



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1088238
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
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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

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: _____

1088238

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: _____ _____
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QUALITY WELL SERVICE, INC.

5545

Federal Tax I.D. # 481187368

Home Office 324 Simpson St., Pratt, KS 67124

Heath's Cell 620-727-3410
Office / Fax 620-672-3663

Rich's Cell 620-727-3409
Brady's Cell 620-727-6964

Date	6-6-12	Sec.	16	Twp.	14	Range	16	County	Ellis	State	KS	On Location		Finish	4:30am
Lease	Stoppel		Well No.	16-1		Location Walker KS 3S 1 1/2 W W10									
Contractor	Integrity Drilling							Owner							
Type Job	Surface							To Quality Well Service, 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. 214												
Csg.	8 5/8		Depth 201												
Tbg. Size			Depth												
Tool			Depth												
Cement Left in Csg.	15ft		Shoe Joint												
Meas Line			Displace 12.8												
													Charge To PFE-See Exploration's		
													Street		
													City		
													State		
The above was done to satisfaction and supervision of owner agent or contractor.															
													Cement Amount Ordered 150sx com 3%CC 2%gel		

EQUIPMENT

Pumptrk	No.	6	Richard	Common	150
Bulktrk	No.	9	Heath	Poz. Mix	
Bulktrk	No.			Gel.	3
Pickup	No.			Calcium	5

JOB SERVICES & REMARKS

Rat Hole	Hulls
Mouse Hole	Salt
Centralizers	Flowseal
Baskets	Kol-Seal
D/V or Port Collar	Mud CLR 48
Ran 5 Jts of 8 5/8 casing & landing jts	CFL-117 or CD110 CAF 38
Est. Circulation with mud pump	Sand
	Handling 158
	Mileage 15

FLOAT EQUIPMENT

Hooked up and mixed 150sx and Disp 12.8 bbl H2O - Shut in @ 300psi	Guide Shoe
	Centralizer
	Baskets
	AFU Inserts
Cement D&C Circulate	Float Shoe
	Latch Down

Thank You! Don Morris	Pumptrk Charge	Surface
	Mileage	15
	Tax	
Discount		
Total Charge		

X
Signature

QUALITY WELL SERVICE, INC.

5584

Federal Tax I.D. # 481187368

Home Office 324 Simpson St., Pratt, KS 67124

Heath's Cell 620-727-3410
Office / Fax 620-672-3663

Rich's Cell 620-727-3409
Brady's Cell 620-727-6964

Date	6-11-12	Sec.	16	Twp.	14	Range	16	County	Ellis	State	KS	On Location		Finish	3:00 pm	
Lease	Stoppel		Well No.			16-1			Location				Walker, KS 3 S 1/2 W N10			
Contractor	Integrity Drilling								Owner							
Type Job	Long string								To Quality Well Service, 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				T.D.			3508			Charge To						
Csg.	5 1/2			Depth			3506			Pfeifer Explorations						
Tbg. Size				Depth			Street									
Tool				Depth						City			State			
Cement Left in Csg.	42.5			Shoe Joint			The above was done to satisfaction and supervision of owner agent or contractor.									
Meas Line				Displace			82.6 bbl			Cement Amount Ordered						
EQUIPMENT								200sx PCC-C								
Pumptrk	No.	8		David		Common										
Bulktrk	No.	5		Mike		Poz. Mix										
Bulktrk	No.	4		Sean		Gel. 11										
Pickup	No.					Calcium 9										
JOB SERVICES & REMARKS								Hulls								
Rat Hole	30sx						Salt 17									
Mouse Hole							Flowseal									
Centralizers							Kol-Seal									
Baskets							Mud CLR 48									
D/V or Port Collar							CFL-117 or CD110 CAF 38									
Ran 83 Hrs of 5 1/2 casing 14# and est circulation with mud pump and circulated for 1 hr.								Sand								
								Handling 637								
								Mileage 15								
								FLOAT EQUIPMENT								
Hooked up and mixed 30sx in RH								Guide Shoe 5 1/2 Float Shoe								
								Centralizer 9-5 1/2 Cent								
Hooked up to 5 1/2 and mixed 400sx Multi dens and tailed in with 200sx com - knocked base and washed pump and lines clean and disp 82.6 bbl of H2O plug landed @ 1500ps.								Baskets 3-5 1/2 Basket's								
								AFU Inserts								
								Float Shoe								
								Latch Down 5 1/2 latch down plate								
								Pumptrk Charge Long string								
								Mileage 15								
								Tax								
								Discount								
								Total Charge								
X Signature	Randy Moses								Thank You!							

