



KANSAS CORPORATION COMMISSION 1086002
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: _____



1086002

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
---	---

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
-----------------------------------	-----------	---------	-------------	---------------	---------

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: _____ _____
--	---	---

ALLIED CEMENTING CO., LLC. 042446

Federal Tax I.D.# 20-5975804

TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Great Bend, KS

DATE <u>3-4-12</u>	SEC <u>2</u>	TWP. <u>30S</u>	RANGE <u>24W</u>	CALLED OUT	ON LOCATION	JOB START <u>7:00 AM</u>	JOB FINISH <u>8:00 AM</u>
LEASE <u>Hertlein</u>	WELL# <u>1-2</u>	LOCATION <u>Bloom, KS</u>	<u>3/4 west 1/2</u>			COUNTY <u>Clark</u>	STATE <u>Kansas</u>
OLD OR <u>NEW</u> (Circle one)		<u>South West INTO</u>					

CONTRACTOR Rotary Plug Maurick Rig Job OWNER Deutsch Oil Company

TYPE OF JOB Rotary Plug

HOLE SIZE 12 1/4 T.D.

CASING SIZE 5 5/8 DEPTH

TUBING SIZE DEPTH

DRILL PIPE 4 1/2 DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT Freshwater

EQUIPMENT

PUMP TRUCK CEMENTER Justin C

224 HELPER Shane K

BULK TRUCK

432-188 DRIVER Kerry R. / Justin

BULK TRUCK

DRIVER

REMARKS:

Fill Hole

1st plug 1560 - 505AS

2nd plug 500 - 505AS

3rd plug 60 - 205AS

RH - 205AS

MH - 205AS

Plug Down - 8'2"

CHARGE TO: Deutsch Oil Company

STREET

CITY STATE ZIP

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 X Cecil E. Farmer

SIGNATURE X Cecil E. Farmer

Thank YOU!!

CEMENT

AMOUNT ORDERED 170 sks 60% Class A

40% po2 4% gel 1/4 B/10 - Seal

COMMON 102 @ 16.25 1,657.50

POZMIX 68 @ 8.50 578.00

GEL 6 @ 21.25 127.50

CHLORIDE @

ASC @

Flow Seal 42 @ 2.70 113.40

@

@

@

@

@

@

@

HANDLING 178 @ 2.25 400.50

MILEAGE 178 x 50 x .11 979.00

TOTAL 3,835.90

SERVICE

DEPTH OF JOB

PUMP TRUCK CHARGE 1250.00

EXTRA FOOTAGE @

MILEAGE HVM 50 @ 7.00 350.00

MANIFOLD @

LVM 50 @ 4.00 200.00

@

TOTAL 1800.00

PLUG & FLOAT EQUIPMENT

@

@

@

@

@

TOTAL

SALES TAX (If Any)

TOTAL CHARGES 5,655.90

1,131.18

DISCOUNT IF PAID IN 30 DAYS

4524.72



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Deutsch Oil Co.
 8100 E 22nd St. N. bldg 600 Wichita Ks.
 ATTN: Kent D

2/30/24
Hertein 1-2
 Job Ticket: 41247 **DST#: 1**
 Test Start: 2012.03.05 @ 19:00:00

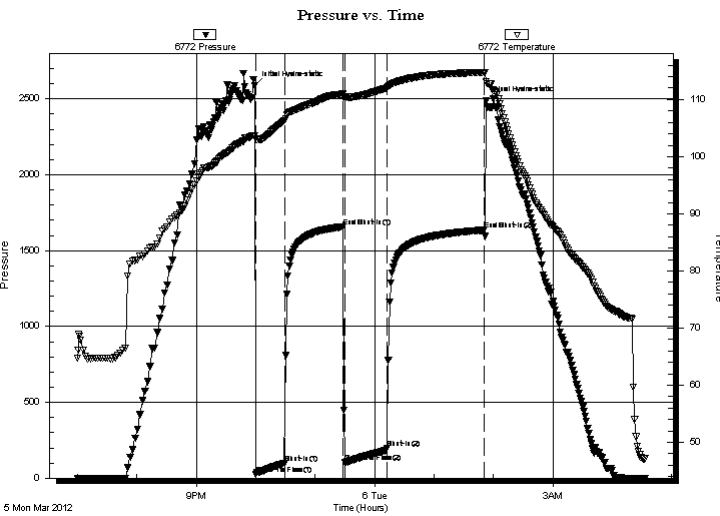
GENERAL INFORMATION:

