



KANSAS CORPORATION COMMISSION 1099566  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

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
- 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: \_\_\_\_\_



1099566

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
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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
_____ 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 Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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	Joe Gerstner Oil, LLC
Well Name	Del-Lee 1
Doc ID	1099566

Tops

Name	Top	Datum
Anhydrite	1802	+672
Base Anhydrite	1832	+642
Topeka	3490	-1014
Heebner	3762	-1285
LKC	3802	-1325
Stark	4053	-1576
BKC	4116	-1639
Marmaton	4158	-1681
Pawnee	4242	-1765
Ft. Scott	4312	-1835
Miss Dolomite	4409	-1932



# ALLIED OIL & GAS SERVICES, LLC 053567

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT:  
Great Bend, KS

DATE <u>10-4-12</u>	SEC. <u>19</u>	TWP. <u>17S</u>	RANGE <u>25W</u>	CALLED OUT	ON LOCATION	JOB START <u>7:30</u>	JOB FINISH <u>8:00 AM</u>
LEASE <u>Dil-lee</u>	WELL # <u>1</u>	LOCATION <u>UTRGA, KS 55 E into</u>			COUNTY <u>NESS</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)			1 mile				

CONTRACTOR Pickrell Drilling Big #10 OWNER \_\_\_\_\_

TYPE OF JOB Grp Gace

HOLE SIZE 12 1/4 T.D. \_\_\_\_\_ CEMENT \_\_\_\_\_

CASING SIZE 5 7/8 DEPTH 220.29 AMOUNT ORDERED 150 sks class A 3 1/2 cc

TUBING SIZE \_\_\_\_\_ DEPTH 2 1/2 gal

DRILL PIPE 4 1/2 DEPTH \_\_\_\_\_

TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_

PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_ COMMON 150 @ 17.90 2,685.00

MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_ POZMIX \_\_\_\_\_ @ \_\_\_\_\_

CEMENT LEFT IN CSG. 15 ft GEL 3 @ 23.40 70.20

PERFS. \_\_\_\_\_ CHLORIDE 5 @ 64.00 320.00

DISPLACEMENT 13.27 bbls freshwater ASC \_\_\_\_\_ @ \_\_\_\_\_

**EQUIPMENT**

PUMP TRUCK CEMENTER Dustin Chambers 1

# 395 HELPER Josh Fessac 1

BULK TRUCK \_\_\_\_\_

# 452/172 DRIVER Joel Munka 2

BULK TRUCK \_\_\_\_\_

# \_\_\_\_\_ DRIVER \_\_\_\_\_

HANDLING 162.07 @ 2.48 401.28

MILEAGE 7.4 X 30 X @ 2.60 577.20

TOTAL 4,054.38

**REMARKS:**

Break circulation with Big mud  
Pump 5 bbls freshwater ahead  
Use 150 sks class A 3 1/2 cc 2 1/2 gal  
Displace 13.27 bbls freshwater 13.27 in  
Cement Big circulation  
plug down 7:30 AM  
Big down.

**SERVICE**

DEPTH OF JOB \_\_\_\_\_

PUMP TRUCK CHARGE 1512.25

EXTRA FOOTAGE @ \_\_\_\_\_

MILEAGE Hum 30 @ 7.70 231.00

MANIFOLD @ \_\_\_\_\_

Hum 30 @ 4.40 132.00

TOTAL 1,875.25

CHARGE TO: Joe Gentry Oil LLC

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PLUG & FLOAT EQUIPMENT**

_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____

TOTAL \_\_\_\_\_

SALES TAX (If Any) 193.73

TOTAL CHARGES 5,929.63

<sup>25%</sup> DISCOUNT 1,482.40 IF PAID IN 30 DAYS

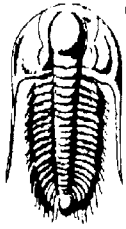
4,447.23

PRINTED NAME X Mike Kern

SIGNATURE X Mike Kern

Thank You!

To: Allied Oil & Gas Services, LLC.  
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.



