



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1094394
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: _____

1094394

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Blue Ridge Petroleum Corporation
Well Name	Antenen 3-12
Doc ID	1094394

All Electric Logs Run

CDN
DIL
MICRO
SONIC

Form	ACO1 - Well Completion
Operator	Blue Ridge Petroleum Corporation
Well Name	Antenen 3-12
Doc ID	1094394

Tops

Name	Top	Datum
Anhydrite	1811	+732
Heebner	3844	-1301
Lansing	3883	-1340
BKC	4233	-1690
Marmaton	4259	-1716
Fort Scott	4406	-1863
Mississippi	4511	-1968
Mississippi Dolo	4523	-1980



James C. Musgrove
 Petroleum Geologist
 Office (620) 588-4250 212 Main St. • P.O. Box 215 • Clarita, KS 67525 Home (620) 587-3444

GEOLOGIST'S REPORT

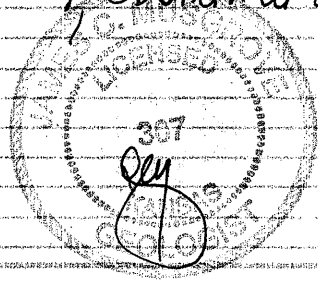
DRILLING TIME AND SAMPLE LOG

COMPANY <u>Blueridge Petroleum Corp.</u>	ELEVATIONS
LEASE <u>Antenen #3-12</u>	KB <u>2543</u>
FIELD _____	DF _____
LOCATION <u>nw-sw-ne-nw (900 FNL 1515 FWL)</u>	CL <u>2531</u>
SEC <u>12</u> TWP <u>26^w</u> RGE <u>19^s</u>	Measurements Are All From <u>-KB-</u>
COUNTY <u>NESS</u> STATE <u>Kansas</u>	
CONTRACTOR <u>Southwind Drilling (rig #70)</u>	CASING SURFACE <u>85811e 217</u>
SPUD <u>7/13/12</u> COMP <u>7/23/12</u>	PRODUCTION <u>-none-</u>
RTD <u>4600</u> LTD <u>4600</u>	ELECTRICAL SURVEYS
MUD UP <u>3700</u> TYPE MUD <u>chemical displaced</u>	<u>Superior Well Services;</u> <u>DIL, CDL, CNL, MEL, Sonar</u>
SAMPLES SAVED FROM <u>3700</u> TO _____	
DRILLING TIME KEPT FROM <u>3700</u> TO _____	
SAMPLES EXAMINED FROM <u>3700</u> TO _____	
GEOLOGICAL SUPERVISION FROM <u>3800</u> TO _____	
GEOLOGIST ON WELL <u>Jim Musgrove</u>	

FORMATION TOPS	LOG	SAMPLES
anhydrite	1811 +732	Mississippian 4511 - 1968
Base anhydrite	1849 +694	mass.
Heebner	3844 -1301	Dolomite 4523 - 1980
Toronto	3861 -1318	
Lansing	3883 -1340	RTD 4600 > -2057
Stark sh.	4135 -1592	LTD 4600
Base Kansas City	4233 -1690	
Marmaton	4259 -1716	
Pawnee	4343 -1800	
FT. Scott	4406 -1863	
Cherokee Shale	4432 -1889	






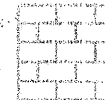

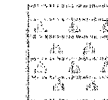
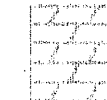
7505

