



KANSAS CORPORATION COMMISSION 1116716
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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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	Empire Energy E&P, LLC
Well Name	Apel 4-D
Doc ID	1116716

All Electric Logs Run

Micro
Dual Induction
Compensated Neutron Density
Sonic

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. 6281

Date	Sec.	Twp.	Range	County	State	On Location	Finish
12-20-12	14	19	12	BARTON	KANSAS		7:45 AM

Location ELLINWOOD-2N-2W-N/INTO

Lease <u>APEL</u>	Well No. <u>#4-D</u>	Owner <u>EMPIRE ENERGY</u>
Contractor <u>PETROMARK #12</u>		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 <u>SURFACE</u>		
Hole Size <u>12 1/4"</u>	T.D. <u>646'</u>	Charge To <u>EMPIRE ENERGY</u>
Csg. <u>8 7/8"</u>	Depth <u>649'</u>	Street <u>1900 N. AMIDON, STE 210</u>
Tbg. Size	Depth	City <u>WICHITA</u> State <u>KS, 67203</u>
Tool	Depth	The above was done to satisfaction and supervision of owner agent or contractor.
Cement Left in Csg.	Shoe Joint <u>39.89</u>	Cement Amount Ordered <u>300 COM 34 2 1/4 Flow</u>

Meas Line	Displace <u>38 Bbls</u>
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EQUIPMENT

Pumptrk # <u>15</u> No. <u>Cementer</u>	Common <u>300</u>
	Poz. Mix
Bulktrk # <u>12</u> No. <u>Helper NICK</u>	Flowseal <u>75 #</u>
	Kol-Seal
Bulktrk # <u>714</u> No. <u>Driver LONNTEW.</u>	Mud CLR 48
	CFL-117 or CD110 CAF 38
	Sand
	Handling <u>31</u>
	Mileage

JOB SERVICES & REMARKS

Remarks:	
Rat Hole	
Mouse Hole	
Centralizers	
Baskets	
D/V or Port Collar	

CEMENT DID CIRCULATE

FLOAT EQUIPMENT

Guide Shoe	
Centralizer	
Baskets	
AFU Inserts	
Float Shoe	
Latch Down <u>1 8 1/8 Baffle plate</u>	

THANK YOU!

Pumptrk Charge <u>Long Surface</u>
Mileage <u>17</u>

X Signature Scott Peland

Tax	
Discount	
Total Charge	

BASIC

energy services, L.P.

TREATMENT REPORT

Customer Empire Energy F+P LLC	Lease No.	Date
Lease Apel	Well # 4-D	12-31-12
Field Order # 07087A	Station Pratt KS	Casing, " 5 1/2
		Depth 3518
Type Job 5 1/2' L.S.	Formation CNW	County Garton
		State KS
		Legal Description 14-19-12

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft				RATE	PRESS	ISIP
5 1/2		20-	Acid	35L	20% KCL			
Depth 3518	Depth	From	To	12-	35L	Pre Pad	mud Flush	Max (500 gal)
Volume 8 BBL	Volume	From	To	200	SKs	AA2	cm	Min @ 15.3
Max Press 1500	Max Press	From	To	30	SKs	AA2-R		Avg Hole
Well Connection PC	Annulus Vol.	From	To					HHP Used
Plug Depth 3416	Packer Depth	From	To		Flush	Disp	20% KCL	Gas Volume
								Total Load

Customer Representative Rick Popp	Station Manager Scotty	Treater Allen
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Service Units	28443	33708	20920	19826	19860				
Driver Names	Allen	Eric Wright	Mike Lawrence						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
7:30 am					Petro MARK II on Loc. Discuss Safety, Setup Plan Job
8:00					Rig Laying down Drill Collars out of Hole, Rig up to Run 5 1/2 csg. 14# Pipe
					Start 5 1/2" csg. Shoe Joint 42.10' w/ float shoe, L.D. Baffle in collar cent. 1-3-5-7-9-11-13-15-17-19
					Basket on pin end # 11
					Tag TD @ 3520 - cir w/ Rig @ 3518
11:50	100 #		20	5	Pump 20 BBL 20% KCL
			12	5	Pump 12 BBL mud Flush (500 gal)
			5	5	Pump 5 BBL H ² O spacer
	200 #			5	Mix + Pump 200 SKs AA2 cm @ 15.3
			48		Finish mix wash out Pump + Lin.
12:10 pm				6	Drop Latch Down Plug, Start Disf
				5	caught Lift PSI 50 BBLs
12:30 pm	1500 #		85	4	Plug down
					Release PSI OK
			7		Plug R.H. w/ 30 SKs AA2 cm + workshop equip. + Rack up.
1:30					Job complete
					Thank Allen, Eric, M. Lawrence