**TRILOBITE TESTING, INC.**

# DRILL STEM TEST REPORT

Joe Gerstner Oil LLC

**19-17s-25w**

Po Box 509  
Ness City Ks 67560

**Del-Lee #1**

Job Ticket: 51036 **DST#: 2**

ATTN: Debra Stenzel

Test Start: 2012.10.12 @ 08:56:43

## GENERAL INFORMATION:

Formation: **Miss**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 11:05:43

Time Test Ended: 15:13:43

Test Type: Conventional Bottom Hole (Reset)

Tester: Jeff Brown

Unit No: 44

Interval: **4429.00 ft (KB) To 4452.00 ft (KB) (TVD)**

Reference Elevations: 2477.00 ft (KB)

Total Depth: 4452.00 ft (KB) (TVD)

2470.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 7.00 ft

**Serial #: 8321** Inside

Press@RunDepth: 126.87 psig @ 4430.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2012.10.12

End Date: 2012.10.12

Last Calib.: 2012.10.12

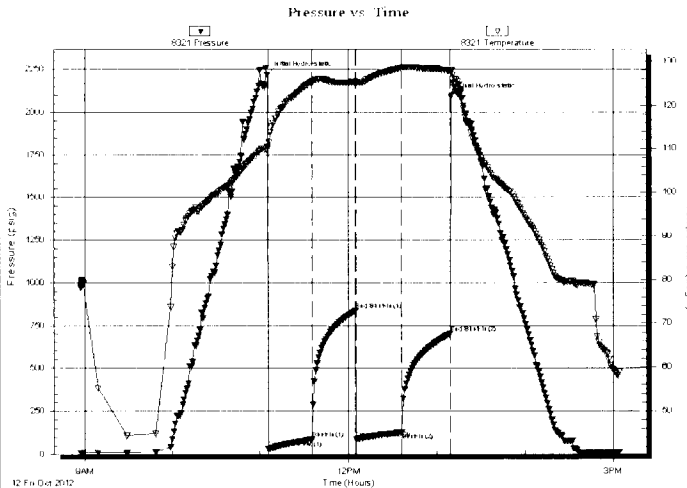
Start Time: 08:56:44

End Time: 15:04:43

Time On Btm: 2012.10.12 @ 11:05:13

Time Off Btm: 2012.10.12 @ 13:09:43

TEST COMMENT: IFF=Good blow BOB in 23 min  
ISI=Dead no blow back  
FFP=Fair blow built to 8 in  
FSI=Dead no blow back



## PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2217.41	110.57	Initial Hydro-static
1	31.17	110.29	Open To Flow (1)
31	85.97	125.40	Shut-In(1)
60	835.41	125.28	End Shut-In(1)
61	88.60	125.10	Open To Flow (2)
91	126.87	128.52	Shut-In(2)
124	703.80	127.92	End Shut-In(2)
125	2086.85	127.89	Final Hydro-static

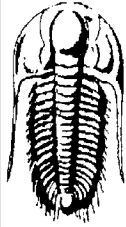
## Recovery

Length (ft)	Description	Volume (bbl)
124.00	MW with oil spots 30%M 70%W	1.74
105.00	WM with oil spots 25%W 75%M	1.47

\* Recovery from multiple tests

## Gas Rates

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



**TRILOBITE**  
TESTING, INC.

## DRILL STEM TEST REPORT

**FLUID SUMMARY**

Joe Gerstner Oil LLC

**19-17s-25w**

Po Box 509  
Ness City Ks 67560

**Del-Lee #1**

Job Ticket: 51036

**DST#: 2**

ATTN: Debra Stenzel

Test Start: 2012.10.12 @ 08:56:43

### 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:

ppm

Viscosity: 54.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 9.98 in<sup>3</sup>

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 2400.00 ppm

Filter Cake: inches

### Recovery Information

Recovery Table

Length ft	Description	Volume bbl
124.00	MW with oil spots 30%M 70%W	1.739
105.00	WM with oil spots 25%W 75%M	1.473

Total Length: 229.00 ft

Total Volume: 3.212 bbl

Num Fluid Samples: 0

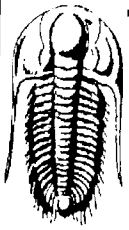
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:



**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

Joe Gerstner Oil LLC

19-17s-25w

Po Box 509  
Ness City Ks 67560

Del-Lee #1

ATTN: Debra Stenzel

Job Ticket: 51035

DST#: 1

Test Start: 2012.10.11 @ 14:33:59

## GENERAL INFORMATION:

Formation: **Miss**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 17:45:29

Time Test Ended: 22:00:59

Test Type: Conventional Bottom Hole (Initial)

Tester: Jeff Brown

Unit No: 44

Interval: **4410.00 ft (KB) To 4428.00 ft (KB) (TVD)**

Total Depth: 4428.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Good

Reference Elevations: 2477.00 ft (KB)

2470.00 ft (CF)

KB to GR/CF: 7.00 ft

Serial #: 8321

Inside

Press@RunDepth: 29.58 psig @ 4411.00 ft (KB)

Start Date: 2012.10.11

End Date:

2012.10.11

Capacity: 8000.00 psig

Last Calib.: 2012.10.11

Start Time: 14:34:00

End Time:

22:00:59

Time On Btm: 2012.10.11 @ 17:44:59

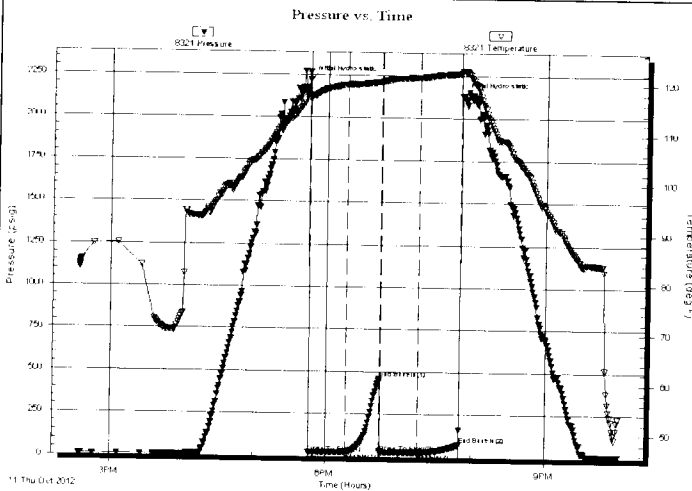
Time Off Btm: 2012.10.11 @ 19:50:29

TEST COMMENT: IFP=Weak blow built to 1/4 in

ISF=Dead no blow back

FFP=Dead no blow

FSI=Dead no blow back



## PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2220.45	117.73	Initial Hydro-static
1	23.80	116.89	Open To Flow (1)
31	28.70	119.88	Shut-In(1)
59	460.05	120.48	End Shut-In(1)
60	26.58	120.54	Open To Flow (2)
91	29.58	121.41	Shut-In(2)
124	76.99	122.19	End Shut-In(2)
126	2130.99	122.77	Final Hydro-static

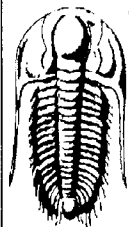
## Recovery

Length (ft)	Description	Volume (bbl)
10.00	SOCM 10%O 90%M	0.14
2.00	Free Oil	0.03

## Gas Rates

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





**TRILOBITE  
TESTING, INC.**

## DRILL STEM TEST REPORT

**FLUID SUMMARY**

Joe Gerstner Oil LLC

**19-17s-25w**

Po Box 509  
Ness City Ks 67560

**Del-Lee #1**

Job Ticket: 51035

**DST#: 1**

ATTN: Debra Stenzel

Test Start: 2012.10.11 @ 14:33:59

### 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:

ppm

Viscosity: 54.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 9.99 in<sup>3</sup>

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 2400.00 ppm

Filter Cake: inches

### Recovery Information

Recovery Table

Length ft	Description	Volume bbl
10.00	SOCM 10%O 90%M	0.140
2.00	Free Oil	0.028

Total Length: 12.00 ft

Total Volume: 0.168 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: