



KANSAS CORPORATION COMMISSION 1100317
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: _____



1100317

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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Petro River Operating, llc

**4925 Greenville
Suite 900
Dallas, Texas 75206**

Scully 2-3

**East Kansas
Marion, KS
United States of America
Massive Reactive Fracture**

Mississippi Lime

Petro River Spec. - Reactive Water Frac

POST JOB REPORT

Ticket #1-0

August 12, 2012

Prepared for: Ruben Alba - Co-CEO
Main - (303) 416-0012
Ruben.Alba@PetroRiverUSA.com

Submitted by: Lee Larson
Josh Rastatter / Yacob Zergaw - Engineers
(701) 651-6646

Service Point: Williston
15046 49th St NW
Williston ND 58801
Phone: (701) 651-6646

POST JOB SUMMARY

Executive Summary

Petro River Operating, llc
 Petro River Spec. - Reactive Water Frac
 Ticket #1-0
 August 12, 2012

Scully 2-3
 Mississippi Lime, East Kansas
 Marion, KS
 Massive Reactive Fracture

Callout Pump time:
Actual Start Pump time: 11:00 AM
Max Well Pressure: 3400 psi
Base Fluid: Fresh Water
Base Fluid Density: 8.33 lb/gal
Perf Mid Point (TVD) 2450 ft
Vol to load: 72 Bbl

Delay Due to:

Well Pres. @ Start: 30 psi

	Initial	Final
ISIP (psi)	583	550
FG	0.671	0.657
5 min		407
10 min		313
15 min		218

Friction Summary

Wellbore Fric.:	484	psi
Tortuosity:	200	psi
Perf Friction:	1233	psi

Total Friction : 1917 psi @ 74 BPM
48 Perfs Shot - 0.42 in. Dia, Est Cd = 0.85
33.3 Eff. Perfs Open - 69% Eff. Perfs Open

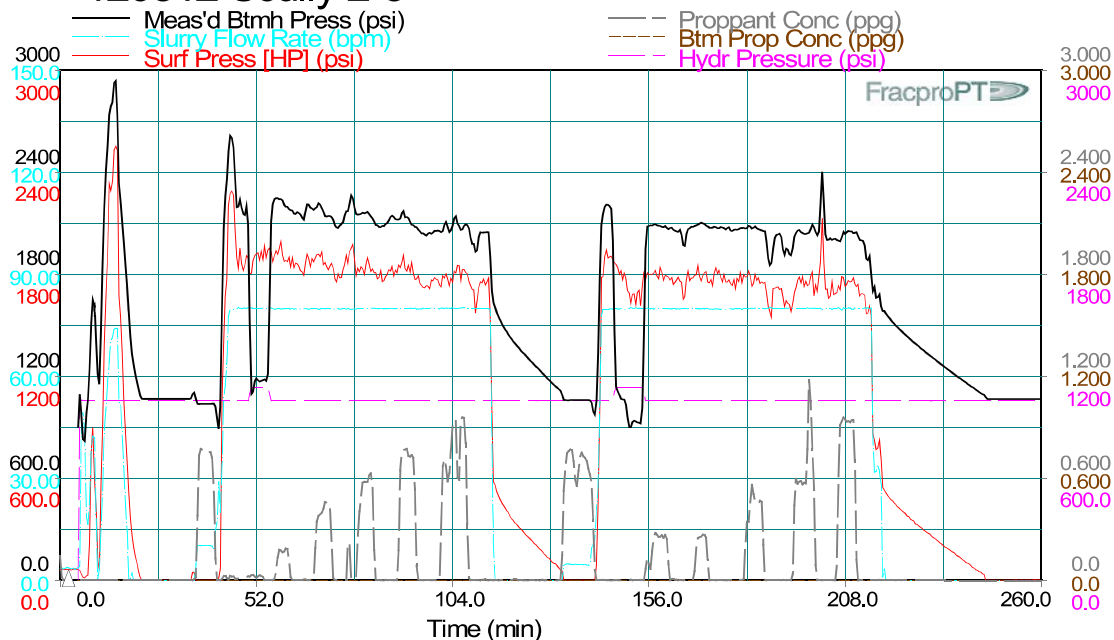
Treatment Summary

	Average	Maximum	
Pressure:	1750	2500	psi
Rate:	80	80	Bpm
Proppant Conc:	0.62	1	ppa
Viscosity:	1	1	cP 511/s