Formation: **Mar/Fort Sc.**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 22:00:00
 Time Test Ended: 04:32:45
 Interval: **5150.00 ft (KB) To 5223.00 ft (KB) (TVD)**
 Total Depth: 5223.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Harley Davidson
 Unit No: 58
 Reference Elevations: 2587.00 ft (KB)
 2576.00 ft (CF)
 KB to GR/CF: 11.00 ft

Serial #: 6772

Press @ Run Depth: 195.54 psig @ ft (KB) Capacity: 8000.00 psig
 Start Date: 2012.03.05 End Date: 2012.03.06 Last Calib.: 2012.03.06
 Start Time: 19:00:05 End Time: 04:32:45 Time On Btm: 2012.03.05 @ 21:58:45
 Time Off Btm: 2012.03.06 @ 01:52:30

TEST COMMENT: IF- Weak building blow BOB 30min.
 IS- No blow back.
 FF- Weak building blow 6" into bucket.
 FS- No blow back.



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2588.78	103.65	Initial Hydro-static
2	26.71	103.19	Open To Flow (1)
30	98.40	106.30	Shut-In(1)
89	1656.69	110.94	End Shut-In(1)
92	102.00	110.46	Open To Flow (2)
134	195.54	112.04	Shut-In(2)
232	1635.13	114.75	End Shut-In(2)
234	2486.71	113.11	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
400.00	15% mud 85%w ater w ith trace gas and	5.61

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Deutsch Oil Co.

2/30/24

8100 E 22nd St. N. bldg 600 Wichita Ks.

Hertein 1-2

Job Ticket: 41247

DST#: 1

ATTN: Kent D

Test Start: 2012.03.05 @ 19:00:00

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: 50.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 10.79 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 11800.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
400.00	15% mud 85%w ater w ith trace gas and oil	5.611

Total Length: 400.00 ft Total Volume: 5.611 bbl

Num Fluid Samples: 0

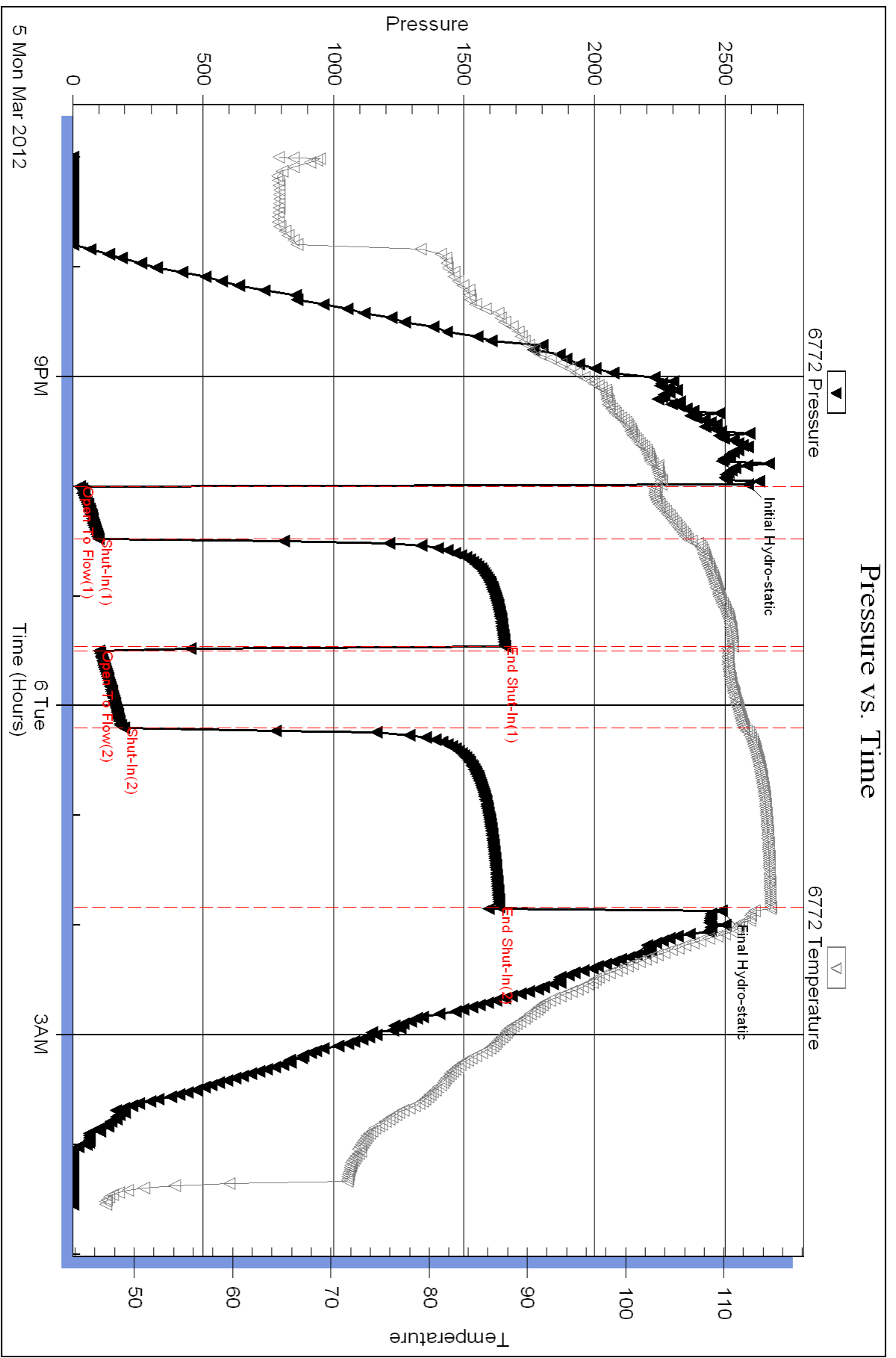
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:





TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Deutsch Oil Co.
 8100 E 22nd St. N. bldg 600 Wichita Ks.
 ATTN: Kent D

2/30/24
Hertein 1-2
 Job Ticket: 41248 **DST#: 2**
 Test Start: 2012.03.07 @ 04:00:00

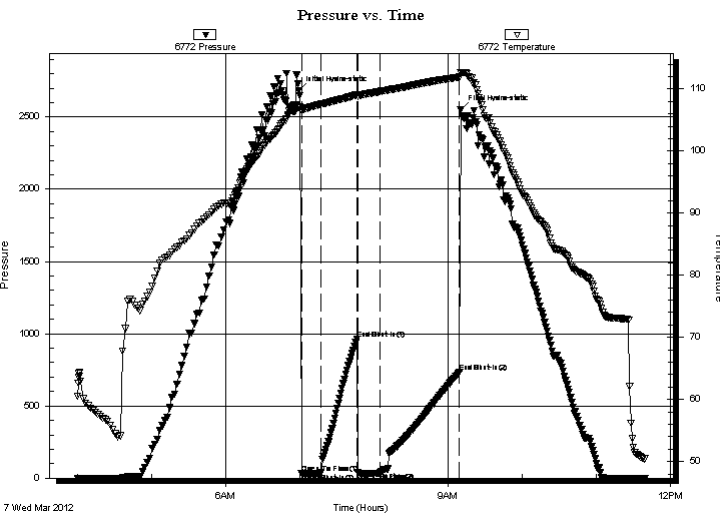
GENERAL INFORMATION:

Formation: **Morrow**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 07:01:15
 Time Test Ended: 11:39:45
 Interval: **5335.00 ft (KB) To 5410.00 ft (KB) (TVD)**
 Total Depth: 5410.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Harley Davidson
 Unit No: 58
 Reference Elevations: 2587.00 ft (KB)
 2576.00 ft (CF)
 KB to GR/CF: 11.00 ft

Serial #: 6772

Press @ RunDepth: 37.50 psig @ ft (KB) Capacity: 8000.00 psig
 Start Date: 2012.03.07 End Date: 2012.03.07 Last Calib.: 2012.03.07
 Start Time: 04:00:05 End Time: 11:39:44 Time On Btm: 2012.03.07 @ 06:59:15
 Time Off Btm: 2012.03.07 @ 09:10:15

TEST COMMENT: IF- Weak blow .5" into bucket.
 IS- No blow back.
 FF- No blow .
 FS- No blow back.



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2685.39	107.03	Initial Hydro-static
2	33.74	106.56	Open To Flow (1)
18	36.28	107.54	Shut-In(1)
47	962.42	109.05	End Shut-In(1)
48	38.07	108.85	Open To Flow (2)
66	37.50	109.60	Shut-In(2)
130	733.68	111.90	End Shut-In(2)
131	2550.15	112.63	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
25.00	100% mud	0.35

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Deutsch Oil Co.

2/30/24

8100 E 22nd St. N. bldg 600 Wichita Ks.

Hertein 1-2

Job Ticket: 41248

DST#: 2

ATTN: Kent D

Test Start: 2012.03.07 @ 04:00:00

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: 56.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 9.59 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 9600.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
25.00	100% mud	0.351

Total Length: 25.00 ft Total Volume: 0.351 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