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
Thomas E. Wright, Commissioner

Sam Brownback, Governor

July 27, 2012

Jacob Pfeifer
Pfeifer Explorations, LLC
309 W. 40TH
HAYS, KS 67601

Re: ACO1
API 15-051-26318-00-00
Stoppel 16-1
SE/4 Sec.16-14S-16W
Ellis 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,
Jacob Pfeifer



DRILL STEM TEST REPORT

Prepared For: **Pfeifer Explorations LLC**

309 W 40th
Hays KS 67601

ATTN: Jacob Pfeifer

Stoppel #16-1

16-14s-16w

Start Date: 2012.06.10 @ 17:50:44

End Date: 2012.06.11 @ 01:44:14

Job Ticket #: 47782 DST #: 1

Trilobite Testing, Inc
PO Box 362 Hays, KS 67601
ph: 785-625-4778 fax: 785-625-5620

Printed: 2012.06.14 @ 09:26:04



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Pfeifer Explorations LLC

16-14s-16w

309 W 40th
Hays KS 67601

Stoppel #16-1

Job Ticket: 47782

DST#: 1

ATTN: Jacob Pfeifer

Test Start: 2012.06.10 @ 17:50:44

GENERAL INFORMATION:

Formation: **Arbuckle**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 19:52:14

Time Test Ended: 01:44:14

Test Type: Conventional Straddle (Initial)

Tester: Jeff Brown

Unit No: 44

Interval: 3378.00 ft (KB) To 3394.00 ft (KB) (TVD)

Reference Elevations: 1878.00 ft (KB)

Total Depth: 3508.00 ft (KB) (TVD)

1869.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 9.00 ft

Serial #: 8321

Inside

Press @ Run Depth: 149.15 psig @ 3381.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2012.06.10

End Date:

2012.06.11

Last Calib.:

2012.06.11

Start Time:

17:50:45

End Time:

01:44:14

Time On Btm:

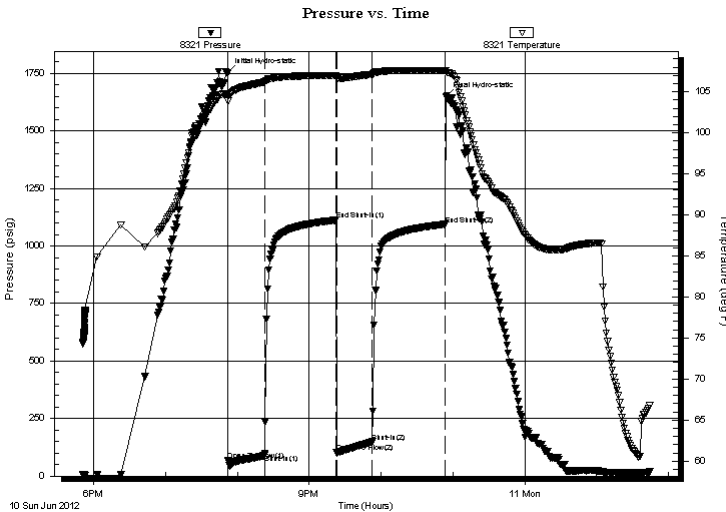
2012.06.10 @ 19:51:44

Time Off Btm:

2012.06.10 @ 22:54:14

TEST COMMENT: IFP-Good blow BOB in 9 1/2 min
ISI-Weak surface blow back built to 2 3/4
FFP-Good blow BOB in 14 1/4 min
FSI-Weak surface Blow back built to 2 1/4

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1751.39	104.64	Initial Hydro-static
1	68.32	103.86	Open To Flow (1)
31	97.20	106.19	Shut-In(1)
91	1111.99	106.99	End Shut-In(1)
91	101.87	106.73	Open To Flow (2)
121	149.15	107.12	Shut-In(2)
182	1093.69	107.58	End Shut-In(2)
183	1649.05	107.59	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
52.00	GOCM 10%G 10%O 80%M	0.73
310.00	Gassy Oil 20%G 80%O	4.35
0.00	186-GIP	0.00