The Antonen #3-12; was plugged & abandoned at the RTD 4600

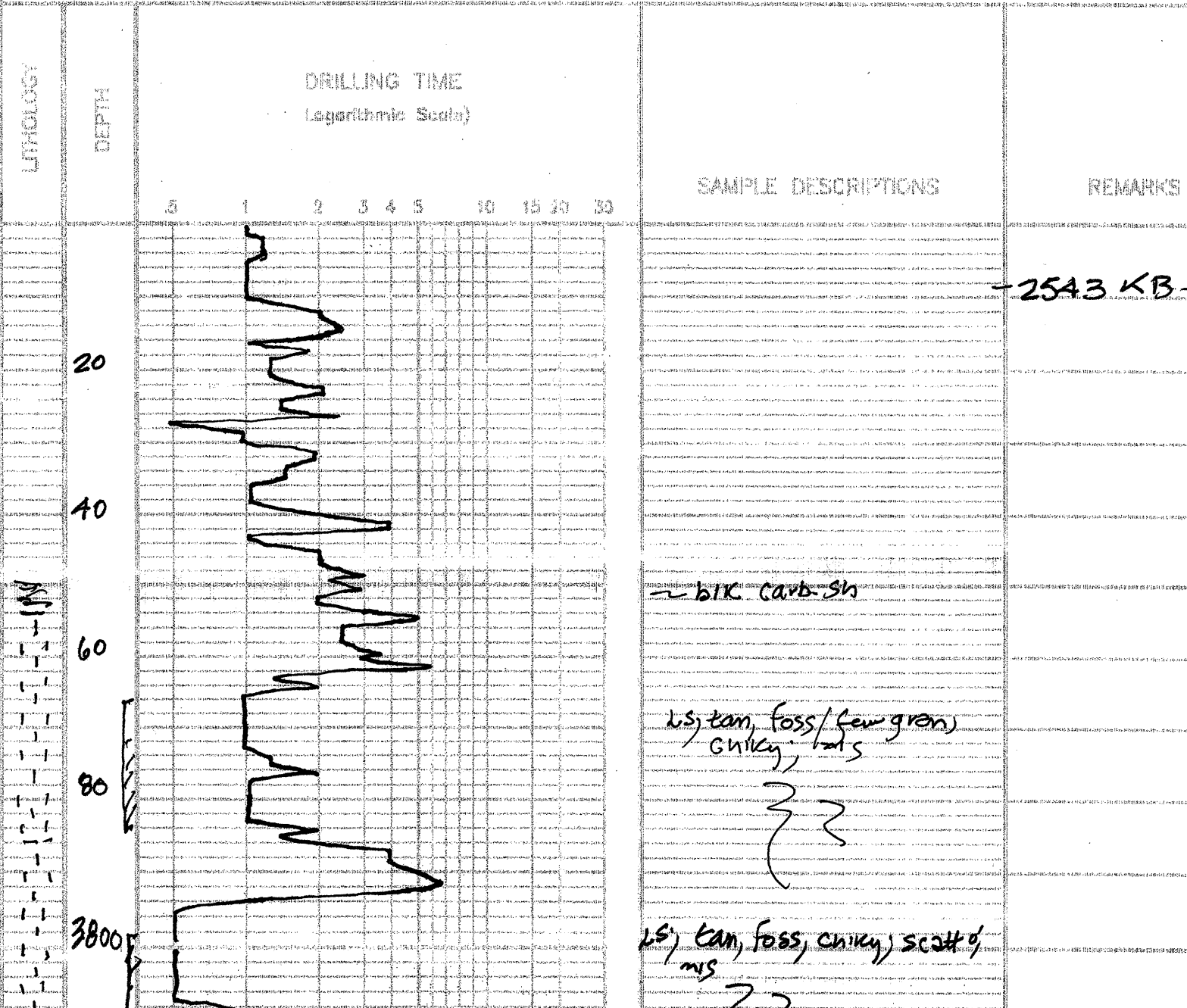


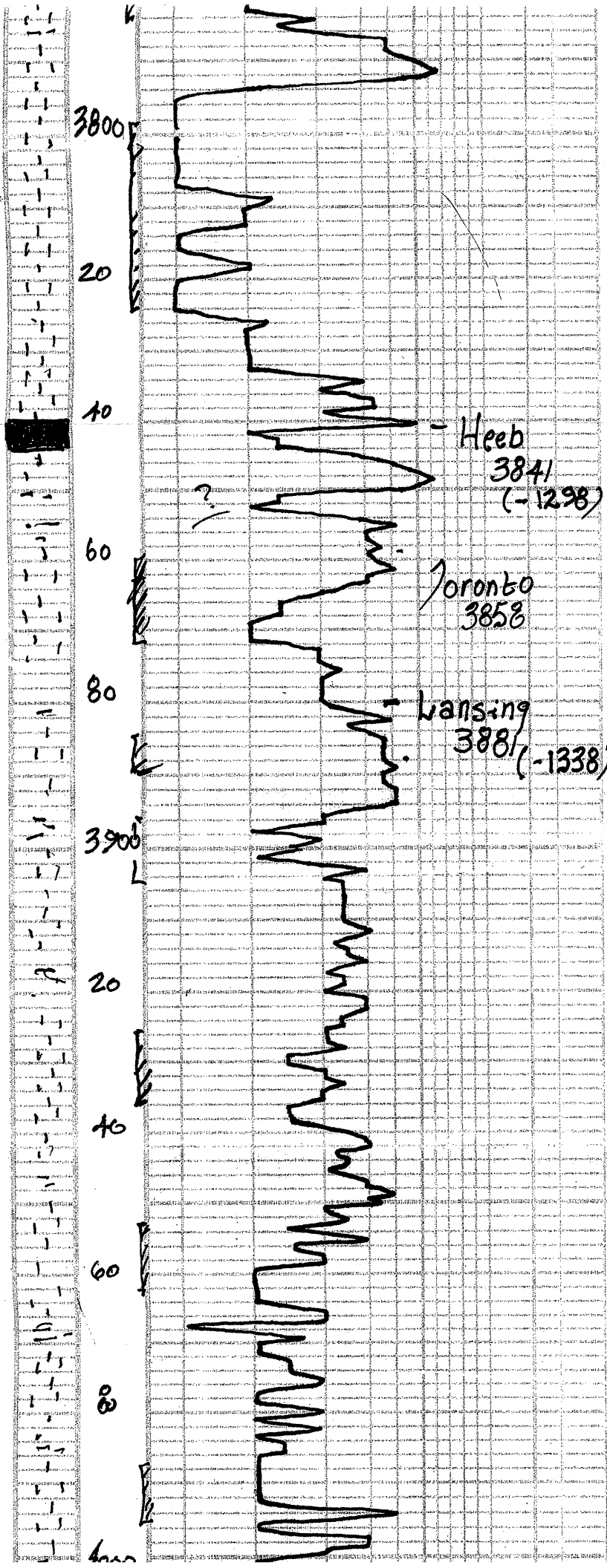
Respectfully submitted;
James C. Muesone
Petroleum Geologist.

