



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1089668
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: _____

1089668

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 <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 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				

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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: _____ _____
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QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

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

No. 809

Date	7-21-12	Sec.	2	Twp.	11	Range	18	County	ELLIS	State	KANSAS	On Location		Finish	7:30
Lease	CROSS	Well No.	#14	Location		HAYS N TO RIVER RD - 1 1/2 E - N/INTO									
Contractor	AMERICAN EAGLE #2				Owner	VENTURE RESOURCES									
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.	275'											
Csg.	8 5/8"		Depth	275'											
Tbg. Size			Depth	Street 2255 S. WADSWORTH, STE 205											
Tool			Depth	City LAKEWOOD State CO, 80227											
Cement Left in Csg.			Shoe Joint	15'											
Meas Line			Displace	16 1/2 BLS											
				Cement Amount Ordered	165 Com - 3% cc - 2% GEL										

EQUIPMENT

Pumptrk #15	No.	Cementer	Helper	NICK	Common	165
Bulktrk #	No.	Driver	Driver	LONNIE	Poz. Mix	
Bulktrk #14	No.	Driver	Driver	CISCO	Gel.	3

JOB SERVICES & REMARKS

Remarks:	Calcium	6
Rat Hole	Hulls	
Mouse Hole	Salt	
Centralizers	Flowseal	
Baskets	Kol-Seal	
D/V or Port Collar	Mud CLR 48	
	CFL-117 or CD110 CAF 38	
	Sand	
	Handling	174
	Mileage	

CEMENT DISCIRCULATE!

FLOAT EQUIPMENT

Guide Shoe	
Centralizer	
Baskets	
AFU Inserts	
Float Shoe	
Latch Down	

Pumptrk Charge Surface
Mileage 21

THANK YOU!

X Signature *Phillip*

Tax
Discount
Total Charge



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Venture Resources Inc
 2255 S Wadsworth STE 205
 Lakewood CO 80227
 ATTN: Greg Mackey

2 11s 18w Ellis
Cross # 14
 Job Ticket: 46135 **DST#: 1**
 Test Start: 2012.07.26 @ 20:20:00

GENERAL INFORMATION:

Formation: **Arbuckle**
 Deviated: No Whipstock: 1982.00 ft (KB)
 Time Tool Opened: 22:14:30
 Time Test Ended: 02:19:00
 Interval: **3472.00 ft (KB) To 3505.00 ft (KB) (TVD)**
 Total Depth: 3505.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Jim Svaty
 Unit No: 57
 Reference Elevations: 1982.00 ft (KB)
 1975.00 ft (CF)
 KB to GR/CF: 7.00 ft

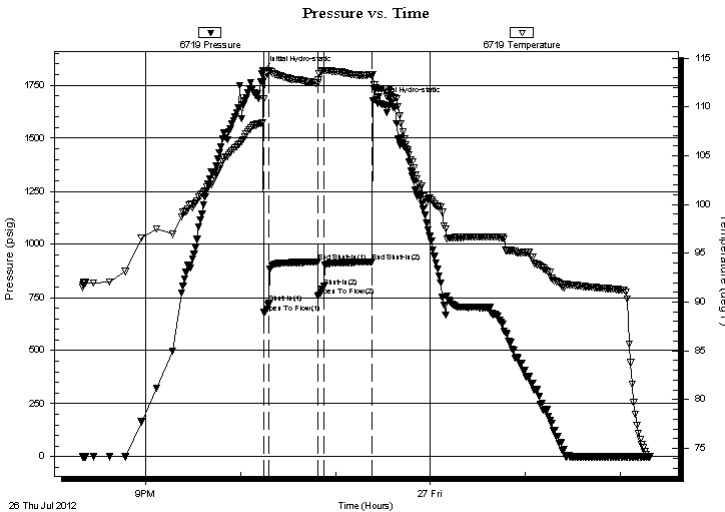
Serial #: 6719

Inside

Press @ Run Depth: 801.19 psig @ 3473.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2012.07.26 End Date: 2012.07.27 Last Calib.: 2012.07.27
 Start Time: 20:20:05 End Time: 02:18:59 Time On Btm: 2012.07.26 @ 22:14:00
 Time Off Btm: 2012.07.26 @ 23:23:30

