



KANSAS CORPORATION COMMISSION 1079211
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

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
- 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: _____



1079211

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Double D's LLC
Well Name	Ring 1
Doc ID	1079211

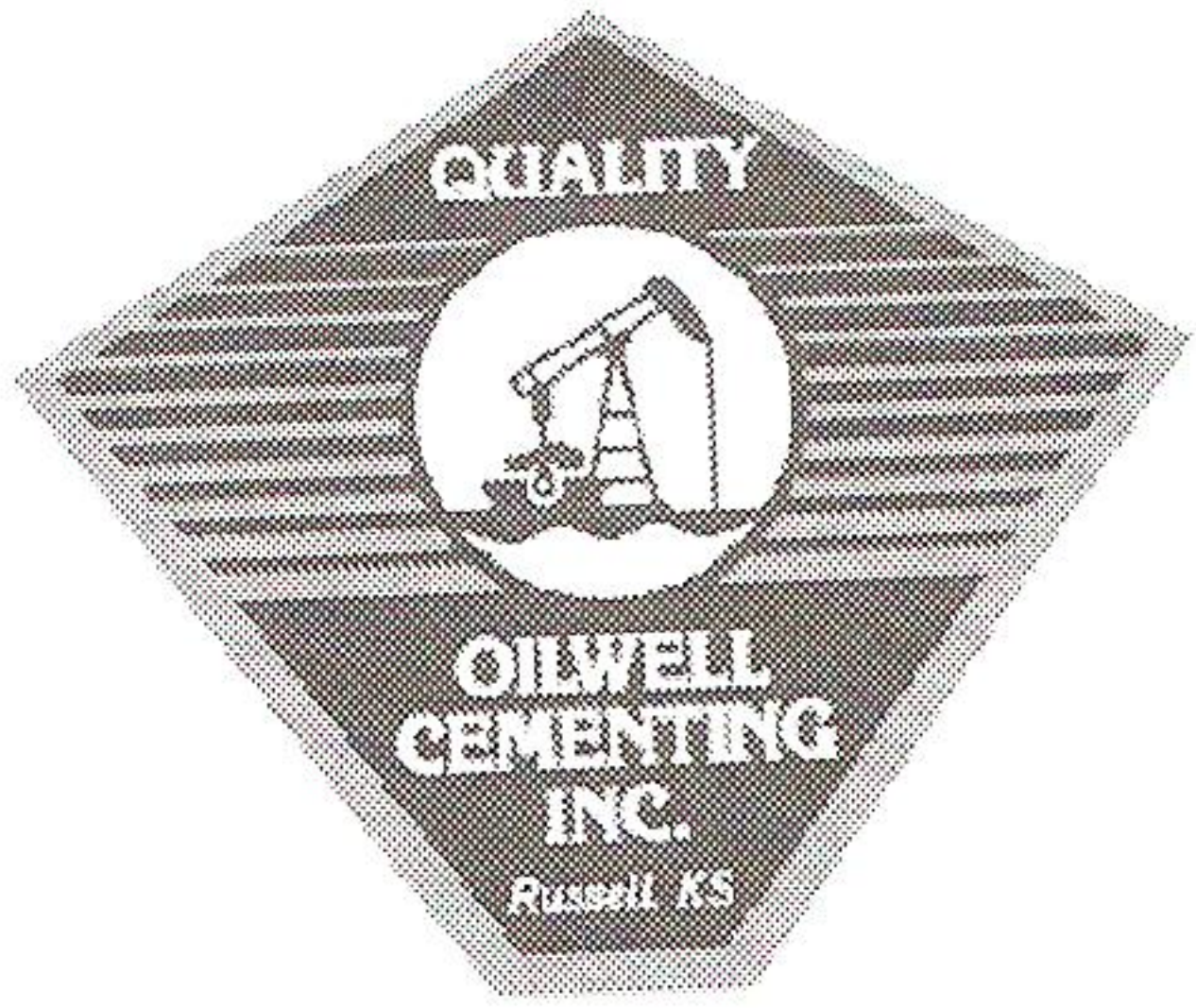
All Electric Logs Run

Compensated Density
Micro
Sonic
Dual Induction

Form	ACO1 - Well Completion
Operator	Double D's LLC
Well Name	Ring 1
Doc ID	1079211

Tops

Name	Top	Datum
Anhydrite	1414	+671
Base	1454	+631
Topeka	3117	-1032
Heebner	3351	-1268
Toronto	3373	-1289
Lansing	3393	-1309
BKC	3644	-1561
Marmington	3689	-1607
Arbuckle	3744	-1659



