



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1088849
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: _____

1088849

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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
--	--	---

Form	ACO1 - Well Completion
Operator	Weilert, Michael D. dba Michael D. Weilert Oil Company
Well Name	Veley-Riedel 2
Doc ID	1088849

Tops

Name	Top	Datum
ANHYDRITE	1497	+739
TOPEKA	3229	-992
HEEBNER	3476	-1240
TORONTO	3998	-1262
LANSING	3522	-1272
B/KC	3766	-1530
ARBUCKLE	3850	-1615
TD	3865	

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

CURTIS WEILERT

Weilert, Michael D. dba Michael D. Weilert Oil
Company
866 230TH AVE
HAYS, KS 67601-9605

Re: ACO1

API 15-051-26242-00-00
Veley-Riedel 2
NE/4 Sec.07-14S-19W
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,
CURTIS WEILERT

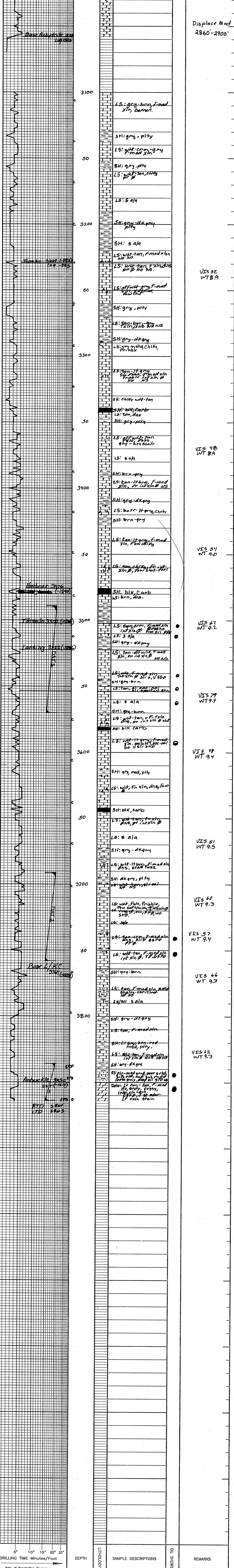
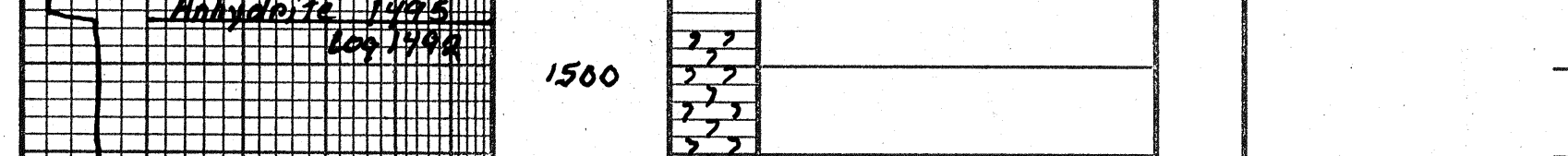
APL # 15-051-28248-0000
 COMPANY: Michael D. Miller
 WELL: Velej-Riedel #2
 FIELD: T-14-11
 LOCATION: 3266' E 735' E 19W
 SEC. 7 TWP. 14S. R. 19W
 COUNTY: Ellis
 STATE: Kansas
 OPERATOR: Michael D. Miller
 CONTRACTOR: Velej-Riedel
 SURF: 3864'
 TOTAL DEPTH LOG: 3865'

DATE	DEPTH	SIZE	WAC	TRF	DEPTH OF	FEET	INCHES
5-8-10	275'	1 1/4" PVC			215'	215'	1 1/4"
5-8-10	275'	3 7/8" PVC			215'	215'	3 7/8"
5-11-10	294.8'						
5-12-10	294.8'						
5-14-10	325.0'						
5-14-10	375.8'						
5-15-10	386.4'						

NO.	INCHES	IN/100'	IN/100'	IN/100'	IN/100'	IN/100'	IN/100'	IN/100'
1	34.89	58	6.5	78	59.3	1804	110.0	100.0
2	35.00	60	6.0	60	60	1578	97.0	100.0
3	34.91	28	3.0	28	49.5	1895	10.0	100.0
4	37.58	30	3.0	30	30	1810	100.0	100.0
5	38.96	52	11.89	108	121.0	1855	140	100.0
6	38.64	15	6.0	14.5	60	1855	230	100.0

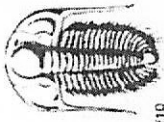
Based on DST results sample shows structural position 5th casing was set and considered in the thicker test to the thick KIL. Frank You. Leonard Wilson.