TEST COMMENT: 3-IFP BOB in 15sec
 30-ISIP- No Blow
 5-FFP- BOB in 20sec
 30-FSIP- No Blow

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1819.42	108.37	Initial Hydro-static
1	678.38	110.80	Open To Flow (1)
4	724.49	113.64	Shut-In(1)
35	916.97	112.42	End Shut-In(1)
35	757.96	112.78	Open To Flow (2)
39	801.19	113.71	Shut-In(2)
69	917.08	113.31	End Shut-In(2)
70	1674.53	113.32	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
400.00	MCW 38% m 62% w	5.61
1024.00	MCW 8% m 92% w	14.36

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Venture Resources Inc

2 11s 18w Ellis

2255 S Wadsworth STE 205
Lakewood CO 80227

Cross # 14

Job Ticket: 46135

DST#: 1

ATTN: Greg Mackey

Test Start: 2012.07.26 @ 20:20:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

34000 ppm

Viscosity: 54.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.19 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 3800.00 ppm

Filter Cake: 6.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
400.00	MCW 38% _m 62% _w	5.611
1024.00	MCW 8% _m 92% _w	14.364

Total Length: 1424.00 ft Total Volume: 19.975 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

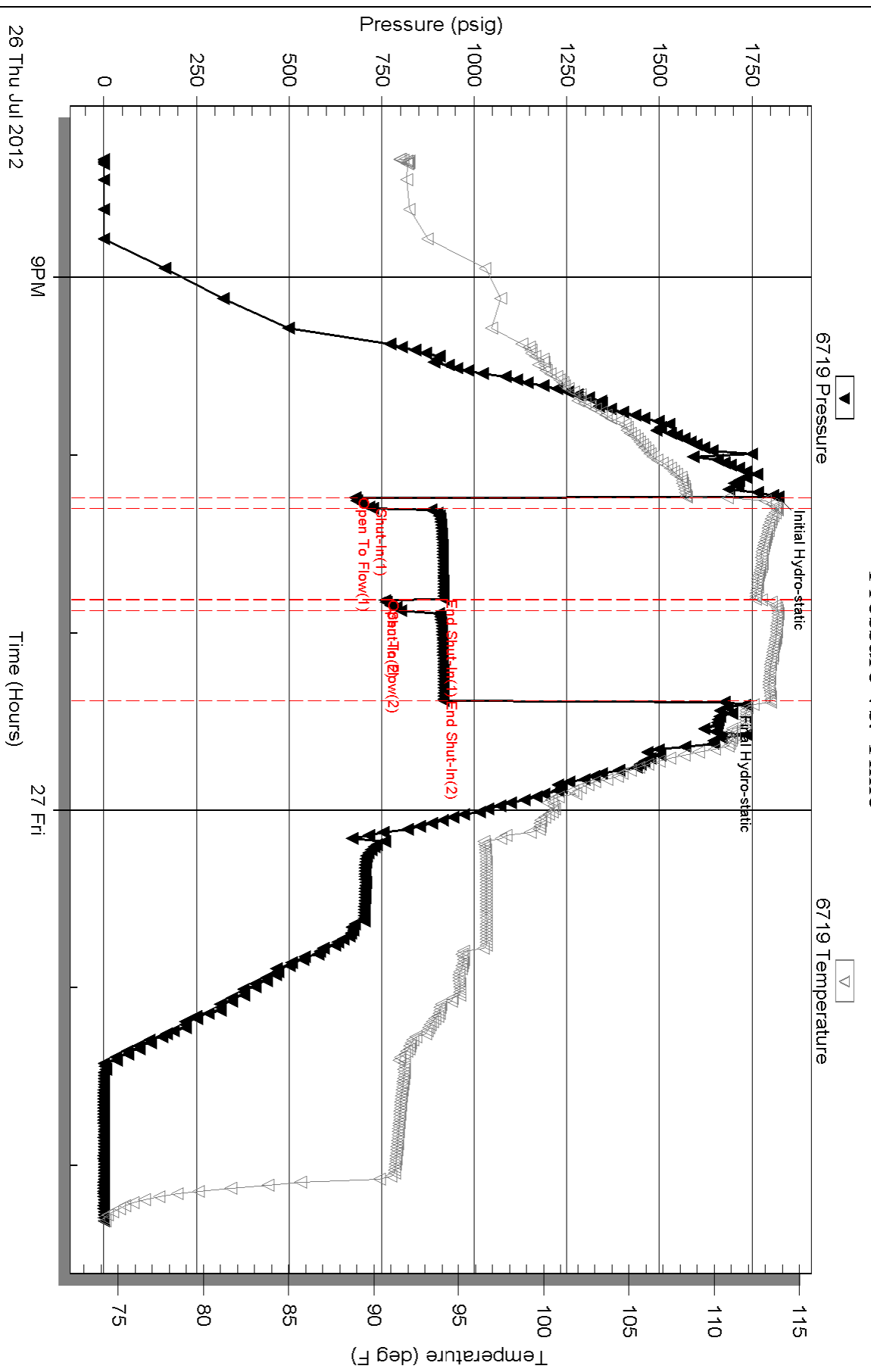
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: .191@77