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Pfeifer Explorations LLC

16-14s-16w

309 W 40th
Hays KS 67601

Stoppel #16-1

Job Ticket: 47782

DST#: 1

ATTN: Jacob Pfeifer

Test Start: 2012.06.10 @ 17:50:44

Tool Information

Drill Pipe:	Length: 3373.00 ft	Diameter: 3.80 inches	Volume: 47.31 bbl	Tool Weight: 2400.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 2.70 inches	Volume: 0.00 bbl	Weight set on Packer: 24000.00 lb
Drill Collar:	Length: 0.00 ft	Diameter: 2.25 inches	Volume: 0.00 bbl	Weight to Pull Loose: 62000.00 lb
			Total Volume: 47.31 bbl	Tool Chased 0.00 ft
Drill Pipe Above KB:	23.00 ft			String Weight: Initial 49000.00 lb
Depth to Top Packer:	3378.00 ft			Final 50000.00 lb
Depth to Bottom Packer:	3394.00 ft			
Interval between Packers:	16.00 ft			
Tool Length:	158.00 ft			
Number of Packers:	3	Diameter: 6.75 inches		

Tool Comments:

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
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Change Over Sub	1.00			3351.00	
Shut In Tool	5.00			3356.00	
Hydraulic tool	5.00			3361.00	
Jars	5.00			3366.00	
Safety Joint	3.00			3369.00	
Packer	4.00			3373.00	28.00 Bottom Of Top Packer
Packer	5.00			3378.00	
Stubb	1.00			3379.00	
Perforations	2.00			3381.00	
Recorder	0.00	8321	Inside	3381.00	
Recorder	0.00	8737	Outside	3381.00	
Perforations	9.00			3390.00	
Blank Off Sub	1.00			3391.00	
Stubb	3.00			3394.00	16.00 Tool Interval
Packer	1.00			3395.00	
Stubb	1.00			3396.00	
Perforations	14.00			3410.00	
Change Over Sub	1.00			3411.00	
Recorder	0.00	8679	Below	3411.00	
Drill Pipe	93.00			3504.00	
Change Over Sub	1.00			3505.00	
Bullnose	3.00			3508.00	114.00 Bottom Packers & Anchor

Total Tool Length: 158.00



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Pfeifer Explorations LLC

16-14s-16w

309 W 40th
Hays KS 67601

Stoppel #16-1

Job Ticket: 47782

DST#: 1

ATTN: Jacob Pfeifer

Test Start: 2012.06.10 @ 17:50:44

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

33 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 55.00 sec/qt

Cushion Volume:

bbbl

Water Loss: in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
52.00	GOCM 10%G 10%O 80%M	0.729
310.00	Gassy Oil 20%G 80%O	4.348
0.00	186-GIP	0.000

Total Length: 362.00 ft Total Volume: 5.077 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