QUALITY OILWELL CEMENTING, INC.
 PO Box 32 - 740 West Wichita Ave, Russell KS 67665
 Phone: 785-324-1041 fax: 785-483-1087
 Email: cementing@ruraltel.net

Date: 4/1/2012
 Invoice # 309
 P.O.#:
 Due Date: 5/1/2012
 Division: Russell

Invoice

Contact:
 DOUBLE D'S
Address/Job Location:
 DOUBLE D'S
 133 E 12TH
 HAYS KS 67601

Reference:
 RING 1

Description of Work:
 PORT COLLAR

Services / Items Included:	Quantity	Price	Taxable	Item	Quantity	Price	Taxable
Labor		\$ 963.85	No				
mon, MetsoBeads, Plater, Gel, FloSeal, Calcium)	225	\$ 4,541.00	Yes				
Bulk Truck Matl-Material Service Charge	300	\$ 633.33	No				
Flo Seal	75	\$ 158.33	Yes				
Pump Truck Mileage-Job to Nearest Camp	14	\$ 147.48	No				
Bulk Truck Mileage-Job to Nearest Bulk Plant	14	\$ 86.30	No				

Invoice Terms:

Net 30

	SubTotal:	\$ 6,530.30
	Discount Available <u>ONLY</u> if Invoice is Paid & Received within listed terms of invoice:	\$ (979.55)
<hr/>		
	SubTotal for Taxable Items:	\$ 3,994.43
	SubTotal for Non-Taxable Items:	\$ 1,556.32
<hr/>		
	Total:	\$ 5,550.76
	Tax:	\$ 251.65
<hr/>		
	Amount Due:	\$ 5,802.40
	Applied Payments:	
	Balance Due:	\$ 5,802.40

6.30% Ellis County Sales Tax

Thank You For Your Business!

Past Due Invoices are subject to a service charge (annual rate of 24%)
 This does not include any applicable taxes unless it is listed.
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QUALITY OILWELL CEMENTING, INC.
 PO Box 32 - 740 West Wichita Ave, Russell KS 67665
 Phone: 785-324-1041 fax: 785-483-1087
 Email: cementing@ruraltel.net

Date: 3/12/2012
 Invoice # 646

P.O.#:
 Due Date: 4/11/2012
 Division: Russell

Invoice

Contact:
 DOUBLE D'S
Address/Job Location:
 DOUBLE D'S
 133 E 12TH
 HAYS KS 67601

Reference:
 KING 1

Description of Work:
 SURFACE JOB

Services / Items Included:	Quantity	Price	Taxable	Item	Quantity	Price	Taxable
Labor		\$ 1,020.55	No				
Common-Class A	150	\$ 2,045.29	Yes				
Bulk Truck Matl-Material Service Charge	158	\$ 353.18	No				
Calcium Chloride	5	\$ 210.45	Yes				
Pump Truck Mileage-Job to Nearest Camp	14	\$ 156.16	No				
Bulk Truck Mileage-Job to Nearest Bulk Plant	14	\$ 91.38	No				
Premium Gel (Bentonite)	3	\$ 54.59	Yes				

Invoice Terms:

Net 30

SubTotal: \$ 3,931.59

Discount Available ONLY if Invoice is Paid & Received within listed terms of invoice: \$ (589.74)

SubTotal for Taxable Items: \$ 1,963.78

SubTotal for Non-Taxable Items: \$ 1,378.07

Total: \$ 3,341.85

Tax: \$ 123.72

6.30% Ellis County Sales Tax

Thank You For Your Business!

Amount Due: \$ 3,465.57
Applied Payments:
Balance Due: \$ 3,465.57

Past Due Invoices are subject to a service charge (annual rate of 24%)
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QUALITY OILWELL CEMENTING, INC.
 PO Box 32 - 740 West Wichita Ave, Russell KS 67665
 Phone: 785-324-1041 fax: 785-483-1087
 Email: cementing@ruraltel.net

Date: 3/21/2012
 Invoice # 476

P.O.#:

Due Date: 4/20/2012

Division: Russell

Invoice

Contact:

DOUBLE D'S
 Address/Job Location:
 DOUBLE D'S
 133 E 12TH
 HAYS KS 67601

Reference:

KING 1

Description of Work:

PROD LONG STRING

Services / Items Included:	Quantity	Price	Taxable	Item	Quantity	Price	Taxable
Labor		\$ 991.39	No	Pump Truck Mileage-Job to Nearest Camp	14	\$151.70	No
Cement Port Collar, 5 1/2"	1	\$ 2,714.29	Yes	Bulk Truck Mileage-Job to Nearest Bulk Plant	14	\$88.77	No
Common-Class A	200	\$ 2,649.14	Yes	KCL	2	\$64.84	Yes
Gilsonite	1000	\$ 1,628.57	Yes	Rotating Head (4 1/2", 5 1/2", or 2 7/8")	1	\$39.09	No
5 1/2" Basket	3	\$ 749.14	Yes				
Bulk Truck Matl-Material Service Charge	227	\$ 492.91	No				
5 1/2" Turbolizer	7	\$ 440.80	Yes				
Mud Clear	500	\$ 401.71	Yes				
Auto Fill Float Shoe, 5 1/2"	1	\$ 332.23	Yes				
Salt (Fine)	17	\$ 257.66	Yes				
Latch Down Plug & Baffle, 5 1/2"	1	\$ 243.20	Yes				

SubTotal: \$ 11,245.44

Invoice Terms:

Net 30

Discount Available ONLY if Invoice is Paid & Received within listed terms of invoice: \$ (1,686.82)

SubTotal for Taxable Items: \$ 8,059.35

SubTotal for Non-Taxable Items: \$ 1,499.27

Total: \$ 9,558.62

Tax: \$ 507.74

6.30% Ellis County Sales Tax

Thank You For Your Business!

Amount Due: \$ 10,066.36

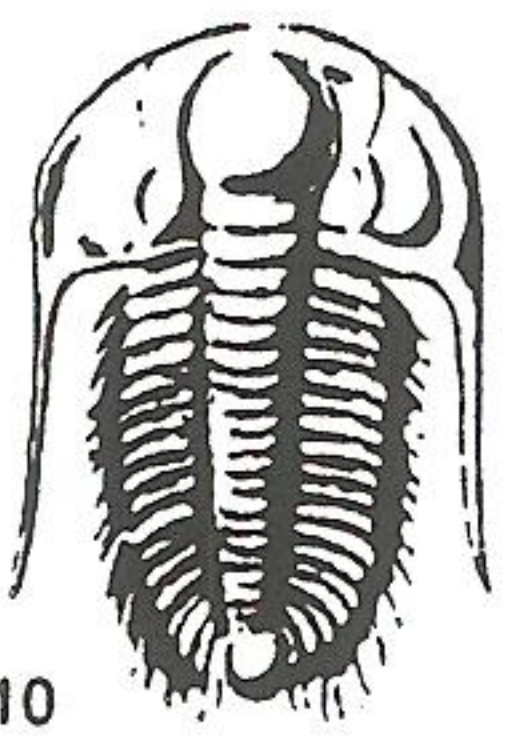
Applied Payments:

Balance Due: \$ 10,066.36

Past Due Invoices are subject to a service charge (annual rate of 24%)

This does not include any applicable taxes unless it is listed.

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TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

RECEIVED
MAR 16 2012

Test Ticket

NO. 46267

4/10

BY:

Well Name & No. Ring #1 Test No. 1 Date 3-14-12
 Company Double O's LLC Elevation 2087 KB 2079 GL
 Address 133 E. 12th Hays, Ko 67601-3607
 Co. Rep / Geo. AL Downing Rig DISCOVERY rig 3
 Location: Sec. 12 Twp. 13^s Rge. 20^w Co. ELLIS State K

Interval Tested 3406-3458 Zone Tested LKC C-0
 Anchor Length 52 Drill Pipe Run 3360 Mud Wt. 8.9
 Top Packer Depth 3401 Drill Collars Run 30 Vis 54
 Bottom Packer Depth 3406 Wt. Pipe Run - WL 7.6
 Total Depth 3458 Chlorides 1000 ppm System LCM 2#

Blow Description IFP - SURFACE Blow, died in 20 min
ISIP - NO Blow
FFP - NO Blow, pulled Tool
~~FFP - NO Blow~~

