



KANSAS CORPORATION COMMISSION 1087090
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: _____



1087090

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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Empire Energy E&P, LLC
Well Name	SIEFKES 12
Doc ID	1087090

All Electric Logs Run

Compensated Density
Neutron
PE
Dual Induction
Micro
Sonic

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

Home Office P.O. Box 32 Russell, KS 67665

No. 258

Cell 785-324-1041

Date	3/14/12	Sec.	3	Twp.	22	Range	12	County	Stafford	State	KS	On Location		Finish	8:15 AM	
Lease	Seifkos		Well No.	12		Location Hwy 281 + Hwy 19, E to 70 Rd, 1/2 W, W into										
Contractor	Ninnescah							Owner To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.								
Type Job	Surface							Charge To Empire Energy								
Hole Size	12 1/4"		T.D.	683'		Depth 681'										
Csg.	8 5/8"		Depth													
Tbg. Size	Depth															
Tool	Depth															
Cement Left in Csg.	20'		Shoe Joint	The above was done to satisfaction and supervision of owner agent or contractor.												
Meas Line			Displace	42 Bbls.		Cement Amount Ordered 400 sx Com 3% CC 2% gel										
EQUIPMENT																
Pumptrk	9	No.	Cementer	Paul		Common 400										
			Helper													
Bulktrk	13	No.	Driver	Matt		Poz. Mix										
			Driver													
Bulktrk	AV	No.	Driver	Nick		Gel. 8										
			Driver													
JOB SERVICES & REMARKS																
Remarks:	Hulls															
Rat Hole	Salt															
Mouse Hole	Flowseal 200#															
Centralizers	Kol-Seal															
Baskets	Mud CLR 48															
D/V or Port Collar	CFL-117 or CD110 CAF 38															
Est. Cmc.	Sand															
Mix 400 sx	Handling 422															
Displace	Mileage 2 5/8"															
Cement Circulated	2 5/8" FLOAT EQUIPMENT															
	Guide Shoe															
	Centralizer															
	Baskets															
	AFU Inserts															
	Float Shoe															
	Latch Down															
	Head + Manifold Rubber Plug															
	Pumptrk Charge															
	Mileage 23															
	Tax															
	Discount															
	Total Charge															
X Signature	Richard A. Baumgardner															

Thank You!!!

Customer Emp. Energy	Lease No.	Date 3-18-12
Lease Sickas	Well # 12	
Field Order # 5916	Station Pratt	Casing 5 7/8 14"
		Depth 3741
Type Job CNW-5 1/2 L.S.	Formation	County St. Francois
		State MO
		Legal Description 3-22-12

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 5 7/8 14"	Tubing Size	Shots/Ft 175	Acid AAA Conid	Pre Pad 1.36	Rate	Press	ISIP	
Depth	Depth	From	To	Pad	Max		5 Min.	
Volume	Volume	From	To	Pad	Min		10 Min.	
Max Press	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To	Flush 90.6	HHP Used		Annulus Pressure	
Plug Depth	Packer Depth	From	To		Gas Volume		Total Load	

Customer Representative Rick Puff	Station Manager D. D. D.	Treater Steve Wiland
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Service Units	2728	2746	19918	19960				
Driver Names	Miller	Miller	Brown					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1:30 PM					Dehydration - 5-500 - 1000
					Run 8800 5 1/2 14" Casing
					Continuation 1-3-5-7-9-11-13-15-17-19
					Backed Pin It # 11
					Camera On Bottom
					Break into WLP in
					Rotate Casing
7:10	300		20	5	KCL H2O
7:12	300		12	5	Mud Loss
7:14	300		5	5	H2O spacer
7:15	250		H2	5	M. + 175 st. AAA 2.00 15.5 1/6
					Shut Down
					Clear Pump & Line
7:43	0		0	1	Start H2O Drilling
7:51	300		50	5	High Pressure
7:57	600		80	4	Slow Rate - Stop Rotating Casing
8:00	1500		90 1/2	11	Plug Down - Hold
8:15					Plug RH / MH 10/5000 10/400
					Sub Completion
					Thru 11 1/2" Hole