



KANSAS CORPORATION COMMISSION 1108605
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: _____



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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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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Form	ACO1 - Well Completion
Operator	Double D's LLC
Well Name	Younger 1
Doc ID	1108605

All Electric Logs Run

Micro log
Dual Induction
Neutron density
Sonic

Form	ACO1 - Well Completion
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Well Name	Younger 1
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Tops

Name	Top	Datum
Anhydrite	1438	+ 693
Base	1472	+659
Topeka	3133	-999
Heebner	3372	-1239
Toronto	3395	-1261
Lansing	3414	-1279
BKC	3677	-1543
Marmaton	3718	-1585
Arbuckle	3760	-1625



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Double D's LLC

25-13s-20w

133 E 12th
Hays Ks 67601

Younger #1

ATTN: Duana Bleker

Job Ticket: 44315

DST#: 4

Test Start: 2012.11.15 @ 12:01:06

GENERAL INFORMATION:

Formation: **Arbuckle**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 14:06:36

Time Test Ended: 19:10:36

Test Type: Conventional Straddle (Reset)

Tester: Jeff Brown

Unit No: 44

Interval: 3746.00 ft (KB) To 3776.00 ft (KB) (TVD)

Reference Elevations: 2138.00 ft (KB)

Total Depth: 3850.00 ft (KB) (TVD)

2131.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 7.00 ft

Serial #: 8321

Inside

Press @ Run Depth: 121.13 psig @ 3752.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2012.11.15

End Date:

2012.11.15

Last Calib.:

2012.11.15

Start Time: 12:01:07

End Time:

19:07:36

Time On Btm:

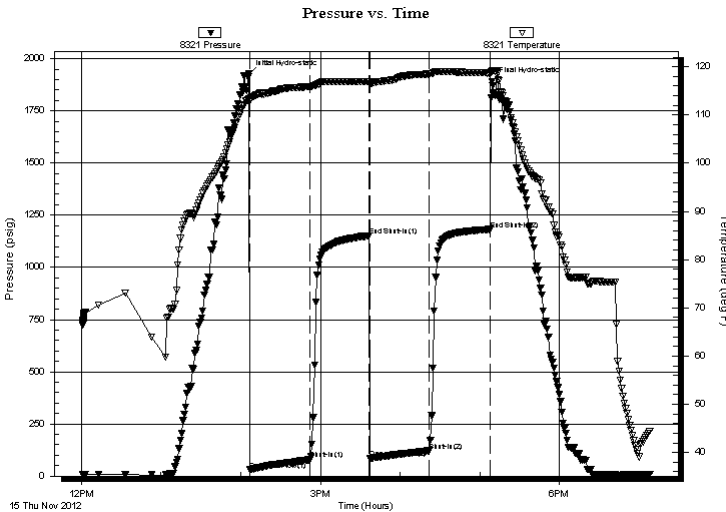
2012.11.15 @ 14:06:06

Time Off Btm:

2012.11.15 @ 17:09:06

TEST COMMENT: IFP=Good blow BOB in 14 1/2 min
 ISI=Weak surface blow back built to 3/4 in died back to 1/2 in
 FFP=Good blow BOB in 13 min
 FSI=Weak surface blow back built to 3/4 in died back to a surface blow

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1925.83	113.44	Initial Hydro-static
1	29.62	112.88	Open To Flow (1)
46	78.77	115.88	Shut-In(1)
91	1151.51	116.88	End Shut-In(1)
91	86.94	116.55	Open To Flow (2)
136	121.13	118.48	Shut-In(2)
182	1181.91	118.69	End Shut-In(2)
183	1889.10	119.05	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
79.00	HOCGM 10%G 30%O 60%M	1.11
204.00	Gassy Oil 30%G 70%O	2.86
0.00	315-GIP	0.00

Gas Rates

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

* Recovery from multiple tests



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Double D's LLC

25-13s-20w

133 E 12th
Hays Ks 67601

Younger #1

Job Ticket: 44315

DST#: 4

ATTN: Duana Bleker

Test Start: 2012.11.15 @ 12:01:06

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

37 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 48.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 12.79 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 7000.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
79.00	HOCGM 10%G 30%O 60%M	1.108
204.00	Gassy Oil 30%G 70%O	2.862
0.00	315-GIP	0.000

Total Length: 283.00 ft Total Volume: 3.970 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

