



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
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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

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: _____



1100776

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Empire Energy E&P, LLC
Well Name	SIEFKES A-13
Doc ID	1100776

All Electric Logs Run

Micro
Sonic
Dual Induction
Compensated Density/Neutron/PE

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

No. 5027

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

Date	8-23-12	Sec.	3	Twp.	22	Range	12	County	Stafford	State	Ks	On Location		Finish	10:00AM
Lease	Siefkes	Well No.	A-13			Location 281 + K-19 - 7E to 70th, 1N, 2W									

Contractor	Petromark #2			Owner	S/Intro										
Type Job	Surface			To Quality Oilwell Cementing, 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.	687'											
Csg.	8 5/8"		Depth	687'											
Tbg. Size				Charge To	Empire Energy										
Tool				Street											
Cement Left in Csg.	42'			City	State										
Meas Line				The above was done to satisfaction and supervision of owner agent or contractor.											
				Cement Amount Ordered	400 sx Common 3% CC										

EQUIPMENT

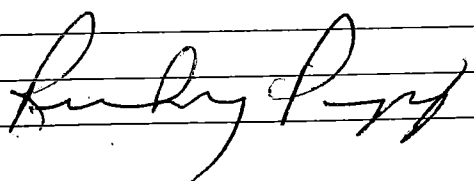
Pumptrk	9	No.	Cementer Helper	Matt											
Bulktrk	13	No.	Driver	Doway											
Bulktrk	14	No.	Driver	Rick											

JOB SERVICES & REMARKS

Remarks:	Cement did Circulate														
Rat Hole															
Mouse Hole															
Centralizers															
Baskets															
D/V or Port Collar															
	2% Gel 1/2 # Flo-seal														
	Common 400														
	Poz. Mix														
	Gel. 8														
	Calcium 14														
	Hulls														
	Salt														
	Flowseal 200#														
	Kol-Seal														
	Mud CLR 48														
	CFL-117 or CD110 CAF 38														
	Sand														
	Handling 444														
	Mileage														

FLOAT EQUIPMENT

	Guide Shoe														
	Centralizer														
	Baskets														
	AFU Inserts														
	Float Shoe														
	Latch Down														
	1 - Rubber plug														
	1 - Baffle plug														
	Pumptrk Charge Long Surface														
	Mileage 24														

X Signature															Tax
															Discount
															Total Charge

Customer Empire Energy ETP LLC		Lease No.		Date 8-28-12	
Lease SIEFRES		Well # A-13			
Field Order # 6773	Station Pratt	Casing 5 7/8	Depth 3713	County Stafford	State KS
Type Job CNW-5 1/2 L.S.			Formation	Legal Description 3-22-12	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
5 7/8			200	AA2 Con				
Depth 3713	Depth	From	To	Pre Pad	Max		5 Min.	
Volume 90.6	Volume	From	To	Pad	Min		10 Min.	
Max Press 1500	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection V.C.	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 3711	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative R. COY POPE	Station Manager D. VA. SCOTT	Treater Steve Williams
Service Units 27283 19987 19843 70959/19917		
Driver Names Williams McLean R. COY		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
8:00 AM					On location Safety meeting
					Run 8 3/4" 5 1/2" 14" (Csg 53.40')
					Centric 1-3-5-7-9-11-13-15-17-19
					Basket pin off T# 16 3033'
					Casing on bottom back Circ w/king
					Reactive casing
11:00 AM	300		20	5	270 KCL Water
11:05	300		12	5	Mud flush
11:06	300		5	5	H2O spacer
11:07	250		42.11	5	With 200 sacks AA2 Con @ 15.3% wash pump & line Release plug
11:22	0		0	6	Start H2O displacement w/ 75% KCL
11:29	300		50	5	Line pressure
11:35	600		80	4	slow Rate - stop Rotation
11:38	1500		89 1/2	4	plug Down - Hold
12:00			6		Mix 30% AA2 for R Hold Circulation Thru job Job complete Thru 15' stroke