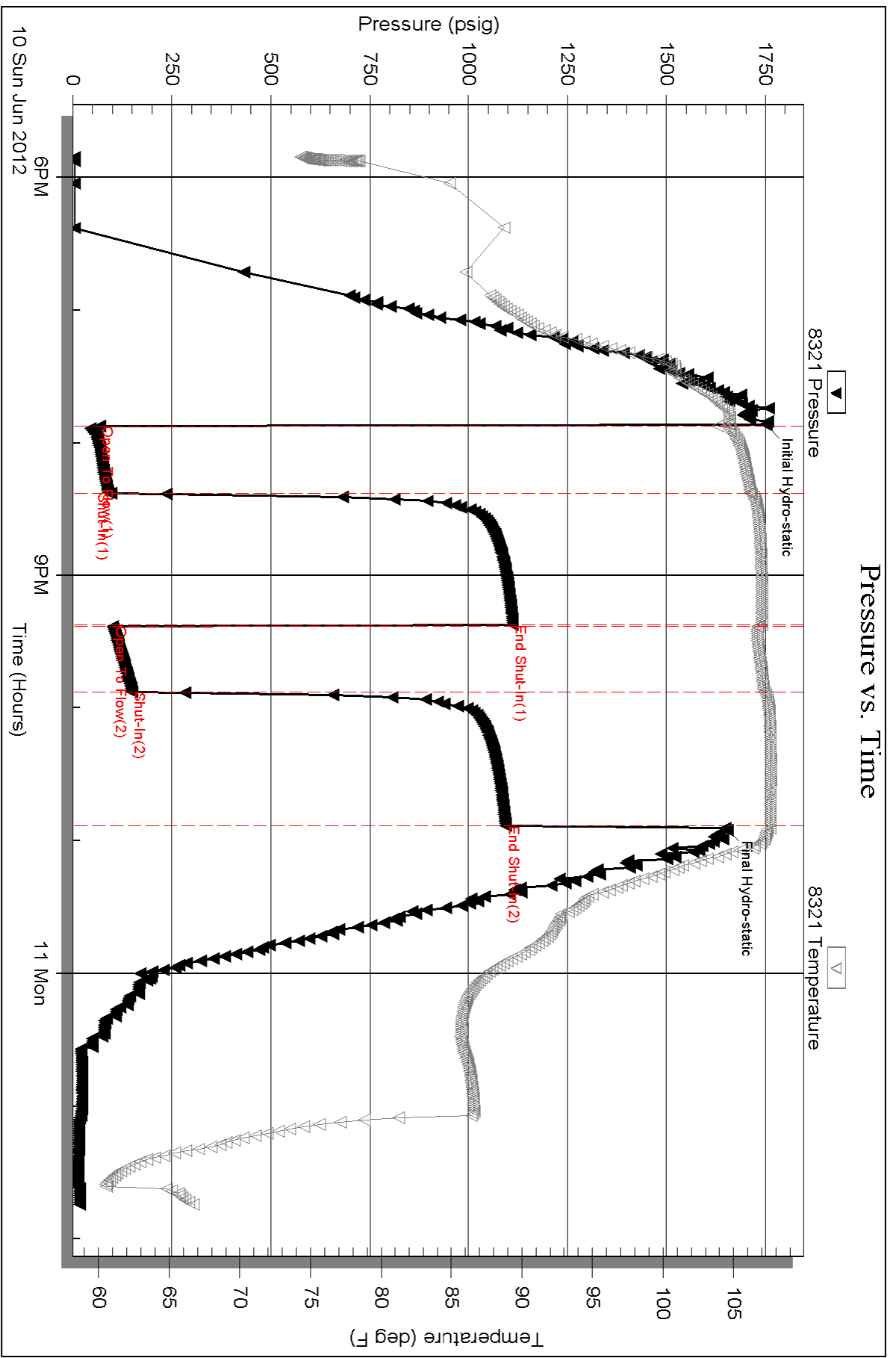
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