Serial #: 8321

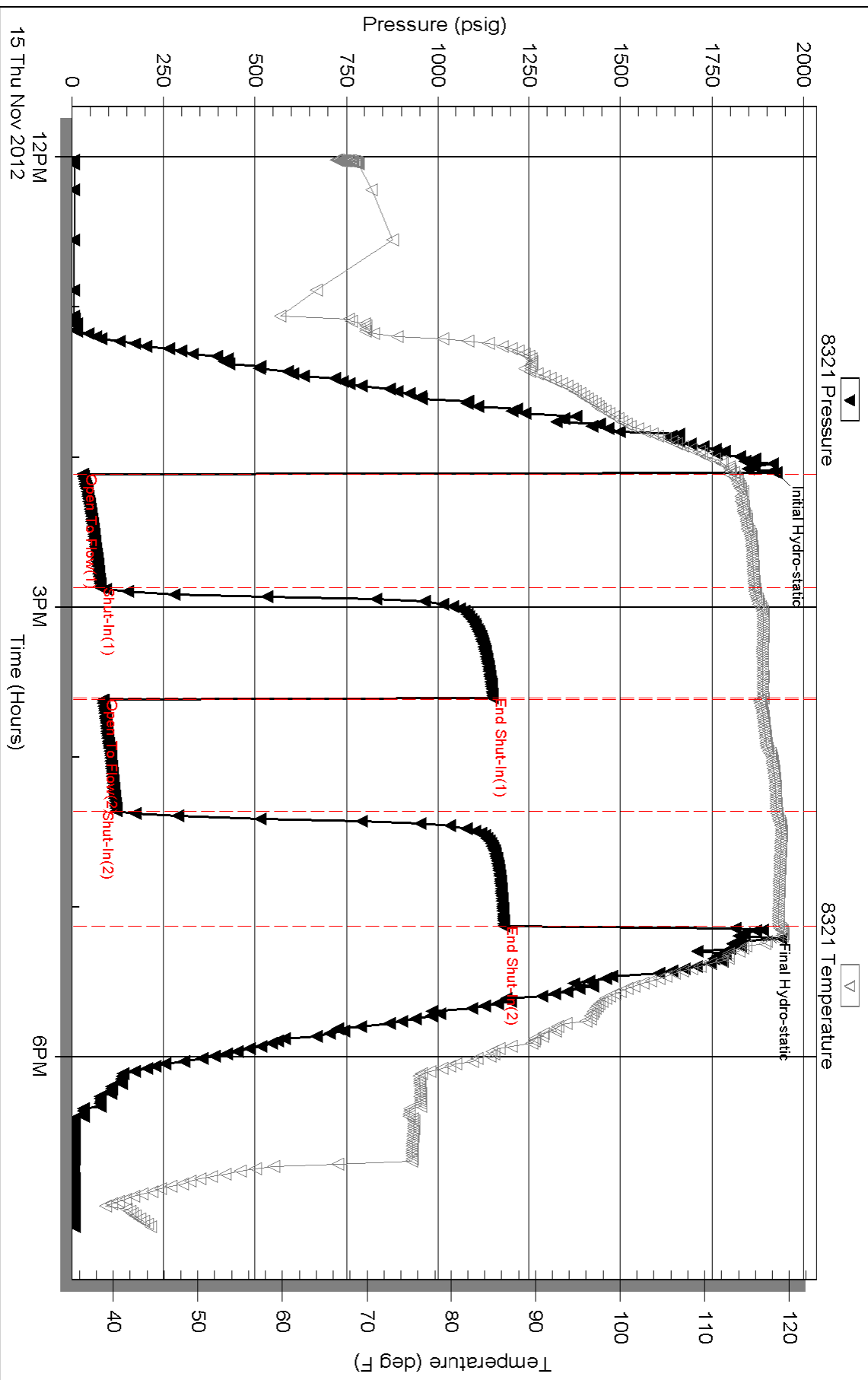
