



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1125321
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

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
- Plug Back Conv. to GSW Conv. to Producer
- 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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1125321

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

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 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				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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

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	Weilert, Michael D. dba Michael D. Weilert Oil Company
Well Name	WEILERT 2
Doc ID	1125321

Tops

Name	Top	Datum
ANHYDRITE	1477	+736
TOPEKA	3209	-996
HEEBNER	3465	-1252
TORONTO	3484	-1271
LANSING	3507	-1294
BASE KC	3748	-1535
CONGLOMERATE	3794	-1581
ARBUCKLE	3818	-1605

SCHIPPER'S OIL FIELD SERVICES, L.L.C.

1099

REMIT TO 18048 170RD
RUSSELL, KS 67665

SERVICE POINT:

Russell, KS - Hovre, KS

DATE <u>9-5-13</u>	SEC. <u>8</u>	TWP. <u>14</u>	RANGE <u>19</u>	CALLED OUT	ON LOCATION	JOB START COUNTY <u>Ellis</u>	JOB FINISH STATE <u>KS</u>
LEASE <u>Weiler</u>	WELL #. <u>2</u>	LOCATION <u>Hays, 4S 9W 1/2S 12W</u>					
OLD OR NEW (CIRCLE ONE)	N, to						

CONTRACTOR White Knight

OWNER

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 221

CASING SIZE 8 5/8 DEPTH 216

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 20 ft

PERFS

DISPLACEMENT 12 3/4 bbl EQUIPMENT

CEMENT AMOUNT ORDERED 150 sk com 30 bbl @ 20 gal

PUMP TRUCK CEMENTER Heath

P1 HELPER Lady

BULK TRUCK

B1 DRIVER Joy

BULK TRUCK DRIVER

#

REMARKS:
Ran 5 Jts of 8 5/8 casing and landing it
Est Circulation with mud pump
Hook up and mix 150 sk and disp 14 bbl
of H2O - shut in @ 200 psi
Cement did Circulate !!

CHARGE TO: Michael Weiler Oil Company

STREET 886 230th AVE

CITY Hays STATE KS ZIP 67626

Schippers Oil Field Services, L.L.C.,
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side. Thank You!!

PRINTED NAME _____

SIGNATURE Joy Clayton

COMMON @

POZMIX @

GEL @

CHLORIDE @

ASC @

HANDLING @

MILEAGE @

TOTAL

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE @ _____

MILEAGE @ _____

MANIFOLD @ _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

@ _____

@ _____

@ _____

@ _____

@ _____

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS

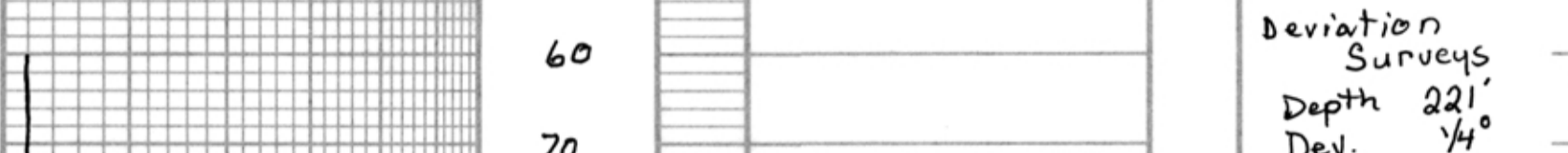
AP# 15-051-26562-0000
 COMPANY Michael D. Weichert OIL
 Well Weichert #2
 Location 3233 FSL E 1763' EFL
 SEC. 8 TWP. 14S RGE. 19W
 COUNTY Ellis
 STATE KANSAS
 OPERATOR Michael D. Weichert Oil Co.
 CONTRACTOR White Knight Drilling
 Casing Depth 3100' TD
 Drilling Date 9-5-2013
 Drilling Record 9-10-2013
 SURF. 8' 6" @ 214' PROD. 5 1/2" @ 3857'
 TOTAL DEPTH LOG 3857'
 Formation Tops and Structural Position
 Pioneer Energy Services

FORMATION	TOP	STRUCTURAL POSITION	STATIONING
Anhydrite	1480 (+133)	+133	+1
Base Anhydrite	1519 (+694)	+694	+1
Topoka	3209 (-996)	-996	+1
Heebner	3472 (-1229)	-1229	+1
Toronto	3494 (-1228)	-1228	+1
Lansing	3517 (-1204)	-1204	+1
Base/Kansas City	3769 (-1526)	-1526	+1
Conglomerate	3809 (-1589)	-1589	+1
Arbuckle	3827 (-1614)	-1614	+1

DATE	TIME	NO. OF	SIZE	WELL	TYPE	DEPTH	LOG
9-5-2013	5:44	1	1 1/2"				281'
9-6-2013	2:41	2	1 1/2"				
9-7-2013	1:30	3	1 1/2"				
9-8-2013	2:19	4	1 1/2"				
9-10-2013	2:28	5	1 1/2"				
9-10-2013	3:57	6	1 1/2"				

DRILL STEM TESTS
 No. 1
 Interval 1480-1519
 Depth 1480-1519
 Remarks None Run
 Based on structural position and positive sample shows 5 1/2" production casing was set and cemented in the formation for the Arbuckle and Kansas City formations.
 Respectfully
 Craig A. Mead