LEGEND

- 
Anhydrite
- 
Silt
- 
Sandstone
- 
Shale
- 
Carb sh
- 
Limestone
- 
Coal/Lime
- 
Chert
- 
Dolomite

LOG 7702





LS; tan, foss, chiky, scatt o,
ms

32
aol

32
grn; tr. slightly
dolomitic ls

32
~ Jr. blk carb. sh

~ gy/green lincy sh

LS; wh/gm, foss, chiky
+ wh A.

~ LS, gray; tan, foss, few
oolichiky; Poor o

~ LS, gray, wh, med x b,
ool/foss, chiky

LS, gray fxl dense
tr pp-vuggy type,
N/S

LS, cm-gry fxl sl. foss
chiky poor vis. o

blk carb shale

LS; buff-gray highly foss
chiky in part poorly devo
+ cm-gry foss bone A

4000

20

40

60

80

4100

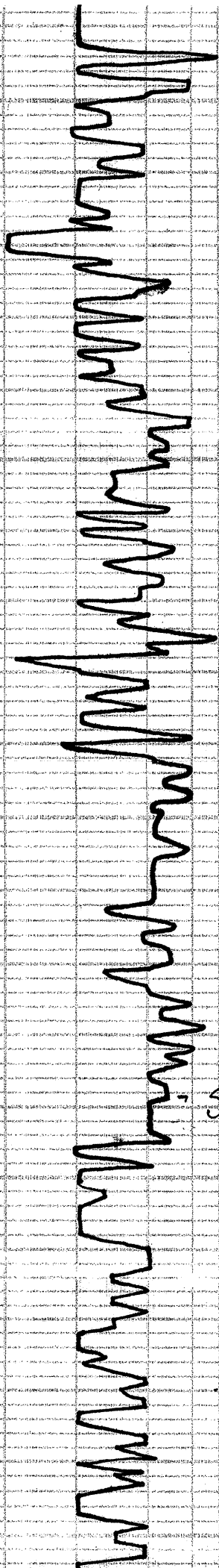
20

40

60

80

4200



Stark 4138

Chlky in part poorly dev'd
+ cm. gry foss bonny A
N/S

Ls; cm fix chlky
foss sparry cal cement
ool in part N/S
+ gry-wh ool opagus A

Ls. buff-ten-cm dense
Plus blk carb shale

Ls. cm buff fmed xl dense
foss/ool poor vis. N/S
+ gry-wh bonny A

Ls; ca poorly dev'd N/S
+ Δ as

Ls; cm-ten fix chlky
ool dense sl; Ay
+ gry-wh-cm, ool; Δ

blk carb shale

Ls wh/gry; foss; chlky
+ amber A

32

blk carb sh

Ls; wh/gry; fix; few
ool/foss; small & ml.