Pressure vs. Time





TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Venture Resources Inc
 2255 S Wadsworth STE 205
 Lakewood CO 80227
 ATTN: Greg Mackey

2 11s 18w Ellis
Cross # 14
 Job Ticket: 49279 **DST#: 2**
 Test Start: 2012.07.27 @ 22:48:31

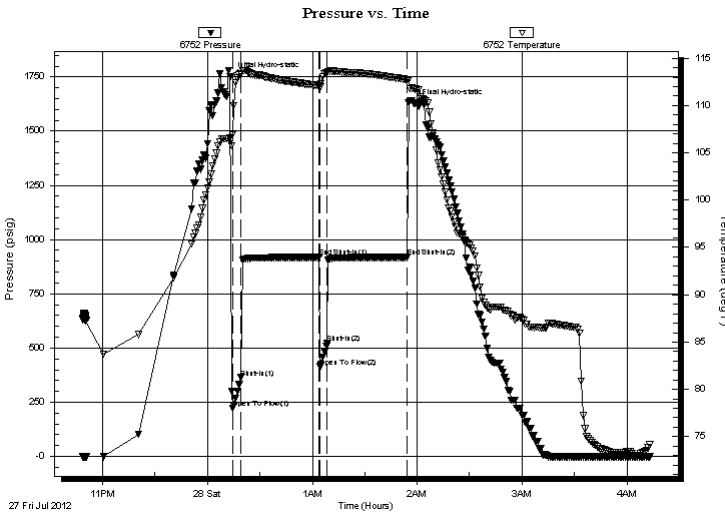
GENERAL INFORMATION:

Formation: **Arbuckle**
 Deviated: No Whipstock: 1982.00 ft (KB)
 Time Tool Opened: 00:14:31
 Time Test Ended: 04:13:01
 Interval: **3472.00 ft (KB) To 3496.00 ft (KB) (TVD)**
 Total Depth: 3540.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Straddle (Reset)
 Tester: Brian Fairbank
 Unit No: 41
 Reference Elevations: 1982.00 ft (KB)
 1975.00 ft (CF)
 KB to GR/CF: 7.00 ft

Serial #: 6752 Inside
 Press @ Run Depth: 523.51 psig @ 3476.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2012.07.27 End Date: 2012.07.28 Last Calib.: 2012.07.28
 Start Time: 22:48:32 End Time: 04:13:01 Time On Btm: 2012.07.28 @ 00:13:01
 Time Off Btm: 2012.07.28 @ 01:58:31

TEST COMMENT: IFP - BOB 40 sec
 ISI - no blow back
 FFP - BOB 45 sec
 FSI - no blow back

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1753.11	106.58	Initial Hydro-static
2	223.24	106.94	Open To Flow (1)
6	363.17	113.32	Shut-In(1)
51	918.70	112.08	End Shut-In(1)
52	413.92	111.93	Open To Flow (2)
56	523.51	113.51	Shut-In(2)
101	918.54	112.67	End Shut-In(2)
106	1629.28	111.74	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
620.00	V SOCMMW 2%O, 93%W, 5%M	8.70
295.00	WM 20%W, 80%M	4.14

* Recovery from multiple tests

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Venture Resources Inc

2 11s 18w Ellis

2255 S Wadsworth STE 205
Lakewood CO 80227

Cross # 14

Job Ticket: 49279

DST#: 2

ATTN: Greg Mackey

Test Start: 2012.07.27 @ 22:48:31

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

39000 ppm

Viscosity: 63.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.99 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 5200.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
620.00	VSOCMW 2%O, 93%W, 5%M	8.697
295.00	WM 20%W, 80%M	4.138