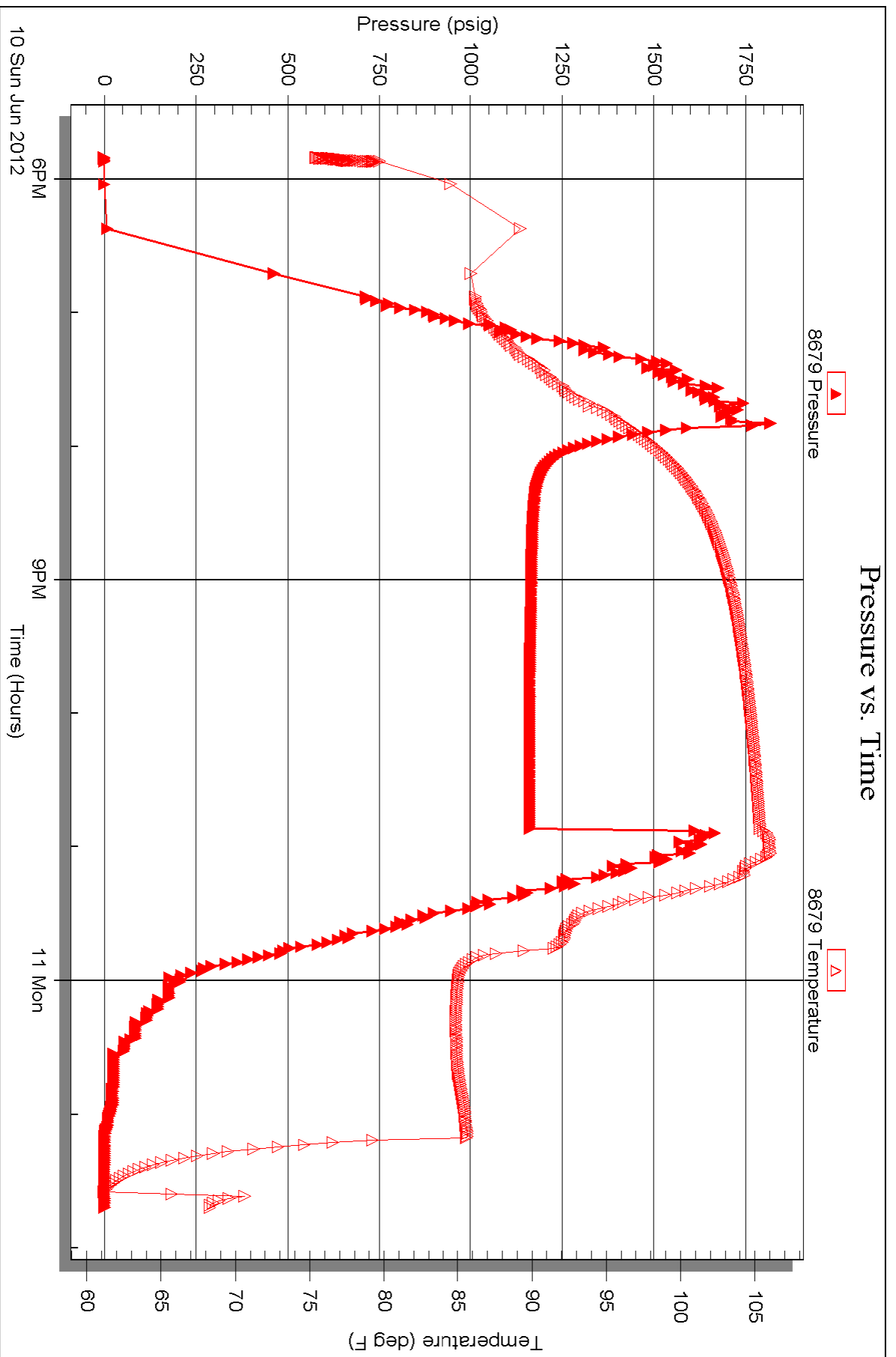
Inside

