



KANSAS CORPORATION COMMISSION 1100325  
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: \_\_\_\_\_



1100325

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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## **Petro River Operating, llc**

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

## **Scully 1-9**

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

## **Mississippi Lime Petro River Spec. - Reactive Water Frac**

## **POST JOB REPORT**

**August 10, 2012**

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

Submitted by: Lee Larson  
Josh Rastatter / Yacob Zergaw - Engineers  
(970) 590-1739, (720) 224-1523

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  
 August 10, 2012

Scully Wells 1-9  
 Mississippi Lime, East Kansas  
 Marion County, KS

**Callout Pump time:**  
**Actual Start Pump time:** 10:00 AM  
**Max Well Pressure:** 3400 psi  
**Base Fluid:** Fresh Water  
**Base Fluid Density:** 8.33 lb/gal  
**Perf Mid Point (TVD):** 2438 ft  
**Vol to load:** 41 Bbl

**On time Start.**  
 Yes

**Well Pres. @ Start:** 60 psi

	Intial	Mid	Mid	Final
ISIP (psi)	599	707	792	687
FG	0.68	0.72	0.76	0.71
5 min (psi)		564		635
10 min (psi)		439		580
15 min (psi)		324		533
BHP (psi)	1658	1763	1848	1738
Total Fric (psi)	901	763	734	833

**Friction Summary**  
**Wellbore Fric.:** 538 psi  
**Tortuosity:** psi  
**Perf Friction:** 363 psi

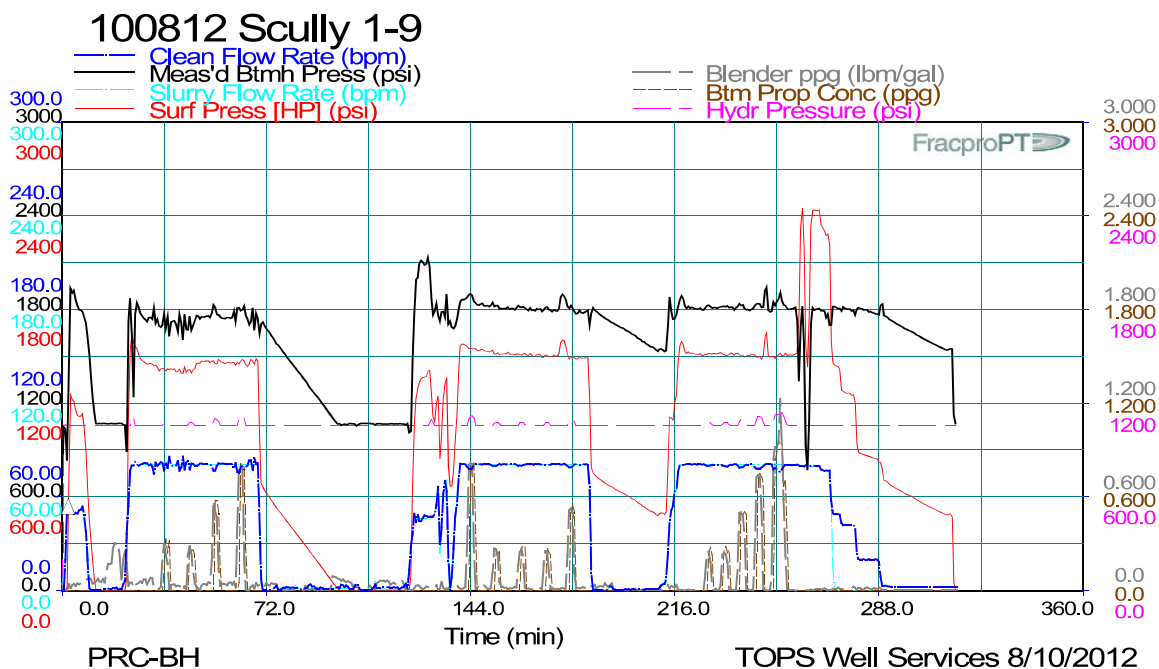
40 Perfs Shot - 0.42 in. Dia, Est Cd = 0.85  
 40 Eff. Perfs Open - 100% Eff. Perfs Open

### Treatment Summary

	Average	Maximum	
Pressure:	1500	2500	psi
Rate:	80	80	Bpm
Proppant Conc:	0.55	1	ppa
Viscosity:	1	1	cP 511/s

15% HCl Acid 4,000 Gal  
**Treatment Fluid 560,000 Gal**  
**Total (LTR): 564,000 Gal**

**Proppant Vol Pumped**  
 26,360 Lbs - 100 Mesh  
 27,120 Lbs - 40/70 White  
**53,480 Lbs - Total**



# JOB SUMMARY

Petro River Operating, llc  
 Petro River Spec. - Reactive Water Frac  
 August 10, 2012