15% HCl Acid 4,500 Gal
Treatment Fluid 486,318 Gal
Total (LTR): 490,818 Gal

Proppant Vol Pumped - 103020 Lbs
51,920 Lbs - 100 Mesh
51,100 Lbs - 40/70 White

120812 Scully 2-3



Wellbore Summary

Max Pressure: 3400 psi

Treatment Via: Casing - Liner

Tubular Description	Top MD	Bot. MD	Burst	80% Burst	Cap. Gal/ft	Capacity Gal
Casing 5.5", J-55, 15.5#	2438	2462	4810	3848	1	4
Total Capacity:						4

Perforation / Notch information

Perforated Interval Name	Top MD (ft)	Bot. MD (ft)	Top TVD (ft)	Bot TVD (ft)	spf	size (in)	Deg Phase	Charge Type
Mississippi Chat	2438	2442			2	0.42		
Mississippi Chat	2452	2462			4	0.42		

Planned vs Actual Pump Schedule

Rate (bpm)	Treatment Vol Gal	Stage Type	Fluid Description	Proppant Type	Prop Conc (ppa)	Ave. Rate (bpm)	Actual Treatment Vol Gal	Act Prop Conc. (ppa)
80	15000	Pre PAD	LPh FR		-	40.0	9240	
		Shut in - 5 min			-			
80	2000	Acid	15% HCl - Treated		-	10.0	2352	
80	40000	PAD	LPh FR		-		50400	
80	15000	0.25 PPA	LPh FR	100 Mesh	0.25 -	80.0	13734	0.18
80	22500	Sweep	LPh FR		-	80.0	21588	
80	15000	0.25 PPA	LPh FR	100 Mesh	0.5 -	80.0	14658	0.43
80	22500	Sweep	LPh FR		-	80.0	23814	
80	15000	0.5 PPA	LPh FR	100 Mesh	0.75 -	80.0	15288	0.6
80	22500	Sweep	LPh FR		-	80.0	22134	
80	15000	0.75 PPA	LPh FR	100 Mesh	1 -	80.0	13902	0.75
80	22500	Sweep	LPh FR		-	80.0	22092	
80	15000	1 PPA	LPh FR	100 Mesh	1 -	80.0	23520	1
80	22500	Sweep	LPh FR		-		22554	
80	2000	Acid	15% HCl - Treated		-	5.0		
80	40000	Pad	LPh FR		-	80.0	1806	
80	15000	0.25 PPA	LPh FR	40/70 White	0.25 -	80.0	40614	0.25
80	22500	Sweep	LPh FR		-	80.0	23016	
80	15000	0.25 PPA	LPh FR	40/70 White	0.25 -	80.0	20832	0.28
80	22500	Sweep	LPh FR		-	80.0	13944	
80	15000	0.5 PPA	LPh FR	40/70 White	0.5 -	80.0	31080	0.5
80	22500	Sweep	LPh FR		-	80.0	18606	
80	15000	0.75 PPA	LPh FR	40/70 White	0.75 -	80.0	24318	0.6
80	22500	Sweep	LPh FR		-	80.0	18564	
80	15000	1 PPA	LPh FR	40/70 White	1 -	80.0	20832	0.95
80	50000	Sweep	LPh FR		-	80.0	17430	
		Shut-in 15 min			-			

Original Treatment Design Summary

Percent Pad	71%
Acid/Chem. Vol	4000 Gal
Pad + SLF (Clean Fluid Vol.)	442500 Gal
Flush (Clean Fluid Vol.)	55000 Gal
Total Inj. (Clean Fluid Vol.)	501500 Gal