Preifer Explorations LLC

Stoppel #16-1

DST Test Number: 1



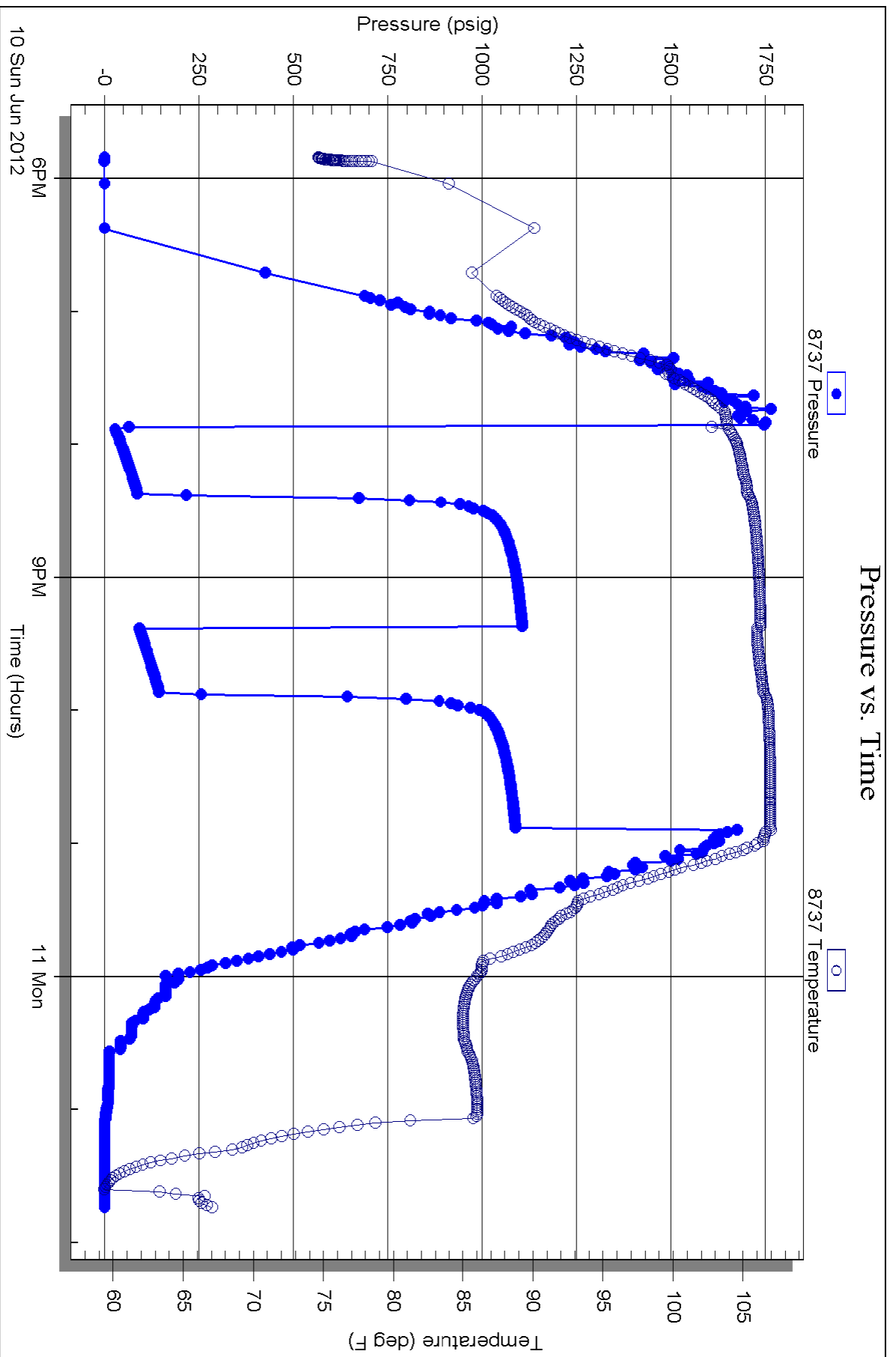


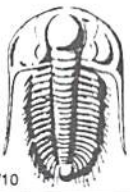
Serial #: 8737

Outside Pfeifer Explorations LLC

Stoppel #16-1

DST Test Number: 1





TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

Test Ticket

NO. 47782

Well Name & No. Stoppel 120-1 Test No. 1 Date 6-10-12
 Company Reifer Explorations LLC Elevation 1878 KB 1869 GL
 Address 309 W 40th Hays KS 67601
 Co. Rep / Geo. Roger Moses Rig INTEGRITY Drilling
 Location: Sec. 116 Twp. 14s Rge. 16W Co. ELLIS State KS

Interval Tested 3378-3394 Zone Tested ARBUCKLE
 Anchor Length 116' Anchor 114' Tail Drill Pipe Run 3373 Mud Wt. 9.3
 Top Packer Depth 3373 Drill Collars Run 0 Vis 55
 Bottom Packer Depth 3378 Wt. Pipe Run 0 WL _____
 Total Depth ~~3394~~ 3508 Chlorides _____ ppm System LCM _____
 Blow Description FA-GOOD Blow BOB IN 9 1/2 min
IS-Weak Surface Blow BACK BUILT TO 2 3/4 IN
FA-GOOD Blow BOB IN 14 1/4 IN
IS-Weak Surface Blow BACK BUILT TO 2 1/4 IN

Rec	Feet of	%gas	%oil	%water	%mud
<u>52</u>	<u>GOCM 10% @ 130%</u>	<u>10</u>	<u>10</u>	<u>80</u>	<u>0</u>
<u>310</u>	<u>COASSY O.I</u>	<u>20</u>	<u>80</u>	<u>0</u>	<u>0</u>
<u>186</u>	<u>COIP</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
_____	_____	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
_____	_____	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

Rec Total 362 BHT _____ Gravity 33 API RW _____ @ _____ °F Chlorides _____ ppm

(A) Initial Hydrostatic 1751 Test 1150 T-On Location 17:06
 (B) First Initial Flow 68 Jars 250 T-Started 17:50
 (C) First Final Flow 97 Safety Joint 75 T-Open 19:53
 (D) Initial Shut-In 1112 Circ Sub _____ T-Pulled 22:53
 (E) Second Initial Flow 102 Hourly Standby _____ T-Out 1:44
 (F) Second Final Flow 149 Mileage 30 RT 46.50 Comments _____
 (G) Final Shut-In 1094 Sampler _____
 (H) Final Hydrostatic 1649 Straddle 600 Ruined Shale Packer _____
 Shale Packer _____ Ruined Packer _____
 Extra Packer _____ Extra Copies _____
 Extra Recorder _____ Sub Total 0
 Day Standby _____ Total 2121.50
 Accessibility _____ MP/DST Disc't _____
 Sub Total 2121.50

Approved By _____ Our Representative Jeff Brown

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.