Scully 1-9  
 Mississippi Lime - East Kansas  
 Marion-Cowley, KS  
 Massive Reactive Fracture

## 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#		2530	4810	3848	1	2530
Total Capacity:						2530

## 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	2422	2438			2	0.42		
Mississippi Chat	2438	2454			4	0.42		

## Original Treatment Design Summary

Percent Pad	80%
Acid/Chem. Vol	4000 Gal
Pad + SLF (Clean Fluid Vol.)	372500 Gal
Flush (Clean Fluid Vol.)	50000 Gal
Total Inj. (Clean Fluid Vol.)	426500 Gal

## Mass Balance

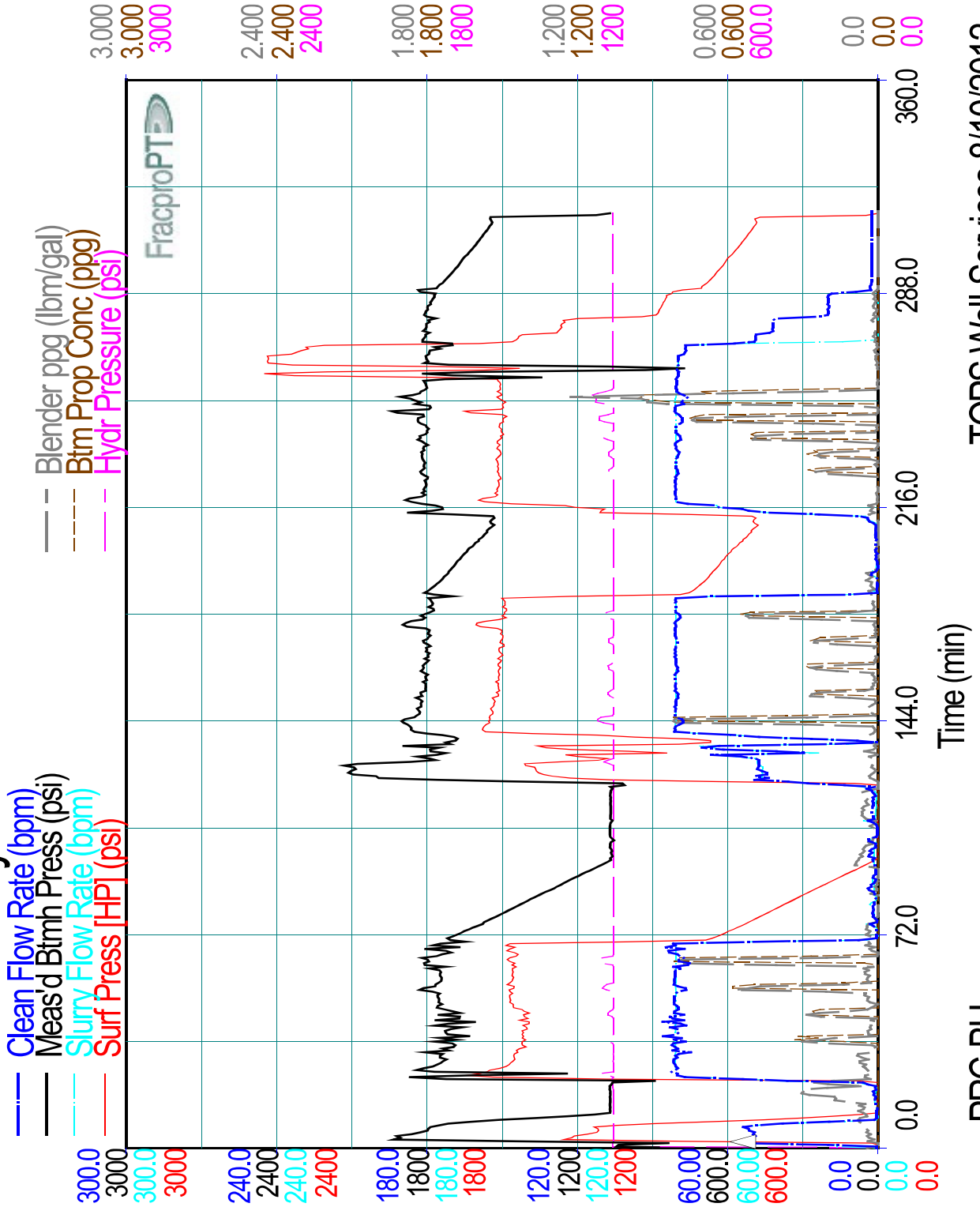
Material Name	Act. Amount on Loc.	Vol After Primeup	Vol Req. for Design	Vol Req. per actual Treatment	Job Used	% Variance per Design	% Variance per actual Treatment
Additives	units	units	units	units	units		
FR-C	1340		127		113		
HCl Acid (12.5%-18.0%)	4000	4000			4000		
Surf NE	1180		186		150		
BioClear 1000	28		5		28		
<b>Proppant</b>							
100 Mesh	26360				26360		
40/70 White	27120				27120		
<b>Fluids</b>							
Fresh Water	800000	800000	422500		560000		

