



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1086078
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
-----------------------------------	-----------------	---

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: _____

1086078

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: _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	Deutsch, Kent A. dba Deutsch Oil Company
Well Name	Schaffer Trust 1-6
Doc ID	1086078

Tops

Name	Top	Datum
Heebner Sh.	4032	1562
Lansing	4090	1620
Base K.C.	4508	2038
Marmaton	4526	2056
Pawnee	4594	2124
Ft. Scott	4630	2160
Cherokee Sand	4745	2275
Mississippi	4787	2317

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

June 28, 2012

Kent Deutsch
Deutsch, Kent A. dba Deutsch Oil Company
8100 E 22ND ST N
WICHITA, KS 67226

Re: ACO1
API 15-083-21766-00-00
Schaffer Trust 1-6
NW/4 Sec.06-24S-23W
Hodgeman 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,
Kent Deutsch



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Deutsch Oil Company
 8100 E 22nd St
 Bldg 600 Ste D
 Wichita, KS 67226
 ATTN: Kent Deutsch

2 24s 23w Hodgeman

Schaffer Trust 1-6

Job Ticket: 45712

DST#: 1

Test Start: 2012.04.24 @ 11:03:30

GENERAL INFORMATION:

Formation: **Cherokee**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 13:38:00

Time Test Ended: 21:34:30

Test Type: Conventional Bottom Hole (Initial)

Tester: Paul Simpson

Unit No: 41

Interval: 4733.00 ft (KB) To 4748.00 ft (KB) (TVD)

Reference Elevations: 2050.00 ft (KB)

Total Depth: 4748.00 ft (KB) (TVD)

2040.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 10.00 ft

Serial #: 8734 Outside

Press @ Run Depth: 491.07 psig @ 4735.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2012.04.24

End Date: 2012.04.24

Last Calib.: 2012.04.24

Start Time: 11:03:31

End Time: 21:34:30

Time On Btm: 2012.04.24 @ 13:37:30

Time Off Btm: 2012.04.24 @ 17:23:00

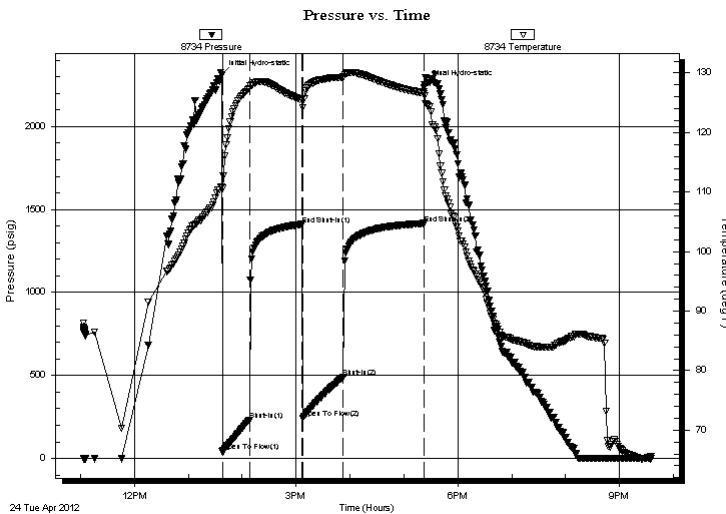
TEST COMMENT: IF 30- weak blow building to bottom of bucket in 4 minutes

ISI 60- blow built to 4"

FF 45-- blow built to bottom of bucket in 3 minutes

FSI 90- weak blow built to 2.5"

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2309.67	110.86	Initial Hydro-static
1	40.74	110.61	Open To Flow (1)
31	232.31	127.41	Shut-In(1)
89	1410.05	125.49	End Shut-In(1)
90	242.88	124.23	Open To Flow (2)
135	491.07	129.32	Shut-In(2)
225	1415.53	126.60	End Shut-In(2)
226	2252.31	126.22	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
120.00	gsy HOCM 5%G 40%O 55%M	1.68
1205.00	Gassy OIL 35%G 65%Oil	16.90
0.00	435' GIP	0.00