LEGEND



DRILLING TIME IN MINUTES PER FOOT
 Rate of Penetration Decreases
 5" 10" 15" 20" 25"

DEPTH	LITHOLOGY	SAMPLE DESCRIPTIONS	OIL SHOWS	REMARKS
60				Deviation Surveys Depth 221' Dev. 1/4°
70				
80	Anhydrite 1480 (+133)			Depth 3857' Dev. 1/4°
90				
1500				
10				
20	Base Anhydrite 1519 (+694)			
3100		SH: gry. dk gry med pty		
10				
20		LS: wlt, pulverized, rounded SH: Abund varicled		
30				
40		LS: wlt - off wlt, barren		
50		LS: wlt buff, pulverized ground, in xln. No NS		
60		Abund shale, gry. dk gry. SH: gry med pty		
70		SH: gry med		
80		LS: wlt - gry, pty		
90		SH: gry, med, pty		
3200		LS: wlt - lt gry, F. med xln int xln, no NS		
10		SH: gry, med pty		
20		LS: wlt - F med xln int xln, FO NS		
30		LS: wlt - tan, F med xln int xln, pb, No NS		
40				
50		LS: wlt - gry, F med xln barren, foss		
60		SH: gry, med, pty		
70		LS: wlt - tan, F med xln		
80				
90		SH: gry med LS: wlt - F med xln barren foss		VIS 51 WT 9.0
10		SH: gry, med.		
20		LS: wlt - F med xln - foss no NS		
30		Abund shales		
40		SH: gry, med, SH: blk, carb		
50		SH: gry, med, pty		
60		LS: wlt - F med xln tan ch. foss		
70				
80		LS: wlt - off wlt, F med No NS, no carb, no chert No shales		VIS 50 WT 9.2
90				
3400		SH: blk, carb SH: gry - dk gry, med. LS: wlt - off wlt - blk porphyred, blk'y No NS		
10				
20		LS: wlt - tan - blk, barren, F med xln, pp, dms water, no FO - sl. on blk		
30		ab. shales		
40		LS: wlt - tan, F med xln F med xln, int xln, foss No wly lt stain		
50				
60		LS: off wlt - tan, F med xln int xln, pp, No NS		VIS 50 WT 9.4
70		LS: wlt - tan, F med xln int xln, ab. shales, no NS		
80		SH: blk, carb		
90		LS: c.m. - wlt, F med por, int xln, dms No NS		
3500		LS: wlt - gry, F med xln, dms few carb, foss, w. F med sh of F med, 1, more on blk		
10				
20		SH: gry med		
30		LS: wlt - tan - blk int xln, no carb		
40		SH: gry med.		
50		LS: wlt - tan, F med xln, pp wly tan, few carb, foss LSF		
60				
70		LS: wlt - tan, F med xln int xln, dms, No NS		VIS 51 WT 9.2
80		SH: blk, carb		
90		LS: wlt - tan, F med xln int xln, pp, dms, No NS LSF		
3600		SH: gry - dk gry		
10		LS: wlt - tan, F med xln chky, int xln, med No NS		
20				
30		LS: wlt - buff, F med xln occ. carb, w. l, H, tan		
40		SH: blk, carb		
50		LS: wlt - tan, F med xln int xln, no NS		VIS 49 WT 9.3
60		LS: wlt - buff, F med xln chky, int xln, med No NS		
70				
80		LS: wlt - tan, F med xln int xln, carb, NO SFO		
90				
3700		LS: wlt - tan, F med xln int xln, carb, NO SFO		
10		LS: wlt - dk gry, F med xln chky, int xln, SFO		
20		SH: gry - dk gry - pty - blk'y.		
30				
40		LS: wlt - F med xln int xln, NO NS - lt SH		VIS 63 WT 9.5
50		LS: wlt - F med xln int xln, dms, w. l, dms LS, SFO, barren blk		
60				
70		SH: gry - tan, gry, med.		
80		LS: wlt - F med xln int xln, ch.		
90		SH: gry - dk gry, med pty - blk'y		
3800		LS: wlt - dk gry, F med xln int xln, carb, NO SFO		VIS 53 WT 9.5
10		LS: white - yellow, barren SH: orange - tan SH: abund gry - rust var's SS: clear wlt - fine med swollen, few fossils.		
20				
30		Dolo: wlt - tan, F med xln dms, carb, No NS LS: gry, barren		
40		LS: wlt - tan, F med xln No carb, No NS		
50		Dolo: wlt - tan, gypsum granular - rhomb xln.		
60				
70				

CONTRACTOR White Knight Drilling
 LEASE Weichert #2 IP OIL
 ELEVATION 2213 KB RTD 3857'
 LOCATION 3233' FSL E 1763' EFL
 SEC. 8 TWP. 14S RGE. 19W
 COUNTY Ellis STATE Kansas

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

October 25, 2013

curtis weilert
Weilert, Michael D. dba Michael D. Weilert Oil
Company
866 230TH AVE
HAYS, KS 67601-9605

Re: ACO1
API 15-051-26562-00-00
WEILERT 2
NE/4 Sec.08-14S-19W
Ellis County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
curtis weilert