Rec	Feet of	%gas	%oil	%water	%mud
<u>10</u>	<u>Mud</u>				
	<u>w/show of oil</u>				

Rec Total 10 BHT _____ Gravity _____ API RW _____ @ _____ °F Chlorides _____ ppm

A) Initial Hydrostatic 1599 Test 1125 T-On Location 0915
 B) First Initial Flow 24 Jars _____ T-Started 1040
 C) First Final Flow 29 Safety Joint _____ T-Open 1240
 D) Initial Shut-In 784 Circ Sub _____ T-Pulled 1440
 E) Second Initial Flow 31 Hourly Standby _____ T-Out 1532
 F) Second Final Flow 32 Mileage 32 RT 44.80 Comments _____
 G) Final Shut-In _____ Sampler _____
 H) Final Hydrostatic 1582 Straddle _____
 Shale Packer _____
 Extra Packer _____
 Extra Recorder _____
 Day Standby _____
 Accessibility _____

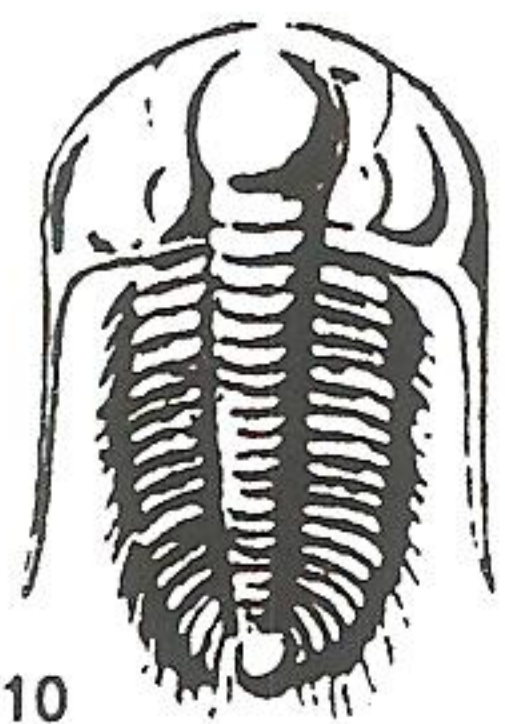
Sub Total 1169.80

Initial Open 30
 Initial Shut-In 30
 Final Flow ~~30~~ 10
 Final Shut-In ~~30~~

Sub Total 1169.80 MP/DST Disc't _____

Approved By _____ Our Representative Ray Schwager Thank you

TriLOBite Testing Inc. shall not be liable for damaged of any kind of the property or personnel of the one for whom a test is made, or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statements or opinion concerning the results of any test, tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.



TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

RECEIVED
MAR 16 2012
BY: _____

Test Ticket

NO. 46268

Well Name & No. Ring #1 Test No. 2 Date 3-14-12
 Company Double D's LLC Elevation 2087 KB 2079 GL
 Address 133 E. 12th Hays, Ks 67601-3607
 Co. Rep / Geo. AL Downing Rig Discovery rig 3
 Location: Sec. 12 Twp. 13^s Rge. 20^w Co. Ellis State Ks

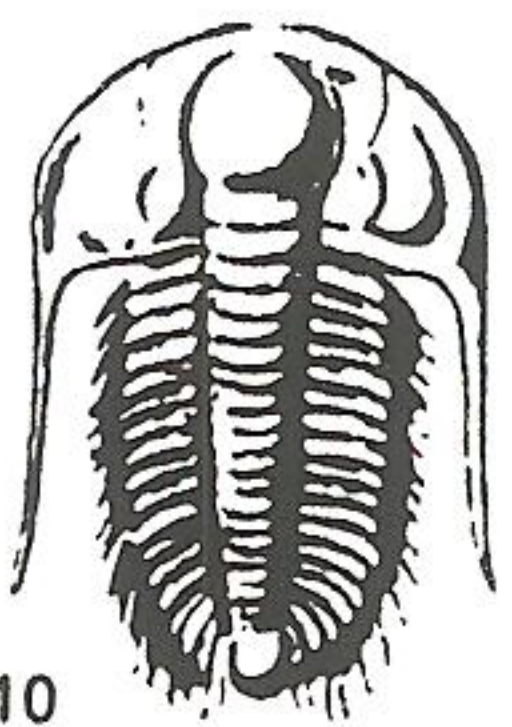
Interval Tested 3458-3472 Zone Tested LKC E
 Anchor Length 14 Drill Pipe Run 3423 Mud Wt. 8.8
 Top Packer Depth 3453 Drill Collars Run 30 Vis 53
 Bottom Packer Depth 3458 Wt. Pipe Run - WL 7.6
 Total Depth 3472 Chlorides 1000 ppm System LCM 2#
 Flow Description IFP - Weak Blow, surface to 1/8" Blow
ISTP - NO Blow
FFP - surface Blow, died in 7 min
~~ESTP -~~