Total Length: 915.00 ft

Total Volume: 12.835 bbl

Num Fluid Samples: 0

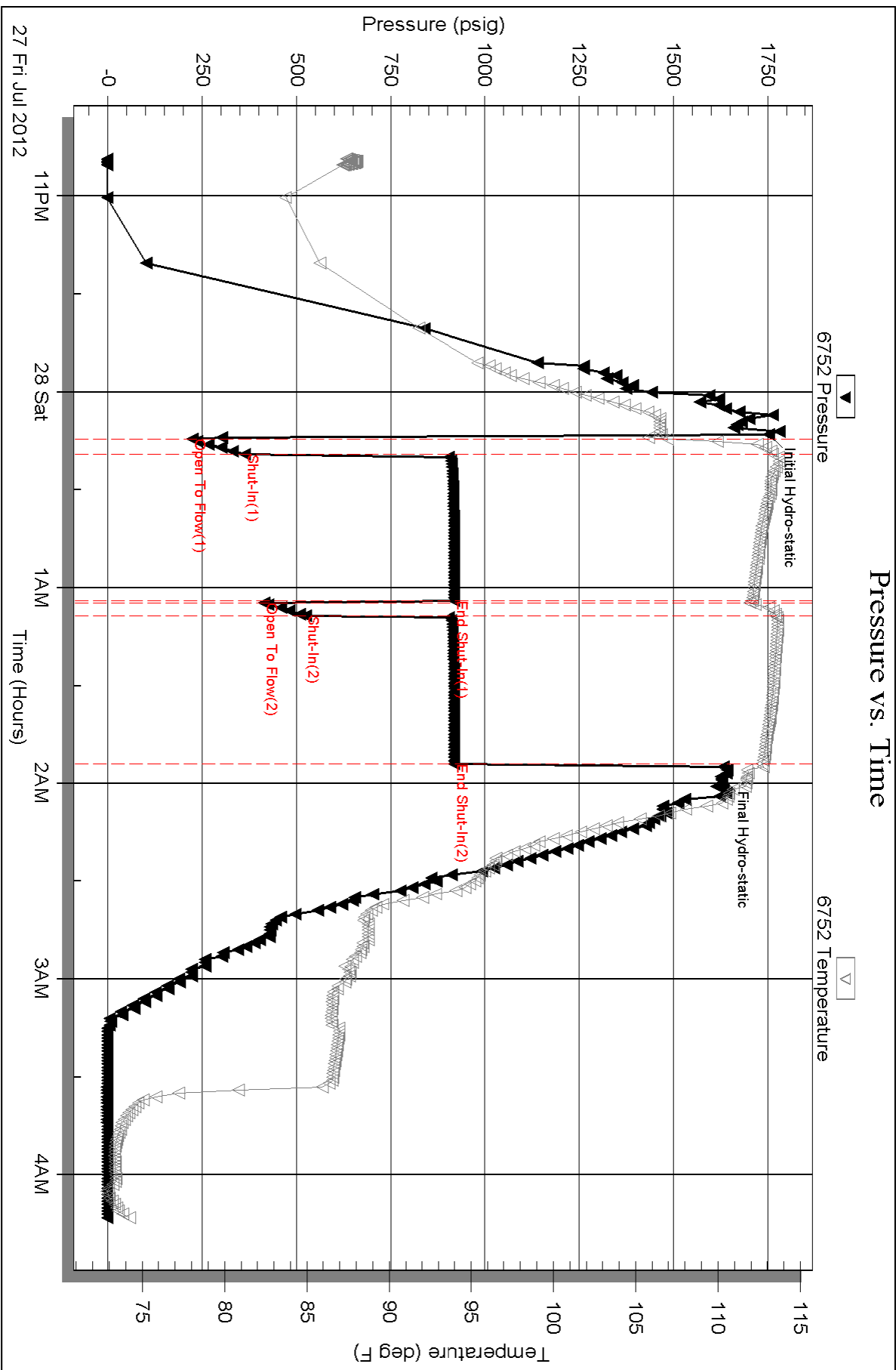
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