Mass Balance

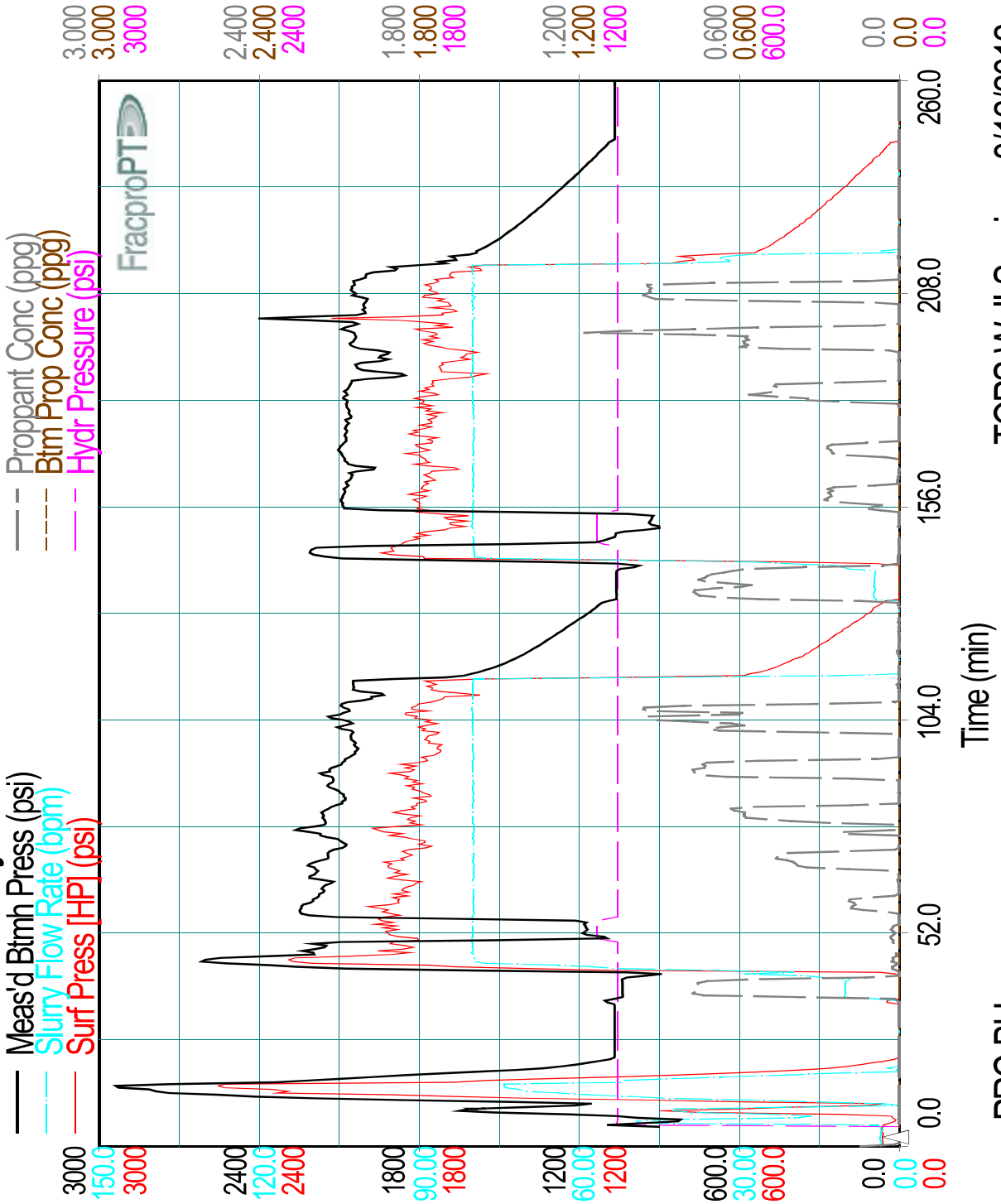
Material Name	Act. Amount on Loc.	Vol After Primeup	Vol Req. for Design	Vol Req. per actual Treatment	Job Used	% Variance per Design	% Variance per actual Treatment
Additives	units	units	units	units	units		
FR-Clear	734	731	90	74	79	-12%	7%
HCl Acid (12.5%-18.0%)	4500	4500	603	493	500	-17%	1%
Surf MicroEco	500	487	301	246	297	-1%	21%
BioClear 1000	122	122	7	6	17	143%	183%
Proppant							
100 Mesh	51920		52500		51920	1%	
40/70 White	51100		51250		51100	0%	
Fluids							
Fresh Water	763686	763686	501500		486318	3%	