0710

20

40

60

80

430

20

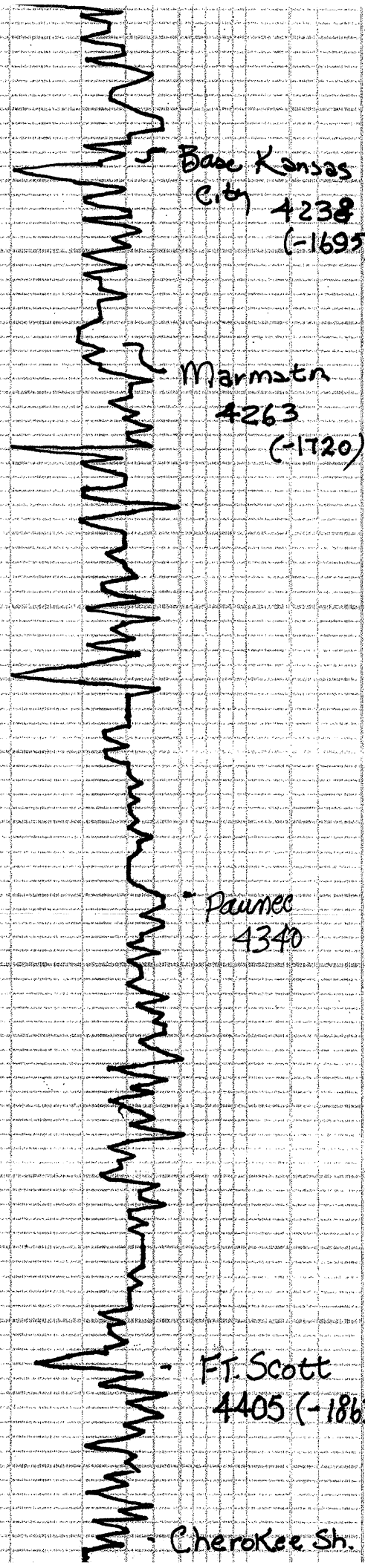
40

60

80

4400

20



Base Kansas
City 4238
(-1695)

Marmaton
4263
(-1720)

Pawnee
4340

Ft. Scott
4405 (-1863)

Cherokee Sh.

vic. Sh.
jr.

ls, tan, fxy, gran;
green, n/s

32
aa; jr. gray Δ

32
ls, gy/wht, fxy;

ls, gy; tan highly ool;
cherty - Δ

ls, gm; f-med, cherty n/s

32

ls, gm; fxy shaly in
part n/s

32

blue carb. sh.

ls, wh/gm; fxy; slightly
ool; cherty

32

blue carb. sh.

Unexposed sh.
4431 (-1888)

dk carb. sh

ls, tan, gy - cherty
+ gm Δ

dk carb. sh.

ls, gy; cherty + gm Δ

wa
wa

Dr. sd, v. fg; sub rounded, Poorly
+ Dr. gm foss Δ

sd, wh/v fg; sub rounded, Poorly
devol; brown/dk brown; in stn
1/2 in, no odor.
+ tan gm Δ

ls, wh/gm; fr. cherty
- dry (dew)

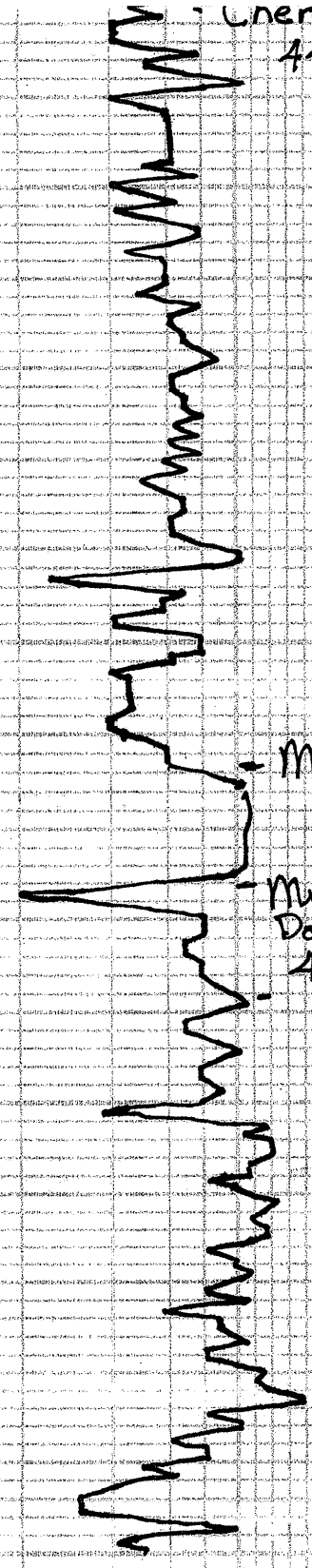
dol, tan, buff, fr. h.
sug. scatt'd, ms

slightly dry, Poorly

wa.
+ ls, wh/gm; cherty
- dense

fr. wh/ls & fr. tan, sug.
dolomite ms

40
60
80
4500
20
40
60
80
4600



Miss
4513
(-1970)

Miss
Dolomite
4525
(-1982)

RTD 4600

QUALITY WELL SERVICE, INC.