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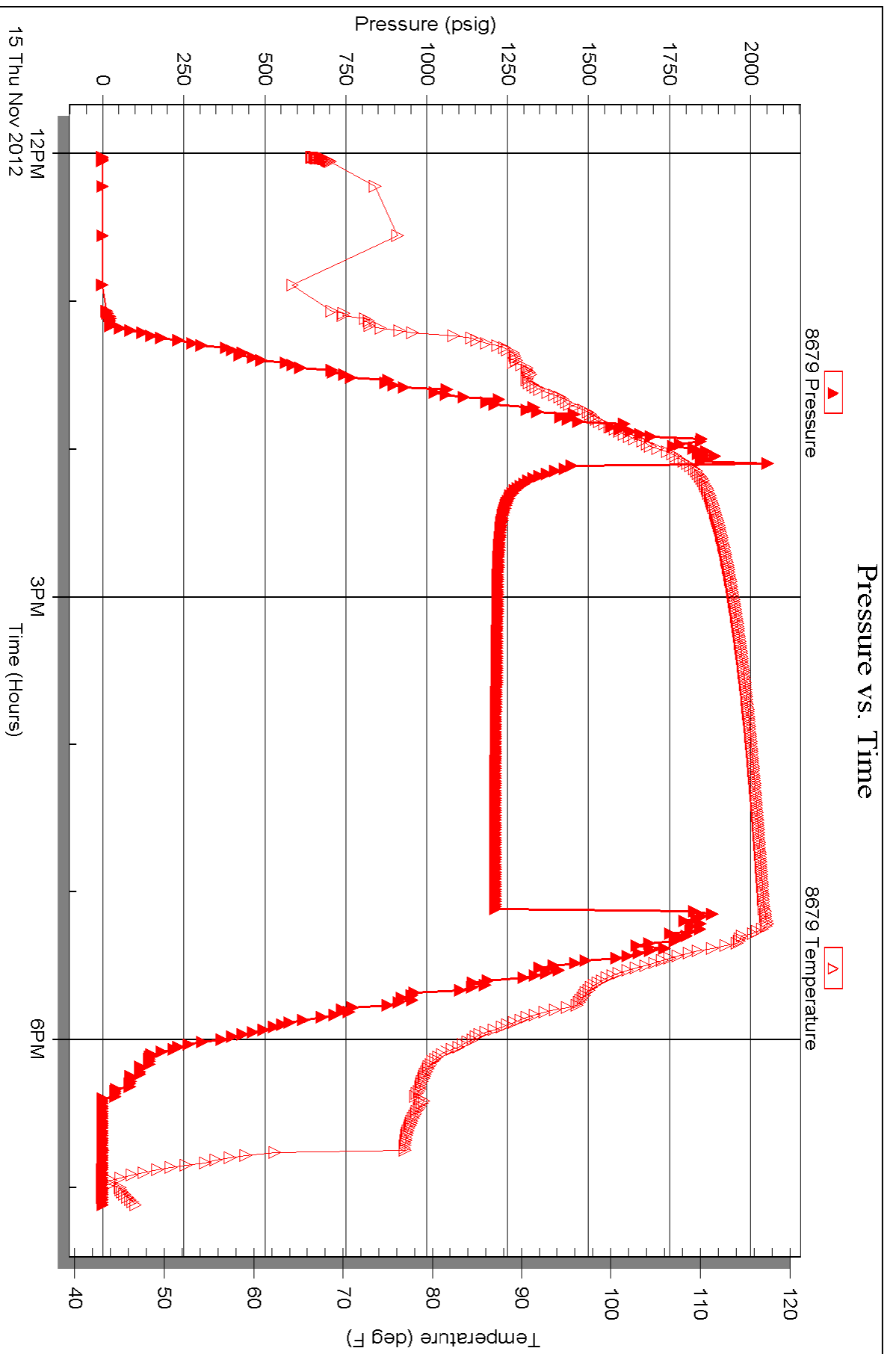
Double Ds LLC