LEGEND



CONTRACTOR: Integrity Dels LLC
 LEASE: Velej-Riedel #2 IP Oil
 ELEVATION: 2236' KB RTD 3864 LTD 3865

LOCATION: 3266' E 735' E 19W
 SEC. 7 TWP. 14S. R. 19W
 COUNTY: Ellis STATE: Kansas



TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

Test Ticket

NO. 47232

4710

Well Name & No. Veley-Riedel #2 Test No. 1 Date 5-12-12
 Company Michael D. Weiler Oil Company Elevation 2237 KB 2228 GL
 Address 866 2307K Ave, Hays, KS 67601
 Co. Rep / Geo. Michael Weiler Rig Integrity #7
 Location: Sec. 7 Twp. 14S Rge. 19W Co. Ellis State Ks

Interval Tested 3489-3570 Zone Tested 104070 - C" Mud Wt. 9.3
 Anchor Length 81' Drill Pipe Run 3499 Vis 53
 Top Packer Depth 3484 Drill Collars Run 0 WL 8.4
 Bottom Packer Depth 3489 Wt. Pipe Run 0 LCM 0#
 Total Depth 3570 Chlorides 7000 ppm System

Blow Description FF - Very weak building blow. Built to 6 inches.

FST - No Return.

FF - Very weak building blow. Built to 4 inches.

FST - No Return.

Rec	110	Feet of	USOCM	%gas	3	%oil	97	%water	97	%mud
Rec		Feet of		%gas		%oil		%water		%mud
Rec		Feet of		%gas		%oil		%water		%mud
Rec		Feet of		%gas		%oil		%water		%mud
Rec		Feet of		%gas		%oil		%water		%mud

Rec Total 110 BHT 110 @ 110 F Chlorides ppm
 (A) Initial Hydrostatic 1804 Gravity test 1150 T-On Location 1900
 (B) First Initial Flow 31 Jars 0 T-Started 2115
 (C) First Final Flow 58 Safety Joint 0 T-Open 2326
 (D) Initial Shut-In 615 Circ Sub 0 T-Pulled 0330
 (E) Second Initial Flow 57 Hourly Standby XZ 200 T-Out 0600
 (F) Second Final Flow 72 Mileage 12XZ Comments BAT-2116
 (G) Final Shut-In 593 Sampler 0
 (H) Final Hydrostatic 1679 Straddle 0

Initial Open 60 Ruined Shale Packer
 Initial Shut-In 60 Ruined Packer
 Final Flow 60 Extra Copies
 Final Shut-In 60 Sub Total 0
 Total 1368.60
 MPDST Disc'l 0

Approved By _____ Our Representative [Signature]
 Trilobite Testing Inc. shall not be liable for damaged 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.



TRIOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

Test Ticket

NO. 47233

4-10

Well Name & No. Veley-Riedel #Z Test No. Z Date 5-14-12
 Company Michael D. Weiler Oil Company Elevation 2237 KB 2228 GL
 Address 866 2307k Ave, Hays, KS 67601
 Co. Rep / Geo. Michael Weiler Rig Integrity 7 State KS
 Location: Sec. 7 Twp. 14S Rge. 19W Co. Ellis

Interval Tested 3691-3758 Zone Tested LKC "JFK" Mud Wt. 9.3
 Anchor Length 67' Drill Pipe Run 3688 Vis 53
 Top Packer Depth 3686 Drill Collars Run 0 WL 8.4
 Bottom Packer Depth 3691 Wt Pipe Run 0 LCM 0*
 Total Depth 3758 Chlorides 7000 ppm System

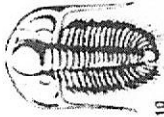
Blow Description IF - Very weak blow, Built to 1/2 inch. Dried to 1/4 inch.
FF - No Return.
FF - No Blow. Flushed Tool. Weak surface blow for 2 1/2 minutes.
FST - No Return.

Rec	10	Feet of	Mud w/o:1	Spees	%gas	%oil	%water	%mud
Rec		Feet of			%gas	%oil	%water	%mud
Rec		Feet of			%gas	%oil	%water	%mud
Rec		Feet of			%gas	%oil	%water	%mud
Rec		Feet of			%gas	%oil	%water	%mud

Rec Total 10 Gravity Test 1150 API RW @ F Chlorides ppm
 (A) Initial Hydrostatic 1895 Jars
 (B) First Initial Flow 20 Safety Joint
 (C) First Final Flow 26 Circ Sub
 (D) Initial Shut-In 596 Hourly Standby
 (E) Second Initial Flow 24 Mileage 12XR 18.60
 (F) Second Final Flow 26 Sampler
 (G) Final Shut-In 495 Straddle
 (H) Final Hydrostatic 1810 Shale Packer

Initial Open 30 Ruined Shale Packer
 Initial Shut-In 30 Ruined Packer
 Final Flow 30 Extra Copies
 Final Shut-In 30 Sub Total 0
 Total 1168.60
 MPDST Disc't 7
 Sub Total 1168.60

Approved By [Signature] Our Representative [Signature]
 Triobite Testing Inc. shall not be liable for damage of any kind to 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, tool's lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.



TRIOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

Test Ticket

NO. 47234

4/10

Well Name & No. Veley-Riedel #2 Test No. 3 Date 5-15-12
 Company Michael S. Weident Oil Company Elevation 2237 KB 2228 GL
 Address 866 230th Ave. Hays, KS 67601
 Co. Rep / Geo. Michael Weiler Rig Integrity 7 State KS
 Location: Sec. 7 Twp. 14S Rge. 19W Co. Ellis

Interval Tested 3836-3864 Zone Tested Ambuckle Mud Wt. 9.3
 Anchor Length 289 Drill Pipe Run 3846 Vis 57
 Top Packer Depth 3831 Drill Collars Run 0 WL 8.8
 Bottom Packer Depth 3836 Wt. Pipe Run 0 LCM 0 #
 Total Depth 3864 Chlorides 7800 ppm System

Blow Description FF Strong building blow. BOBm 12 minutes,
FST- Return @ 2 minutes, Built to 1/2 inch
FF- Strong building blow. BOBm 12 minutes,
FST- Return @ 2 minutes, Built to 1 1/2 inches

Rec 230 Feet of Coarse Oil 25 %gas 75 %oil %water %mud
 Rec 40 Feet of GOCM 10 %gas 10 %oil %water %mud
 Rec _____ Feet of _____ %gas _____ %oil _____ %water _____ %mud
 Rec _____ Feet of _____ %gas _____ %oil _____ %water _____ %mud
 Rec _____ Feet of _____ %gas _____ %oil _____ %water _____ %mud
 Rec _____ Feet of _____ %gas _____ %oil _____ %water _____ %mud
 Rec _____ Feet of _____ %gas _____ %oil _____ %water _____ %mud

Rec Total 270 Gravity 119 BHT 270' G.I.P. API RW 39 @ _____ ° F Chlorides _____ ppm
 (A) Initial Hydrostatic 1969 Test 1150
 (B) First Initial Flow 43 Jars
 (C) First Final Flow 52 Safety Joint
 (D) Initial Shut-In 1189 Circ Sub
 (E) Second Initial Flow 67 Hourly Standby
 (F) Second Final Flow 108 Mileage 12X2 18.60
 (G) Final Shut-In 1210 Sampler
 (H) Final Hydrostatic 1865 Straddle

Initial Open 15 Ruined Shale Packer
 Initial Shut-In 60 Ruined Packer
 Final Flow 45 Extra Copies
 Final Shut-In 60 Sub Total 0
 Total 1168.60
 MP/DST Disc'l [Signature]

Approved By _____ Our Representative _____
 Triobite Testing Inc. shall not be liable for damaged 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.

QUALITY WELL SERVICE, INC. 5534

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	5-8-12	Sec.	7	Twp.	14	Range	19	County	Ellis	State	KS	On Location		Finish	10:00pm
Lease	Veley - Riedel		Well No.	2		Location		Hay's KS 7 W 1/4 N W 1/4							
Contractor	Integrity Drilling														
Type Job	Surface														
Hole Size	12 1/4														
Csg.	8 5/8														
Tbg. Size															
Tool															
Cement Left in Csg.	15 ft														
Meas Line	Displace 12.67														
EQUIPMENT															
Pumptrk	No.	Richard													
Bulktrk	No.	HEAL													
Bulktrk	No.														
Pickup	No.														
JOB SERVICES & REMARKS															
Rat Hole															
Mouse Hole															
Centralizers															
Baskets															
DV or Port Collar															
Ran 5 jts of 8 5/8 casing & landing jt															
Est circulation with mud pump															
Hooked up and mixed 150sx and															
Disp 12.67 bbl H2O															
FLOAT EQUIPMENT															
Guide Shoe															
Centralizer															
Baskets															
AFU Inserts															
Float Shoe															
Latch Down															
Pumptrk Charge Surface															
Mileage 8															
Tax															
Discount															
Total Charge															
Signature <i>Don Mersh</i>															

Taylor Fracing, Inc.