



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
-----------------------------------	-----------------	---

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: _____



1095742

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
---	---

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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ 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
-----------------------------------	-----------	---------	-------------	---------------	---------

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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
---	---	--

Form	ACO1 - Well Completion
Operator	Hewitt Energy Group, Inc.
Well Name	Prescott 25-6
Doc ID	1095742

All Electric Logs Run

Dual Induction
Dual Compensated Porosity
Computer Processed Interpretation
Microresistivity
Cement Bond

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

October 03, 2012

Jeremiah J. Burton
Hewitt Energy Group, Inc.
15 W S TEMPLE STE 1050
SALT LAKE CITY, UT 84101-1503

Re: ACO1
API 15-185-23748-00-00
Prescott 25-6
SE/4 Sec.25-24S-14W
Stafford 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,
Jeremiah J. Burton



TREATMENT REPORT

Acid Stage No.

Date 5/9/12 District GB F.O. No. 39560
 Company Hewitt Energy Group
 Well Name & No. Prescott 257-6
 Location Stafford Field 15
 County Stafford State TX
 Casing: Size 9 5/8 Type & Wt. Set at ft.
 Formation: Perf. to
 Formation: Perf. to
 Formation: Perf. to
 Liner: Size Type & Wt. Top at ft. Bottom at ft.
 Cemented: Yes/No. Perforated from ft. to ft.
 Tubing: Size & Wt. Hung at ft.
 Perforated from ft. to ft.
 Open Hole Size T.D. ft. P.S. to ft.

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand
 Breakdown Bbl. /Gal.
 Bbl. /Gal.
 Bbl. /Gal.
 Bbl. /Gal.
 Flush Bbl. /Gal.
 Treated from ft. to ft. No. ft.
 from ft. to ft. No. ft.
 from ft. to ft. No. ft.
 Actual Volume of Oil/Water to Load Hole: Bbl. /Gal.
 Pump Trucks. No. Used: Std. Su. Twin
 Auxiliary Equipment
 Packer: Set at ft.
 Auxiliary Tools
 Plugging or Sealing Materials: Type Gals. lb.

Company Representative Cecil Treater Tim Dutton

TIME a.m /p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
1:15				on location
2:15				Break Circuit w/ Pump truck
2:30				Mix 100 SACKS 60/40 P02 276el
2:45				Mix 200 SACKS COMMON 370 CALCIUM
3:00		200		DISPLACE 13 1/2 BBL'S AT 40BPM 200#
3:15				Shut in
				Job complete



TREATMENT REPORT

Acid Stage No.

Date: 5/13/12 District: G.B. P. O. No. C39654
 Company: Hessitt Energy
 Well Name & No.: Nrescott 25-6
 Location: _____ Field: _____
 County: Stefford State: KS
 Casing: Size: 5 1/2" Type & Wt. _____ Set at _____ ft.
 Formation: _____ Perf. _____ to _____ ft.
 Formation: _____ Perf. _____ to _____ ft.
 Formation: _____ Perf. _____ to _____ ft.
 Liner: Size: _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.
 Cemented: Yes/No. Perforated from _____ ft. to _____ ft.
 Tubing: Size & Wt. _____ Spung at _____ ft.
 Perforated from _____ ft. to _____ ft.
 Open Hole Size: _____ T. D. _____ ft. P. D. to _____ ft.

Type Treatment: Amt. _____ Type Fluid _____ Sand Size _____ Pounds of Sand _____
 Breakdown: _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 Flush: _____ Bbl./Gal. _____
 Treated from _____ ft. to _____ ft. No. ft. _____
 from _____ ft. to _____ ft. No. ft. _____
 from _____ ft. to _____ ft. No. ft. _____
 Actual Volume of Oil/Water to Load Hole: _____ Bbl./Gal.
 Pump Trucks, No. Used: 300 Bu. _____ Twin _____
 Auxiliary Equipment: 327
 Packer: _____ Set at _____ ft.
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type _____

Company Representative: Aron Treater: Nathan W.

TIME (a.m./p.m.)	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
4:00	-	5 1/2"		On Location.
:				
:				Hole = 4,172' Centrifizers = 1, 3, 5, 7, 9.
:				Pipe = 4,163 Basket = 2
:				L.S = 11'
:				4,174'
:				S.S = 37'
:				Bottom = 4,137'
:				
:				Break - circulation w/ mud pump.
:				Circulate 30 min
:				
:				Pump 500 gal- mud - flush.
:				
:				Plus ret-hole w/ 30 sks
:				Plus mouse-hole w/ 20 sks
:				
:				Mix 150 sks 60/40 ooz. 2% gal. 1/4% CAF-2
:				18% salt. 2 1/2#/sk. gilsonite.
:				
:				Displace w/ 100.9 bbls. @ 5 bpm @ 925.#
:				Plus 18-dec @ 1,400.#
9:30				Released. Float held.
:				
:				Thank you!
:				Nathan W.

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

October 09, 2012

Jeremiah J. Burton
Hewitt Energy Group, Inc.
15 W S TEMPLE STE 1050
SALT LAKE CITY, UT 84101-1503

Re: ACO-1
API 15-185-23748-00-00
Prescott 25-6
SE/4 Sec.25-24S-14W
Stafford County, Kansas

Dear Jeremiah J. Burton:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 5/8/2012 and the ACO-1 was received on October 08, 2012 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department