Treatment Charts

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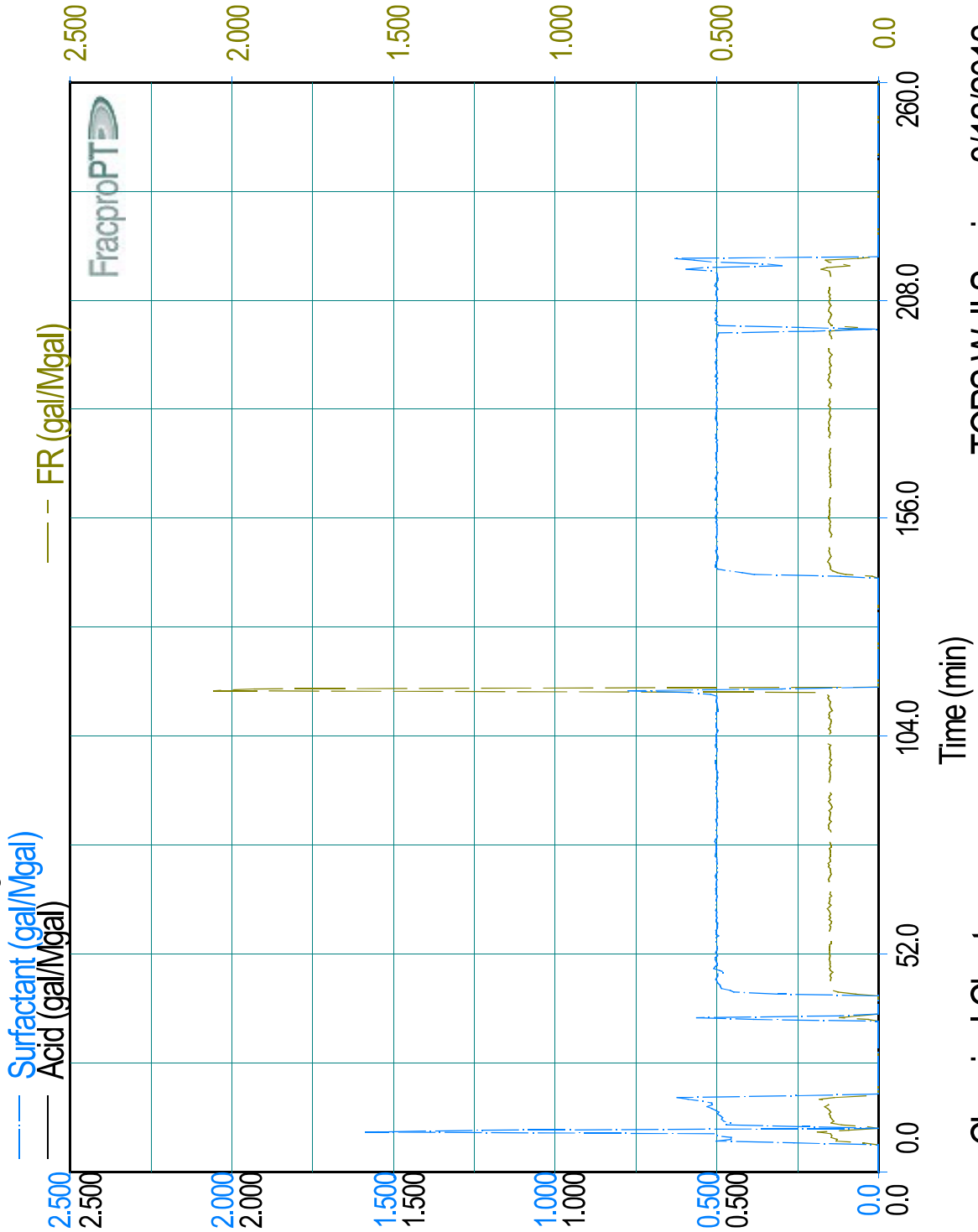


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Scully 2-3
Mississippi Lime, East Kansas
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120812 Scully 2-3



TOPS Well Services 8/12/2012

Chemical Chart