>30</u>	@	<u>4.00</u> <u>120.00</u>
TOTAL <u>2935.00</u>			

CHARGE TO: Woolsey Operating  
 STREET \_\_\_\_\_  
 CITY WELL STATE BILL ZIP \_\_\_\_\_

**PLUG & FLOAT EQUIPMENT**

<u>5 1/2</u>			
1-AFU Float Shoe	@		<u>349.00</u>
1-Latch Down Plug	@		<u>277.00</u>
12-Turbolizers	@	<u>80.00</u>	<u>960.00</u>
36-Scrapers	@	<u>76.00</u>	<u>2736.00</u>
TOTAL <u>4362.00</u> 2011			

Regulatory Correspondence  
 Drill / Comp Workovers  
 Tests / Meters Operations

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 16,586.80  
 DISCOUNT 20% IF PAID IN 30 DAYS  
Net 13,269.44

PRINTED NAME x Donald Boyd

SIGNATURE x Donald Boyd

Thank you!!!



**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

Woolsey Oper Comp LLC

**13-34s-11w**

125 N Market STE 1000  
Wichita KS 67202+1729

**Ricke A -1**

Job Ticket: 44104

**DST#: 1**

ATTN: Dean Pattisson/Scott

Test Start: 2011.11.10 @ 13:27:24

## GENERAL INFORMATION:

Formation: **Mississippi**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 17:21:54

Time Test Ended: 00:55:54

Test Type: Conventional Bottom Hole (Initial)

Tester: Chris Staats

Unit No: 34

**Interval: 4549.00 ft (KB) To 4663.00 ft (KB) (TVD)**

Reference Elevations: 1401.00 ft (KB)

Total Depth: 4663.00 ft (KB) (TVD)

1392.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 9.00 ft

**Serial #: 8166 Outside**

Press @ Run Depth: 166.96 psig @ 4550.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2011.11.10

End Date:

2011.11.11

Last Calib.: 2011.11.11

Start Time: 13:27:29

End Time:

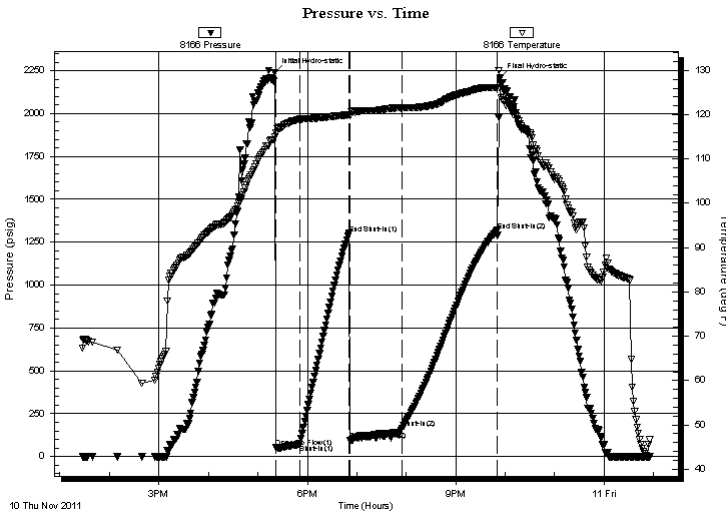
00:55:54

Time On Btm: 2011.11.10 @ 17:20:39

Time Off Btm: 2011.11.10 @ 21:53:39

**TEST COMMENT:** IF: Strong blow BOB 3 min  
IS: No blow back  
FF: Strong blow BOB 10 sec GTS 43 min  
FS: Weak blow back 3 1/2 "

## PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2240.02	114.91	Initial Hydro-static
2	55.33	115.80	Open To Flow (1)
31	71.74	118.98	Shut-In(1)
90	1300.51	119.98	End Shut-In(1)
92	93.59	119.87	Open To Flow (2)
155	166.96	121.58	Shut-In(2)
270	1318.82	126.13	End Shut-In(2)
273	2207.86	125.92	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
0.00	4541' GIP	0.00
140.00	Gassy oil cut mud 2% oil 10% gas 88%	n0.69
120.00	Oil cut gassy mud 5% oil 15% gas 80%	n0.59

## Gas Rates

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



**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

Woolsey Oper Comp LLC

**13-34s-11w**

125 N Market STE 1000  
Wichita KS 67202+1729

**Ricke A -1**

Job Ticket: 44104

**DST#: 1**

ATTN: Dean Pattisson/Scott

Test Start: 2011.11.10 @ 13:27:24

## 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: 46.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 8.79 in<sup>3</sup>

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 5000.00 ppm

Filter Cake: 0.02 inches

## Recovery Information

Recovery Table

Length ft	Description	Volume bbl
0.00	4541' GIP	0.000
140.00	Gassy oil cut mud 2% oil 10% gas 88% mud	0.688
120.00	Oil cut gassy mud 5% oil 15% gas 80% mud	0.590

