



KANSAS CORPORATION COMMISSION 1087945  
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
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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

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: \_\_\_\_\_



1087945

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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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 Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio	Gravity
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<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> _____ <i>(Submit ACO-4)</i>	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Empire Energy E&P, LLC
Well Name	KRANKENBERG WEST 8-19
Doc ID	1087945

All Electric Logs Run

Compensated Neutron
Density
PE
Dual Induction
Sonic
Micro

Form	ACO1 - Well Completion
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Tops

Name	Top	Datum
anhydrite	679	1203
heebner	3193	-1311
toronto	3209	-1327
douglas	3225	-1343
lansing	3349	-1467
conglomerate	3621	-1739
viola	3638	-1756
arbuckle	3751	-1869

# QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

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

No. 5477

Phone 785-483-2025

Cell 785-324-1041

Date	3-21-12	Sec.	19	Twp.	22	Range	12	County	Stafford	State	Ks	On Location		Finish	5:00 PM	
Lease	See Below			Well No.	Location 281 + K-19 Sect, 4 W to 40 Ave, 2 1/2 S											
Contractor	Ninnescah #101							Owner	W/I into							
Type Job	Surface							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.								
Hole Size	12 1/4"		T.D.	697'												
Csg.	8 5/8"		Depth	697'												
Tbg. Size			Depth													
Tool			Depth													
Cement Left in Csg.	42.60'		Shoe Joint	42.60'												
Meas Line			Displace	4 1/2 BLS												
EQUIPMENT							2% Gel <del>400</del> 1/2 # F.S.									
Pumptrk	15	No.	Cementer	Cisto												
			Helper													
Bulktrk	13	No.	Driver	Levy												
			Driver													
Bulktrk	p.u.	No.	Driver	Rick												
			Driver													
JOB SERVICES & REMARKS							Common									
Remarks:	Krankenber West #8-19							Poz. Mix								
Rat Hole								Gel. 8								
Mouse Hole								Calcium 15								
Centralizers								Hulls								
Baskets								Salt								
D/V or Port Collar								Flowseal 100th								
Cement did	Circulate.							Kol-Seal								
								Mud CLR 48								
								CFL-117 or CD110 CAF 38								
								Sand								
								Handling 424								
								Mileage								
FLOAT EQUIPMENT																
								Guide Shoe								
								Centralizer								
								Baskets								
								AFU Inserts								
								Float Shoe								
								Latch Down								
								1- Baffle plate								
								1- Rubber plug								
								Pumptrk Charge Long Surface								
								Mileage 21								
							Tax									
							Discount									
							Total Charge									

X Signature *[Handwritten Signature]*

# BASIC

energy services, L.P.

## TREATMENT REPORT

Customer Empire Energy STP LLC		Lease No.		Date 3-26-12	
Lease Kraankenberg WEST		Well # H8-19			
Field Order # 05614A	Station Pratt Ks	Casing 5/2"	Depth 3892	County Stafford	State Ks
Type Job 5/2" L.S.		Formation CNU	TD 3900'	Legal Description 19-22-12	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size" 5/2	Tubing Size	Shots/Ft		Acid 20 BBL KCL	2%	RATE	PRESS	ISIP
Depth 3892	Depth	From	To	Pre Pad 12 BBL mud flush	Max			5 Min.
Volume 94	Volume	From	To	Pad 175 SKs AA2 C	Min	15.3 #/gal		10 Min.
Max Press 1500*	Max Press	From	To	Frac 30 SKs R.H. 60/40 P02	Avg			15 Min.
Well Connection PC	Annulus Vol.	From	To	SKs M.H. 60/40 P02	MHP Used			Annulus Pressure
Plug Depth 3850	Packer Depth	From	To	Flush Disp 2% KCL	Gas Volume			Total Load

Customer Representative Rick Papp	Station Manager scotty	Treater Allen
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Service Units	28443	19903	19905	19960	19918	19877			
Driver Names	Allen	Eric	wright	Dale	Phye	James	Anthony		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
9:45 PM 3-25-12					on Loc. Discuss Safety, Setup Plan Job Rig lay down Drill Collars. Lay down Kelly. + M.H. Rig up to Run csg
12:00 AM 3-26-12					start 5/2 csg. Shoe Joint 42.10' w/ Float Shoe L.D. Baffle in collar. cent 1-3-5-7-9-11-13-15-17-19 (14# csg) Basket Pin # 14
2:30					Tas Bottom @ 3900 Pick up to 3892 + CIR.
3:35	200*		20	5	Pump 20 BBLs H <sub>2</sub> O 2% KCL
			12	5	Pump 12 BBLs mud flush
				5	Pump 3 BBLs H <sub>2</sub> O spacer
			42	5	mix + Pump 175 SKs AA2 @ 15.3 #
4:00				5/2	Finish mix wash out Pump + Line Drop L.D. Plug, start Disp: Rotate Pipe
		500*		5	caught Lift @ 70 BBLs
4:15	1500*		94	4	plug down
	0*				Release PSI - 0*
			7		Plug R.H. w/ 30 SKs 60/40 P02
			5		Plug M.H. w/ 20 SKs 60/40 P02
					wash up + Rack up Equip
5:30					Job complete + thanks Allen, James, Eric, Dale