Sec	Feet of	%gas	%oil	%water	%mud
<u>5</u>	<u>50 CM</u>	<u>1</u>		<u>99</u>	

Sec Total 5 BHT 1 Gravity - API RW - @ - ° F Chlorides - ppm

Initial Hydrostatic <u>1619</u>	<input checked="" type="checkbox"/> Test <u>1125</u>	T-On Location <u>2030</u>
First Initial Flow <u>16</u>	<input type="checkbox"/> Jars	T-Started <u>2055</u>
First Final Flow <u>19</u>	<input type="checkbox"/> Safety Joint	T-Open <u>2230</u>
Initial Shut-In <u>59</u>	<input type="checkbox"/> Circ Sub	T-Pulled <u>2340</u>
Second Initial Flow <u>20</u>	<input type="checkbox"/> Hourly Standby	T-Out <u>0126</u>
Second Final Flow <u>20</u>	<input checked="" type="checkbox"/> Mileage <u>32 RT 44.80</u>	Comments _____
Final Shut-In <u>-</u>	<input type="checkbox"/> Sampler	<input type="checkbox"/> Ruined Shale Packer
Final Hydrostatic <u>1613</u>	<input type="checkbox"/> Straddle	<input type="checkbox"/> Ruined Packer
Initial Open <u>30</u>	<input type="checkbox"/> Shale Packer	<input type="checkbox"/> Extra Copies
Initial Shut-In <u>30</u>	<input type="checkbox"/> Extra Packer	Sub Total <u>0</u>
Initial Flow <u>10</u>	<input type="checkbox"/> Extra Recorder	Total <u>1169.80</u>
Initial Shut-In <u>-</u>	<input type="checkbox"/> Day Standby	MP/DST Disc't _____
	<input type="checkbox"/> Accessibility	
	Sub Total <u>1169.80</u>	

Approved By _____ Our Representative Ray Schwager Thank you
 Trilobite Testing Inc. shall not be liable for damaged of any kind of the property or personnel of the one for whom a test is made, or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statements or opinion concerning the results of any test, tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.



TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

RECEIVED
MAR 16 2012

Test Ticket

NO. 46269

4/10

Well Name & No. Ring #1 Test No. 3 Date 3-15-12
 Company Double D's LLC Elevation 2087 KB 2079 GL
 Address 133 E. 12th Hays, Ks 67601-3607
 Co. Rep / Geo. AL Downing Rig DISCOVERY rig 3
 Location: Sec. 12 Twp. 13^s Rge. 20^w Co. ELLIS State Ks

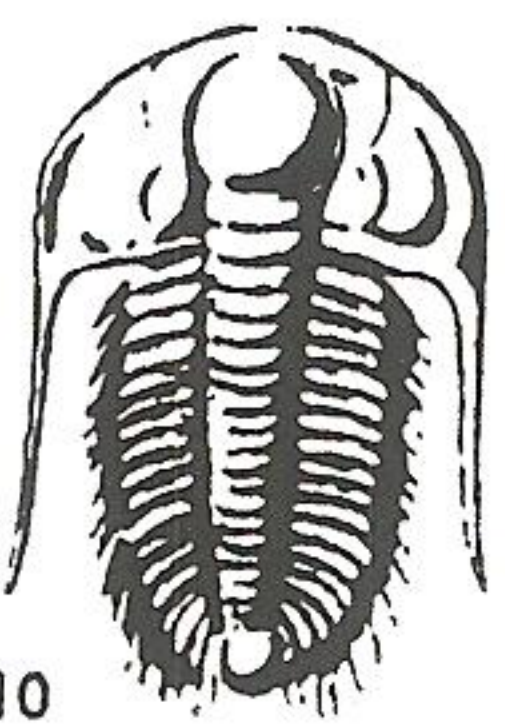
Interval Tested 3502-3584 Zone Tested LKC H-J
 Anchor Length 82 Drill Pipe Run 3482 Mud Wt. 8.8
 Top Packer Depth 3497 Drill Collars Run 30 Vis 52
 Bottom Packer Depth 3502 Wt. Pipe Run - WL 7.6
 Total Depth 3584 Chlorides 1000 ppm System LCM 2#
 Blow Description IFP - SURFACE Blow, died in 15 min
ISIP - NO BLOW
FFP - NO BLOW