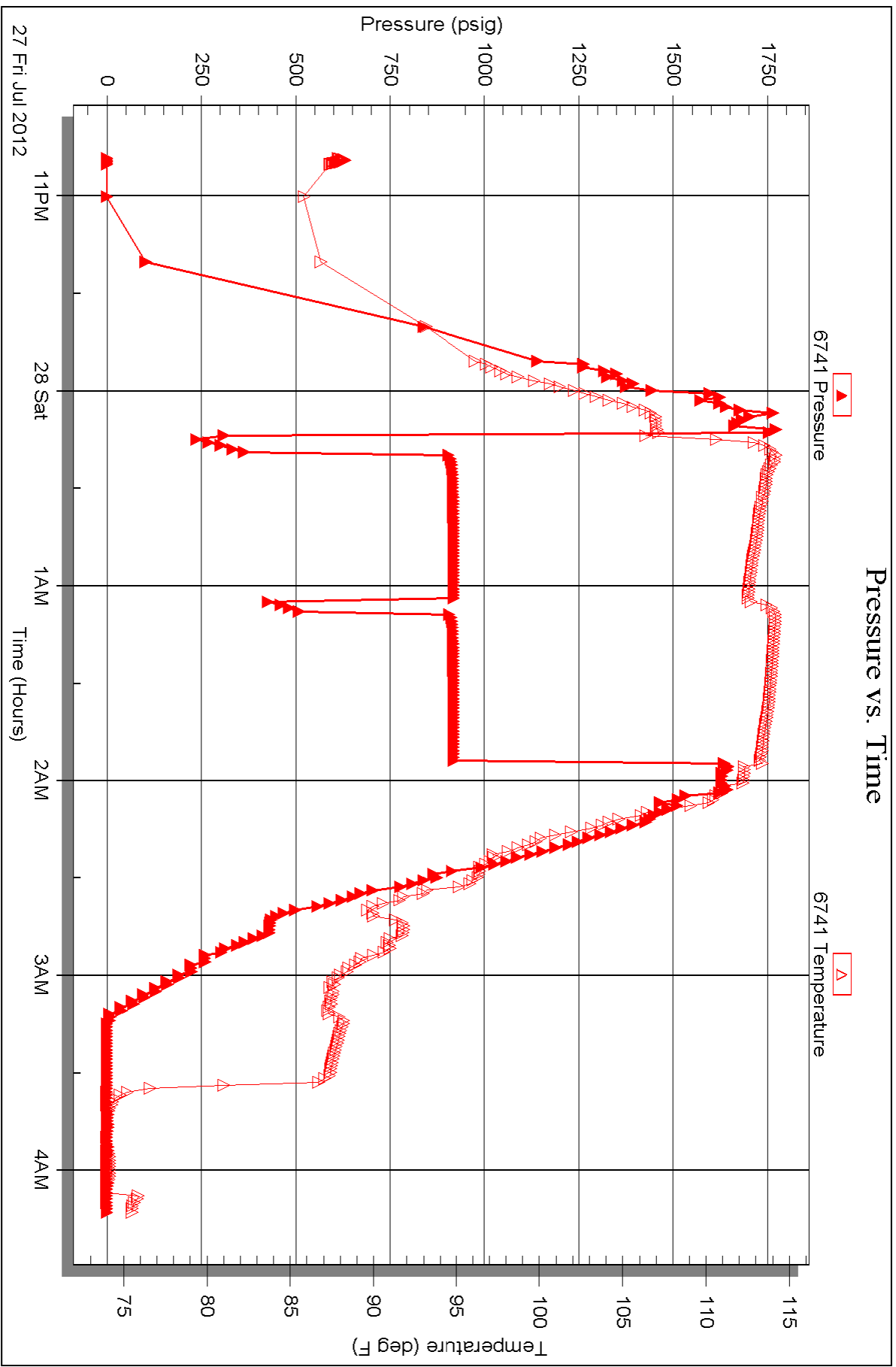


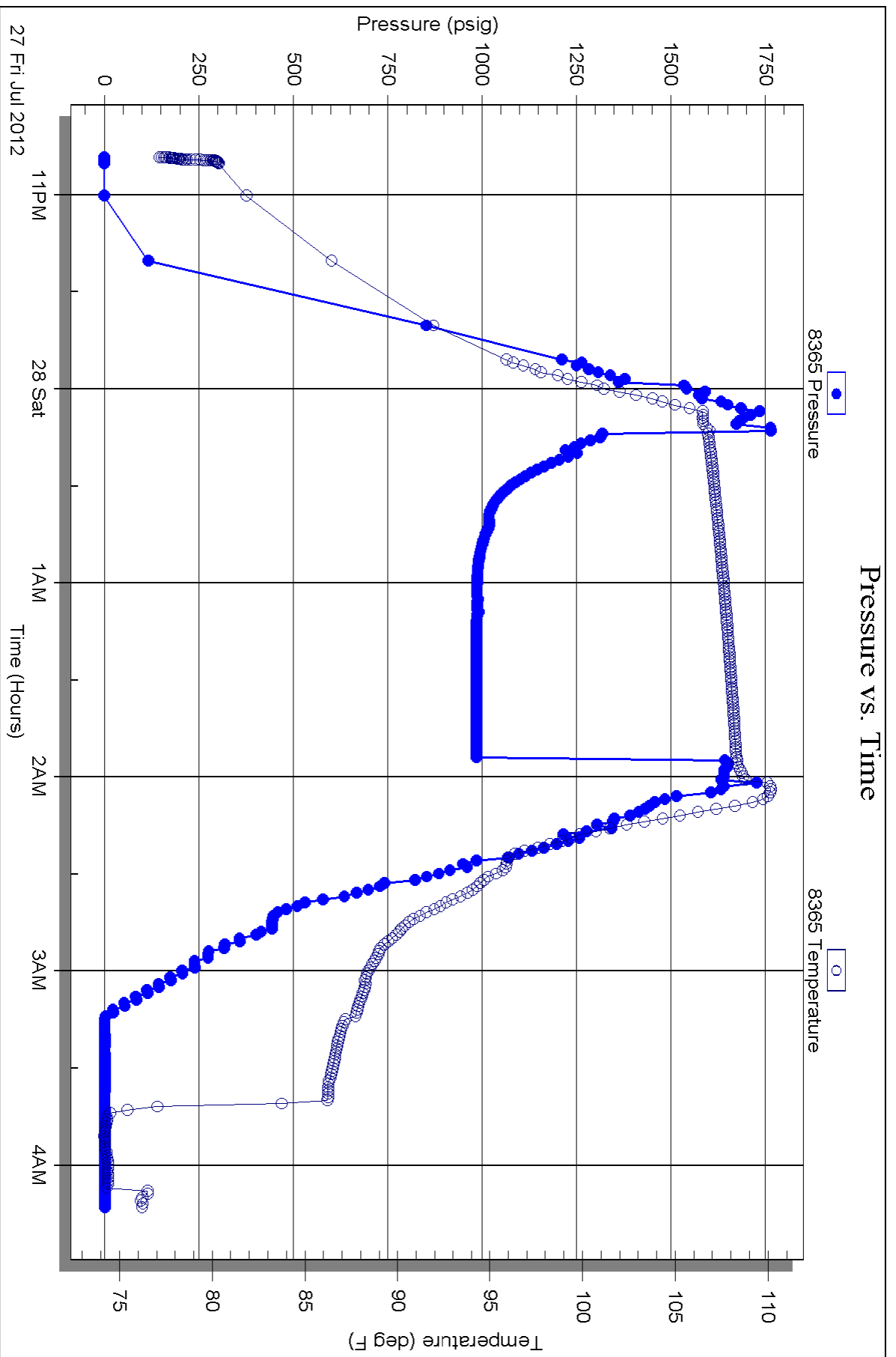
Serial #: 6741

Outside Venture Resources Inc

Cross #14

DST Test Number: 2





Ventue Resources, Inc

Geologist; Greg Mackey

Lease: Cross

Well #14, 15-051-26341-0000

County Ellis

Field Bemis-Shutts

Location SW,SE,SW. Sec 2, 11S-18W.