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Deutsch Oil Company
8100 E 22nd St
Bldg 600 Ste D
Wichita, KS 67226
ATTN: Kent Deutsch

2 24s 23w Hodgeman
Schaffer Trust 1-6
Job Ticket: 45712 **DST#: 1**
Test Start: 2012.04.24 @ 11:03:30

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API: 38 deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity: ppm
Viscosity: 47.00 sec/qt	Cushion Volume: bbl	
Water Loss: 9.18 in ³	Gas Cushion Type:	
Resistivity: ohm.m	Gas Cushion Pressure: psig	
Salinity: ppm		
Filter Cake: inches		

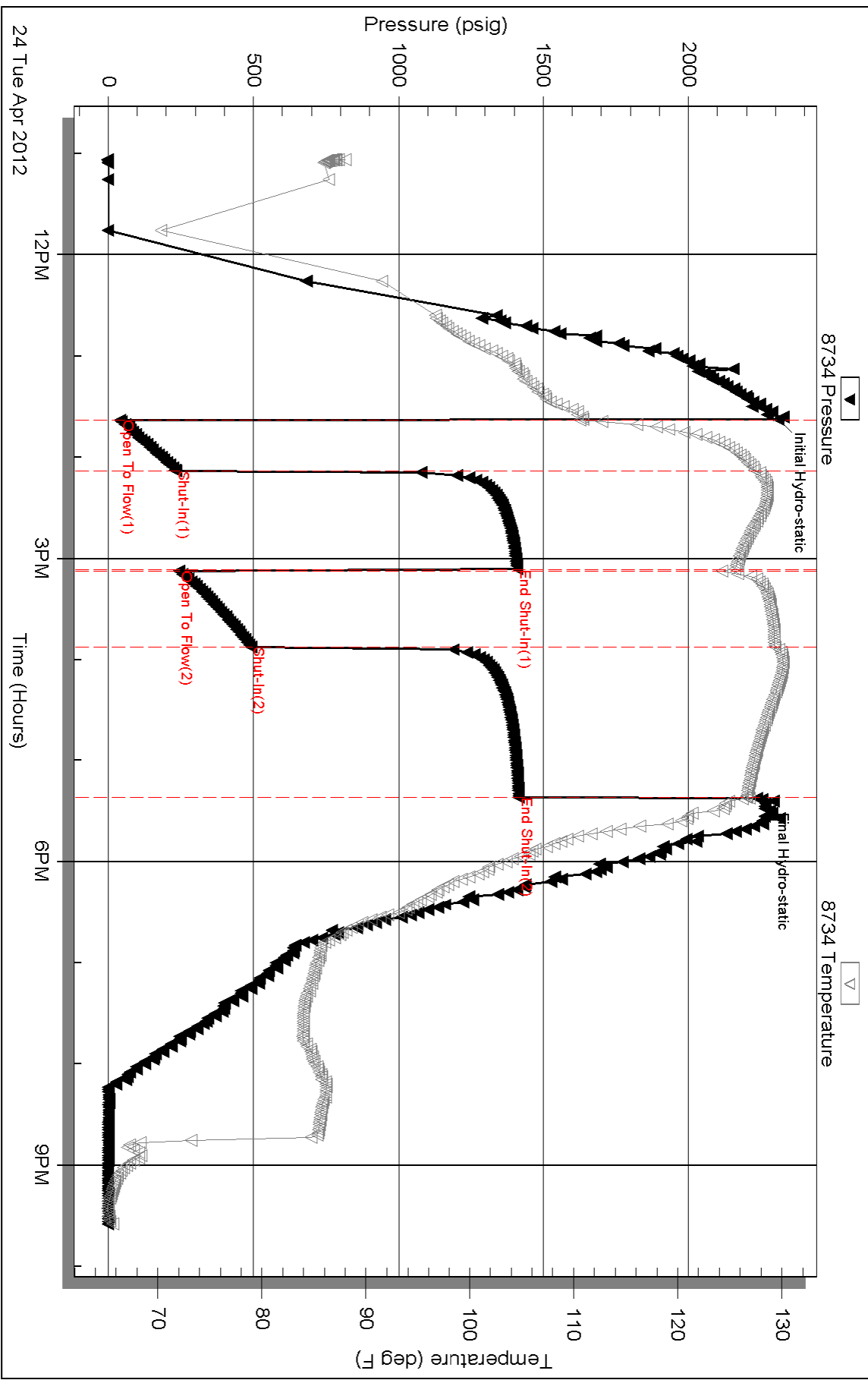
Recovery Information

Recovery Table

Length ft	Description	Volume bbl
120.00	gsy HOCM 5%G 40%O 55%M	1.683
1205.00	Gassy OIL 35%G 65%Oil	16.903
0.00	435' GIP	0.000

Total Length: 1325.00 ft Total Volume: 18.586 bbl
Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
Laboratory Name: Laboratory Location:
Recovery Comments:

Pressure vs. Time



ALLIED CEMENTING CO., LLC. 037969

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge, KS

DATE <u>5-7-2012</u>	SEC. <u>6</u>	TWP. <u>24S</u>	RANGE <u>23W</u>	CALLED OUT	ON LOCATION	JOB START <u>12:00pm</u>	JOB FINISH <u>1:00pm</u>
<u>Sch 9.8 Per</u>	WELL# <u>1-6</u>	LOCATION <u>Jetmore, ks 5 South</u>			COUNTY <u>Hodgeman</u>	STATE <u>KS</u>	
LEASE <u>Trust</u>	LOCATION <u>1/2 east, South into</u>			OLD OR <u>NEW</u> (Circle one)			

CONTRACTOR Cheyenne

TYPE OF JOB Port Collar

HOLE SIZE _____ T.D. _____

CASING SIZE 5 1/2 IS. 5# DEPTH _____