5606

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	7-14-12	Sec.	12	Twp.	19	Range	26	County	Neosho	State	KS	On Location		Finish	1:00pm - 1:30pm
Lease	Antenen	Well No.	3-12		Location Antenen 3/4 W S into 3.5 miles										
Contractor Southwind								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. 222				Charge To Blue Ridge Petr							
Csg. 8 5/8				Depth 222				Street							
Tbg. Size				Depth				City				State			
Tool				Depth				City				State			
Cement Left in Csg. 20ft				Shoe Joint				The above was done to satisfaction and supervision of owner agent or contractor.							
Meas Line				Displace 12.5				Cement Amount Ordered 2005x 60/40 3% CC 2% gel							
EQUIPMENT															
Pumptrk	No.	8		Cody		Common 120 1/2									
Bulktrk	No.	9		m. GP		Poz. Mix 80 1/2									
Bulktrk	No.					Gel. 3 1/2									
Pickup	No.					Calcium 7									
JOB SERVICES & REMARKS															
Rat Hole								Hulls							
Mouse Hole								Salt							
Centralizers								Flowseal							
Baskets								Kol-Seal							
DV or Port Collar								Mud CLR 48							
Ran 5 JTS of 8 5/8 casing and landing JT								CFL-117 or CD110 CAF 38							
								Sand							
								Handling 210							
								Mileage 20							
Est Circulation with mud pump								FLOAT EQUIPMENT							
								Guide Shoe							
Hookup and mix 200 sx and disp with 12 1/2 bbl H2O								Centralizer							
Shut in @ 300 psi								Baskets							
								AFU Inserts							
								Float Shoe							
								Latch-Down							
Cement @ Circulate to surface								1 add hour							
								Pumptrk Charge Surface							
								Mileage 20							
Thank You!												Tax			
L. O. Brady												Discount			
Signature												Total Charge			



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 37035
LOCATION Oakley, KS
FOREMAN Walt Dinkel

0 Box 884, Chanute, KS 66720
20-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-22-12	9999	Antenan 3-12	12	19S	26W	Ness

TRUCK #	DRIVER	TRUCK #	DRIVER
463	Jerry Yates		
460	Cody Knats		

CUSTOMER Blue Ridge Petroleum Corporation
MAILING ADDRESS P.O. Box 1913
CITY Enid **STATE** OK **ZIP CODE** 73702
OB TYPE PTA - **HOLE SIZE** 7 7/8" **HOLE DEPTH** _____ **CASING SIZE & WEIGHT** _____
CASING DEPTH _____ **DRILL PIPE** 4 1/2" X H **TUBING** _____ **OTHER** _____
SLURRY WEIGHT _____ **SLURRY VOL** _____ **WATER gal/sk** _____ **CEMENT LEFT in CASING** _____
DISPLACEMENT _____ **DISPLACEMENT PSI** _____ **MIX PSI** _____ **RATE** _____

REMARKS: Safety Meeting, rig up on South wind #20. Plug as ordered

- 50 SKS @ 1880'
- 80 SKS @ 1030'
- 50 SKS @ 550'
- 40 SKS @ 250'
- 20 SKS @ 60'
- 30 SKS in R.H.

Thank You
Walt + crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	1,325 ⁰⁰	1,325 ⁰⁰
5406	30	MILEAGE	5 ⁰⁰	150 ⁰⁰
1131	270 SKS	6 3/4" per	15 ¹⁰	4,077 ⁰⁰
1118B	928 #	601	25	232 ⁰⁰
1107	68 #	Flo-Seal	282	191 ⁷⁶
5407A	11.61	Tax Mileage Delivery	167	581 ⁷⁰
				6,557 ⁴⁶
Less 10% Disc				- 655 ⁷⁵
				5,901 ⁷¹
SALES TAX				255.19
ESTIMATED TOTAL				6156.90

Completed

AUTHORIZATION [Signature] **TITLE** Pusher **DATE** _____

acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form

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
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

September 22, 2012

Jonathan Allen
Blue Ridge Petroleum Corporation
PO BOX 1913
ENID, OK 73702-1913

Re: ACO1
API 15-135-25427-00-00
Antenen 3-12
NW/4 Sec.12-19S-26W
Ness 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,
Jonathan Allen