Sec	Feet of	%gas	%oil	%water	%mud
<u>10</u>	<u>50CM</u>		<u>2</u>		<u>98</u>

Sec Total 10 BHT 1 Gravity - API RW - @ - °F Chlorides - ppm

A) Initial Hydrostatic <u>1694</u>	<input checked="" type="checkbox"/> Test <u>1125</u>	T-On Location <u>1200</u>
B) First Initial Flow <u>24</u>	<input type="checkbox"/> Jars	T-Started <u>1225</u>
C) First Final Flow <u>31</u>	<input type="checkbox"/> Safety Joint	T-Open <u>1415</u>
D) Initial Shut-In <u>207</u>	<input type="checkbox"/> Circ Sub	T-Pulled <u>1525</u>
E) Second Initial Flow <u>34</u>	<input type="checkbox"/> Hourly Standby	T-Out <u>1659</u>
F) Second Final Flow <u>34</u>	<input checked="" type="checkbox"/> Mileage <u>32 RT 44.80</u>	Comments
G) Final Shut-In	<input type="checkbox"/> Sampler	
H) Final Hydrostatic <u>1652</u>	<input type="checkbox"/> Straddle	
	<input type="checkbox"/> Shale Packer	<input type="checkbox"/> Ruined Shale Packer
	<input type="checkbox"/> Extra Packer	<input type="checkbox"/> Ruined Packer
	<input type="checkbox"/> Extra Recorder	<input type="checkbox"/> Extra Copies
	<input type="checkbox"/> Day Standby	Sub Total <u>0</u>
	<input type="checkbox"/> Accessibility	Total <u>1169.80</u>
	Sub Total <u>1169.80</u>	MP/DST Disc't

Approved By _____ Our Representative RAY SCHWAGER *Thank you*
 Trilobite Testing Inc. shall not be liable for damaged of any kind of the property or personnel of the one for whom a test is made, or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statements or opinion concerning the results of any test, tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.



TRIOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

RECEIVED
MAR 19 2012

Test Ticket

NO. 46270

4/10

BY: _____

Well Name & No. Ring #1 Test No. 4 Date 3-16-12
 Company Double D's LLC Elevation 2087 KB 2079 GL
 Address 133 E. 12th Hays, Ks 67601-3607
 Co. Rep / Geo. AL Downing Rig Discovery 193
 Location: Sec. 12 Twp. 13^s Rge. 20^w Co. Ellis State Ks

Interval Tested 3710-3762 Zone Tested Arbuckle
 Anchor Length 52 Drill Pipe Run 3675 Mud Wt. 9
 Top Packer Depth 3705 Drill Collars Run 30 Vis 52
 Bottom Packer Depth 3710 Wt. Pipe Run - WL 8.8
 Total Depth 3762 Chlorides 4000 ppm System LCM 1 1/2 #

Blow Description IFP - WEAK TO STRONG IN 7 MIN
ISIP - 1/4" BLOW BACK
FFP - WEAK TO STRONG IN 9 MIN
FSTIP - SURFACE BLOW

Sec	Feet of	%gas	%oil	%water	%mud
<u>156</u>	<u>GIP</u>				
<u>575</u>	<u>CO</u>				
<u>145</u>	<u>MGO</u>	<u>25</u>	<u>55</u>	<u>20</u>	

Sec Total 720 BHT 119 Gravity 27 API RW - @ - °F Chlorides - ppm
 Test 1125
 Jars _____
 Safety Joint _____
 Circ Sub _____
 Hourly Standby _____
 Mileage 32 RT 44.80
 Sampler _____
 Straddle _____
 Shale Packer _____
 Extra Packer _____
 Extra Recorder _____
 Day Standby _____
 Accessibility _____
 Sub Total 1169.80

T-On Location 0740
 T-Started 0840
 T-Open 1030
 T-Pulled 1330
 T-Out 1558

Comments _____
 Ruined Shale Packer _____
 Ruined Packer _____
 Extra Copies _____
 Sub Total 0
 Total 1169.80
 MP/DST Disc't _____

Initial Open 30
 Initial Shut-In 45
 Final Flow 45
 Final Shut-In 60

Approved By _____ Our Representative RAY SCHWAGER Thank you
 Triobite Testing Inc. shall not be liable for damaged of any kind of the property or personnel of the one for whom a test is made, or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statements or opinion concerning the results of any test, tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.