# Treatment Charts

Petro River Operating, llc  
 Petro River Spec. - Reactive Water Frac  
 August 10, 2012

Scully Wells 1-9  
 Mississippi Lime, East Kansas  
 Marion County, KS

## 100812 Scully 1-9



TOPS Well Services 8/10/2012

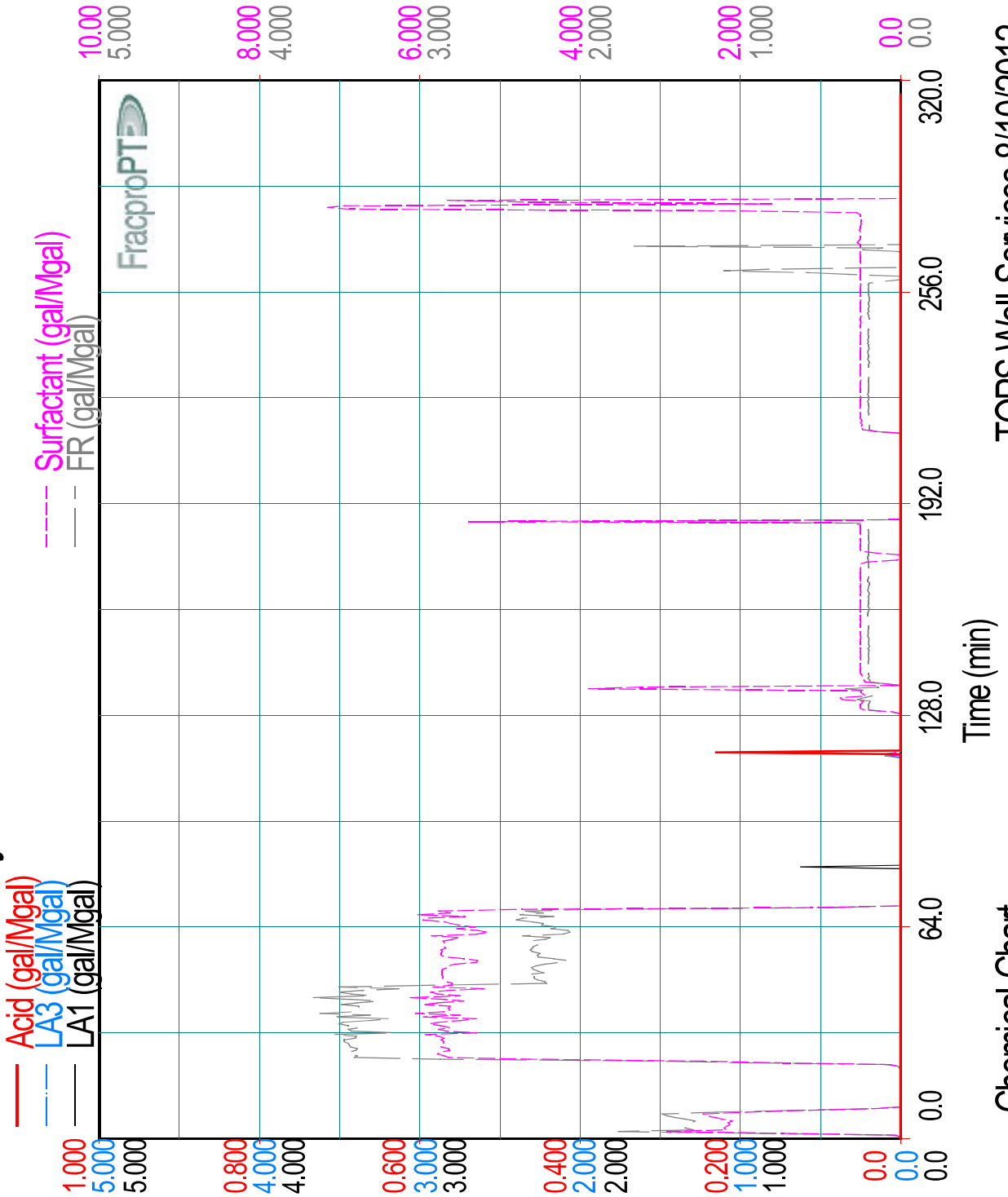
PRC-BH

# Treatment Charts

Petro River Operating, llc  
 Petro River Spec. - Reactive Water Frac  
 August 10, 2012

Scully Wells 1-9  
 Mississippi Lime, East Kansas  
 Marion County, KS

## 100812 Scully 1-9



TOPS Well Services 8/10/2012

Chemical Chart