Ground 1975

K.B. 1982

Geologist Greg Mackey

Spud Date 7/20/2012

Completion date 7/28/2012

RTD 3540

LTD 3542

Mud up 2700

Drill time 2900

Sample start 2950

Casing:

Surface pipe 273' @ 275' w/ 165 sx

Production casing N/A

Port Collar N/A

Casing Engineer N/A

Logs run RAG

Formations

Geo	Log
Anhydrite 1270	1270
Topeka 2940	2940
Heebner 3156	3158
Toronto 3178	3178
Lansing/K.C.3202	3200
Base K.C. 3424	3424
Arbuckle 3488	3490
Granite Wash N/A	N/A
Granite N/A	N/A

DSTs

#1, 3472-3505, #2 3472-3496

Comments

DST #1. 3472-3505. 3/30, 3/30. 1st - Bob 15 sec, 2nd - bob 20 sec. 1st; 678-724 psi, ISP 916. 2nd; 757-801 psi, FSP 917. Rec. 1424' mud cut water.

DST#2. 3472-3496 5/45, 5/45. 1st op. BOB in 40 sec, SI - no blowback. 2nd BOB in 45 sec, SI - no blowback.

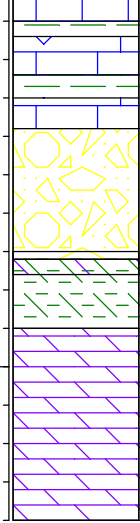
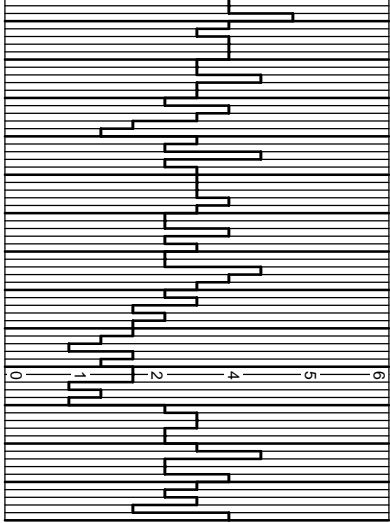
1st; 223-363 psi, ISP 918. 2nd; 413-523, FSP 918.

Rec 620' VSOCMW. 2% O, 93% W, 5% M. 295' MW, 20% W, 80% M.

SIP is lower than pressures in wells to the North of this one.

DST suggests watered out or depleted formation.

Chlorides were 34000.



shale: Brown

Oolitic Limestone: Lt-med tan, crm. well cemented F-med grn w/ v. sl tar show in poor intergran por, mic, chalky lm, oosparite & oolitic clusters. mostly dense. LKC - L

shale: Blk, dk gry.

Oolitic Limestone: Crm, tan. Med grn oolitic, oomic, oosparite, mic. chalky lm.

Conglomerate: LM, crm, tan. F-med grn, mic, oomic, oosparite. Chert. milky, resin, opaque. SLT. Olive grn, gry, brwn. SH. Blk, gry.

Shale/Claystone: SH. turquoise, brwn, gry. CL. white, turq. Simpson SH

Dolomite: Dolo.Clr, wt, turquoise. Fine xln, sl sucrosic texture, poor interxln porosity with fair shows tar & dead oil. slite odor.

dolomite: Dolo. Tan, cream. F-Med xln, some dense fragments. Poor to fair inter xln porosity, sucrosic texture. Fair to good shows heavy free oil when broken, no F.O. in cuttings. Good to strong odor, very sour smell. Sparse frags with heavy oil saturation. Last 30' is mostly tite with poor shows dead oil.

3490' CFS. 30/45/60 minutes.

30 min. Dolo. Clr, wt, turquoise. Fine xln, sl sucrosic texture, poor interxln porosity with fair shows tar & dead oil. slite odor. SH. turquoise, brwn, gry. CL. white, turq. Simpson SH & Dolo

45 minutes. Most;y AA. Sparse frags of Arbuckle Dolomite - Tan. F-Med xln, with slite inter chrystalline porosity. Poor heavy and dead oil shows when broken. Fair to good odor, but has sour smell.

60 min. Decent show Arb cuttings with fair interxln por. Fair shows heavy free oil when broken. No F.O. in cuttings. Good odor, but sour smell.

Arbuckle -1510
CFS 30/45/60

Total Depth = 3540

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

August 06, 2012

Greg Mackey
Venture Resources, Inc.
2255 S WADSWORTH, STE 205
LAKEWOOD, CO 80227

Re: ACO1
API 15-051-26341-00-00
Cross 14
SW/4 Sec.02-11S-18W
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,
Greg Mackey