Younger #1

DST Test Number: 4

Pressure vs. Time





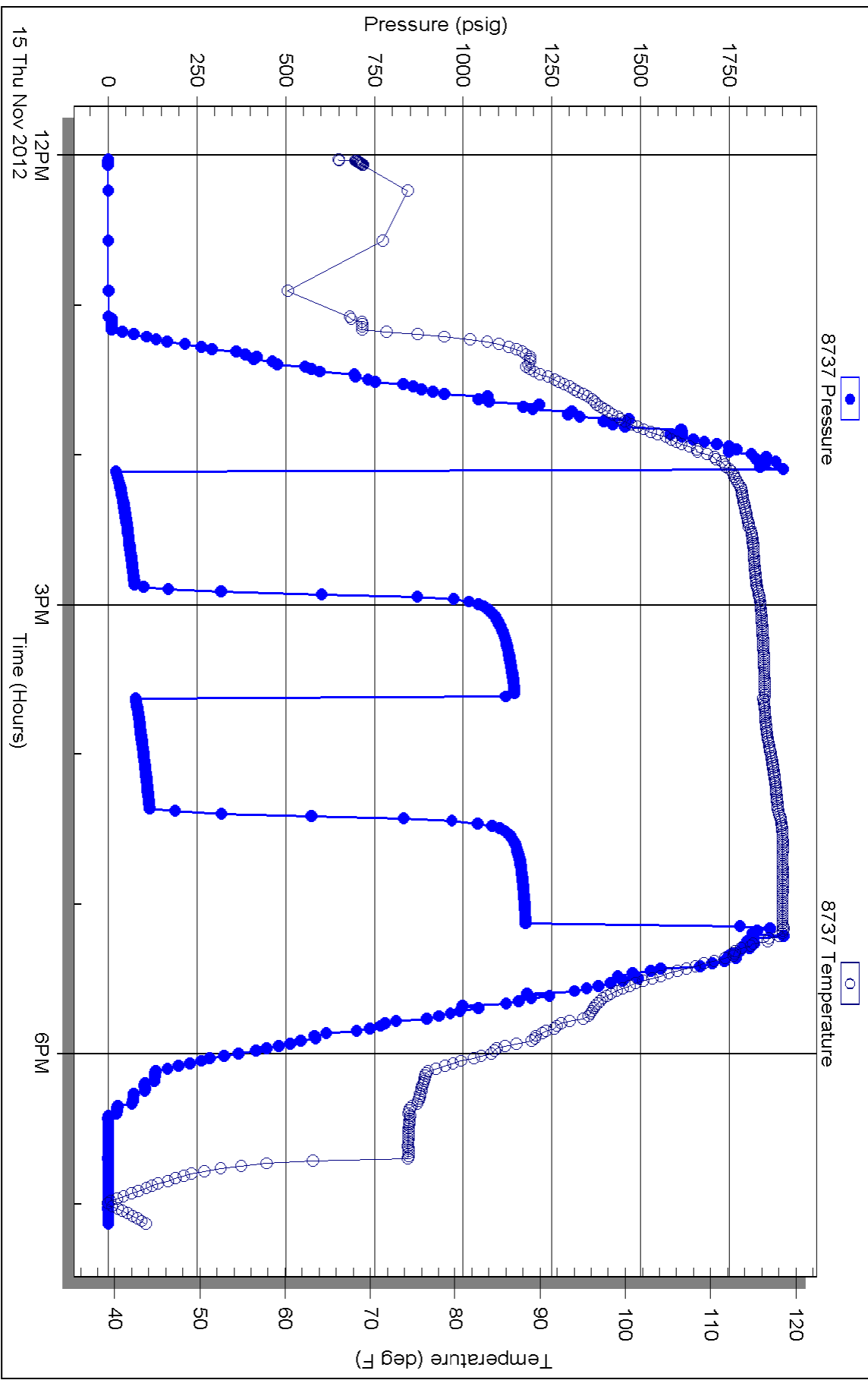
Serial #: 8737

Outside Double Ds LLC

Younger #1

DST Test Number: 4

Pressure vs. Time



Triobite Testing, Inc

Ref. No: 44315

Printed: 2012.11.15 @ 19:52:34

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

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

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

No. 0117

Date	12-12-12	Sec.	25	Twp.	13	Range	20	County	Ellis	State	Ks	On Location	Finish
Lease								Well No.		Owner			
Contractor								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.					
Type Job								Charge To					
Hole Size								T.D.		Street			
Csg.								Depth		City			
Tbg. Size								Depth		State			
Tool								Depth		The above was done to satisfaction and supervision of owner agent or contractor.			
Cement Left in Csg.								Shoe Joint		Cement Amount Ordered			
Meas Line								Displace					
EQUIPMENT								Common					
Pumptrk								No.		Cementer			
Bulktrk								No.		Helper			
Bulktrk								No.		Driver			
Bulktrk								No.		Driver			
JOB SERVICES & REMARKS								Hulls					
Remarks:								Salt					
Rat Hole								Flowseal					
Mouse Hole								Kol-Seal					
Centralizers								Mud CLR 48					
Baskets								CFL-117 or CD110 CAF 38					
D/V or Port Collar								Sand					
Cement								Handling					
Circulate								Mileage					
FLOAT EQUIPMENT													
								Guide Shoe					
								Centralizer					
								Baskets					
								AFU Inserts					
								Float Shoe					
								Latch Down					
								Pumptrk Charge					
								Mileage					
								Tax					
								Discount					
								Total Charge					
X Signature													