TUBING SIZE 2 7/8 DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL Port collar DEPTH 1630'

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT 8 3/4 bbls of Fresh water

EQUIPMENT

OWNER Deutsch Oil

CEMENT

AMOUNT ORDERED 155 sx @ 60' 40' 89' 60'
1/4 # Plosser

COMMON <u>C1955 k</u>	<u>93s @ 16.25</u>	<u>1511.25</u>
POZMIX	<u>62s @ 8.50</u>	<u>527.00</u>
GEL	<u>11 sx @ 21.25</u>	<u>233.75</u>
CHLORIDE	@	
ASC	@	
<u>Flores</u>	<u>28 # @ 2.70</u>	<u>78.30</u>
	@	
	@	
	@	
	@	
	@	
	@	
HANDLING	<u>167 @ 2.25</u>	<u>375.75</u>
MILEAGE	<u>167.11 / 40</u>	<u>734.80</u>
TOTAL		<u>3,460.85</u>

PUMP TRUCK CEMENTER Derrin F.

471-302 HELPER Derrick G.

BULK TRUCK

421-252 DRIVER Troy L.

BULK TRUCK

_____ DRIVER _____

REMARKS:

Rig up test port collar to 1,000 psi, Log hole with 12 1/2 bbls, pump 5mer bbls, mix 155sx of cement, shut down, wash pump lines, Displace 8 3/4 bbls, shut down, close port collar, test to 1,000 psi, Run 3 joints of tubing, Reverse ann with 4 bbls water Rig down

CHARGE TO: Deutsch Oil

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB	<u>1630'</u>	
PUMP TRUCK CHARGE		<u>1050.00</u>
EXTRA FOOTAGE	@	
MILEAGE	<u>40 @ 7.00</u>	<u>280.00</u>
MANIFOLD <u>Squeeze</u>	@	<u>250.00</u>
<u>Light vehicle</u>	<u>40 @ 4.00</u>	<u>160.00</u>
	@	
TOTAL		<u>1740.00</u>

PLUG & FLOAT EQUIPMENT

<u>none</u>	@	
	@	
	@	
	@	
	@	
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 X David Paul

SIGNATURE X David Paul

Thank you!!!

SALES TAX (If Any) _____

TOTAL CHARGES 5200.85

DISCOUNT _____ IF PAID IN 30 DAYS

Net \$4,166.68