Total Length: 260.00 ft

Total Volume: 1.278 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

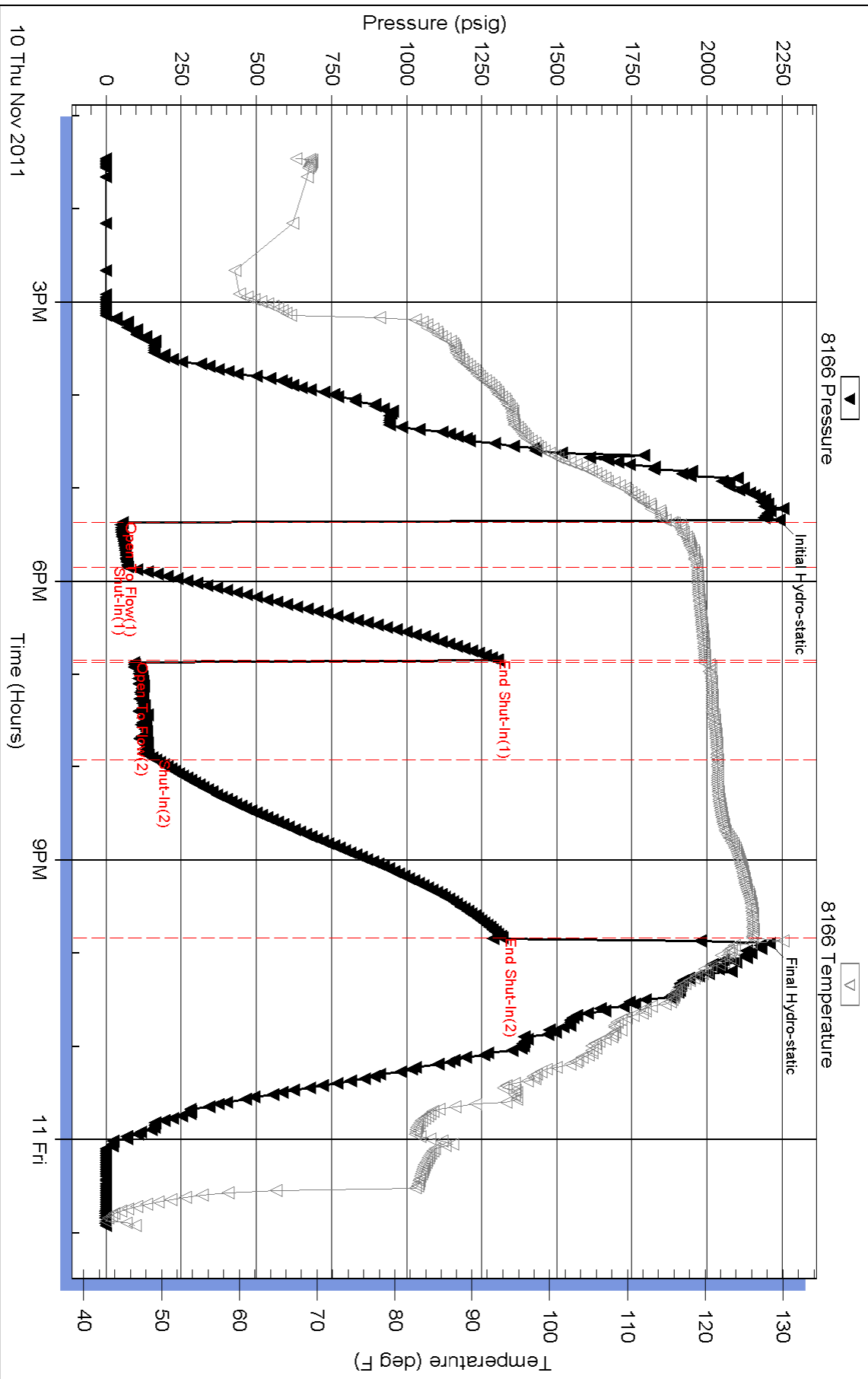
Laboratory Name:

Laboratory Location:

Recovery Comments:



# Pressure vs. Time



**PROJECT**  
 Name: [Blank]  
 Location: [Blank]

**CLIENT**  
 Name: [Blank]  
 Address: [Blank]

LOGGING DATA	
Well Name	[Blank]
Well ID	[Blank]
Well Type	[Blank]
Well Status	[Blank]
Well Depth	[Blank]
Well Diameter	[Blank]
Well Completion	[Blank]
Well Production	[Blank]
Well History	[Blank]

**LOGGING**  
 Log Type: [Blank]  
 Log Interval: [Blank]  
 Log Depth: [Blank]  
 Log Date: [Blank]

**LOGGING**  
 Log Type: [Blank]  
 Log Interval: [Blank]  
 Log Depth: [Blank]  
 Log Date: [Blank]

**LOGGING**  
 Log Type: [Blank]  
 Log Interval: [Blank]  
 Log Depth: [Blank]  
 Log Date: [Blank]

**LOGGING**  
 Log Type: [Blank]  
 Log Interval: [Blank]  
 Log Depth: [Blank]  
 Log Date: [Blank]