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

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

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

No. 6205

Date	11.16.12	Sec.	25	Twp.	13	Range	20	County	Ellis	State	Ks	On Location		Finish	5:15 A.M.
Location								Yocumen rd & Hwy 40 3W to 150R 2 1/4 S							
Lease	Younger							Well No.	1		Owner				
Contractor	Royal #1							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.							
Type Job	Production String							Charge To Double D'S							
Hole Size	7 1/8		T.D.		3850		Street								
Csg	5 1/2		Depth		3849		City								
Tbg. Size			Depth				State								
Tool	Port Collar #62							Depth		1436					
Cement Left in Csg.	38.05		Shoe Joint		38.05		The above was done to satisfaction and supervision of owner agent or contractor.								
Meas Line			Displace		93 BC		Cement Amount Ordered 200 can 10% salt + 5% Glycerite								
EQUIPMENT								500 gal mud Flush							
Pumptrk	9	No.	Cementer		Craig		Common 200								
Bulktrk		No.	Helper		Cody		Poz. Mix								
Bulktrk		No.	Driver		Cody		Gel.								
Bulktrk	14	No.	Driver		Billy		Calcium								
JOB SERVICES & REMARKS								Hulls							
Remarks:								Salt 18							
Rat Hole 32SK								Flowseal							
Mouse Hole 15SK								Kol-Seal 1000 ft							
Centralizers								Mud CLR 48 500 gal							
Baskets								CFL-117 or CD110 CAF 38							
D/V or Port Collar								Sand							
5 1/2 size @ 3849. Insert @ 3811								Handling 228							
Est. Circulation. Pump 500 gal mud flush								Mileage							
+ 12 1/2 BL spacer Plug Ratchet Mouse hole								FLOAT EQUIPMENT							
Cement 5 1/2 with 155 SK - Clear								Guide Shoe 5 1/2							
Lines - Displace Plug - Plug landed								Centralizer 9 Turbo's							
@ 1500 ft. Held. Release pressure. D.V.								Baskets 3							
								AFU Inserts Port Collar							
								Float Shoe 1							
								Latch Down 1							
								Rotator							
								Pumptrk Charge Prod Long String							
								Mileage 14							
								Tax							
								Discount							
								Total Charge							
X Signature Doc Ford															

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

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

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

No. 6091

Date	11-7-12	Sec.	25	Twp.	13	Range	20	County	Ellis	State	KS	On Location		Finish	9.15 PM	
Lease	James Younger							Well No.	1	Location Yuccamento Sta 40 W to 150 BS E 117						
Contractor	Roly I							Owner 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.								
Type Job	Surface							Charge To								
Hole Size	17 1/4							T.D.	220							
Csg.	538							Depth	220							
Tbg. Size								Depth	Street Double DS							
Tool								Depth	City State							
Cement Left in Csg.	20ft							Shoe Joint	The above was done to satisfaction and supervision of owner agent or contractor.							
Meas Line								Displace	12 3/4 BBL							
EQUIPMENT												Common 170				
Pumptrk	5	No.		Cementer/Helper	Matt							Poz. Mix				
Bulktrk	14	No.		Driver	Brett							Gel. 3				
Bulktrk	pk	No.		Driver	Londie M							Calcium 6				
JOB SERVICES & REMARKS												Hulls				
Remarks:												Salt				
Rat Hole												Flowseal				
Mouse Hole												Kol-Seal				
Centralizers												Mud CLR 48				
Baskets												CFL-117 or CD110 CAF 38				
D/V or Port Collar												Sand				
												Handling 179				
												Mileage				
												FLOAT EQUIPMENT				
Cement chd Circulate												Guide Shoe				
												Centralizer				
												Baskets				
												AFU Inserts				
												Float Shoe				
												Latch Down				
												Pumptrk Charge Surface				
												Mileage 74				
												Tax				
												Discount				
X Signature <i>Paul E. [unclear]</i>												Total Charge				