



KANSAS CORPORATION COMMISSION 1140497
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: _____



1140497

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Dan Haffner
 6919 South Road 40 East
 Hoxie, KS 67740
 ATTN: Richard Bell

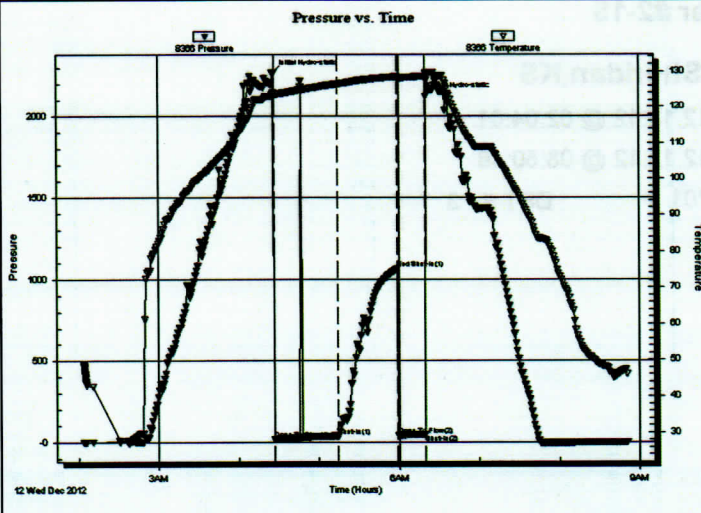
18-9s-27w Sheridan,KS
Haffner #2-18
 Job Ticket: 51701 **DST#: 3**
 Test Start: 2012.12.12 @ 02:04:01

GENERAL INFORMATION:

Formation: **Mississippi**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 04:26:46
 Time Test Ended: 08:50:46
 Interval: **4445.00 ft (KB) To 4491.00 ft (KB) (TVD)**
 Total Depth: 4491.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Good
 Test Type: Conventional Bottom Hole (Reset)
 Tester: Jason McLemore
 Unit No: 54
 Reference Elevations: 2764.00 ft (KB)
 2756.00 ft (CF)
 KB to GR/CF: 8.00 ft

Serial #: 8366 **Inside**
 Press@RunDepth: 38.64 psig @ 4451.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2012.12.12 End Date: 2012.12.12 Last Calib.: 2012.12.12
 Start Time: 02:04:03 End Time: 08:50:46 Time On Btm: 2012.12.12 @ 04:26:31
 Time Off Btm: 2012.12.12 @ 06:20:16

TEST COMMENT: IFP-Weak Blow , Built to 1 1/4"
 ISI-Dead
 FFP-Dead



PRESSURE SUMMARY			
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2269.63	123.99	Initial Hydro-static
1	17.37	123.02	Open To Flow (1)
48	38.64	126.40	Shut-In(1)
93	1064.33	128.44	End Shut-In(1)
93	43.94	128.08	Open To Flow (2)
113	49.88	128.62	Shut-In(2)
114	2126.87	129.19	Final Hydro-static

Recovery		
Length (ft)	Description	Volume (bbl)
1.00	Free Oil	0.00
61.00	Mud W/Oil Spots	0.30

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

* Recovery from multiple tests



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Dan Haffner
6919 South Road 40 East
Hoxie, KS 67740
ATTN: Richard Bell

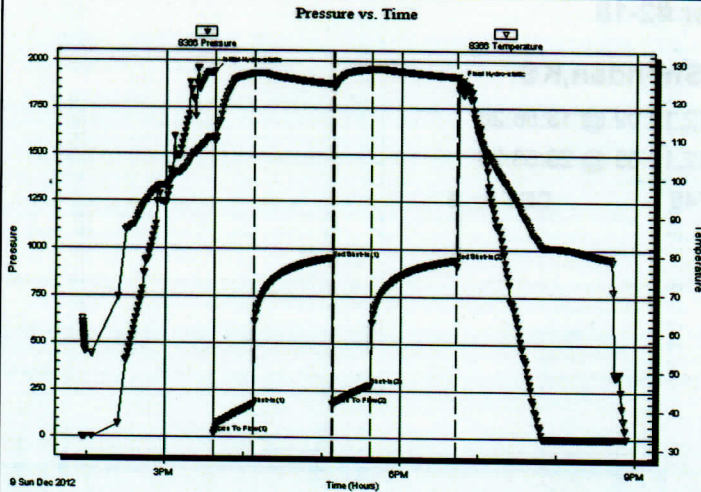
18-9s-27w Sheridan, KS
Haffner #2-18
Job Ticket: 48749 **DST#: 1**
Test Start: 2012.12.09 @ 13:56:26

GENERAL INFORMATION:

Formation: **E-F**
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 15:37:26
Time Test Ended: 20:53:26
Interval: **3937.00 ft (KB) To 3963.00 ft (KB) (TVD)**
Total Depth: 3963.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Good
Test Type: Conventional Bottom Hole (Initial)
Tester: Jason McLemore
Unit No: 54
Reference Elevations: 2764.00 ft (KB)
2756.00 ft (CF)
KB to GR/CF: 8.00 ft

Serial #: 8366 Inside
Press@RunDepth: 281.88 psig @ 3940.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2012.12.09 End Date: 2012.12.09 Last Calib.: 2012.12.09
Start Time: 13:56:28 End Time: 20:53:26 Time On Btm: 2012.12.09 @ 15:37:11
Time Off Btm: 2012.12.09 @ 18:44:41

TEST COMMENT: IFP-Good Blow , BOB in 9 Min.
ISI-Dead
FFP-Good Blow , BOB in 11 Min.
FSI-Dead



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1944.52	110.48	Initial Hydro-static
1	22.05	109.42	Open To Flow (1)
30	176.07	127.16	Shut-In(1)
91	946.79	124.52	End Shut-In(1)
91	180.61	124.17	Open To Flow (2)
121	281.88	128.37	Shut-In(2)
186	941.75	126.51	End Shut-In(2)
188	1883.57	124.05	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
560.00	Muddy Water	6.74

Gas Rates

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

REMIT TO
RR 1 BOX 90 D
HOXIE, KS 67740

SCHIPPERS OIL FIELD SERVICE L.L.C.

112 654

DATE <i>12-12-12</i> SEC. <i>18</i>	RANGE/TWP. <i>95 27W</i>	CALLED OUT <i>10:00 am</i>	ON LOCATION <i>12:00 pm</i>	JOB START <i>12:30</i>	JOB FINISH <i>16:00</i>
LEASE <i>Hoffner</i>			WELL # <i>2-18</i>		
			COUNTY <i>SD</i>	STATE <i>KS</i>	

CONTRACTOR <i>WW #12</i>	OWNER <i>Dan Hoffner</i>				
TYPE OF JOB <i>Rotary Plug</i>					
HOLE SIZE <i>7 7/8</i>	T.D.	CEMENT			
CASING SIZE	DEPTH	AMOUNT ORDERED	<i>205 sls</i>	<i>60/40 4%</i>	<i>6 gal</i>
TUBING SIZE	DEPTH		<i>7/8 16/32</i>	<i>Flo-Seal</i>	
DRILL PIPE <i>4 1/2</i>	DEPTH				
TOOL	DEPTH				
PRES. MAX	MINIMUM	COMMON	<i>123</i>	<i>@ 15.50</i>	<i>1906.50</i>
DISPLACEMENT	SHOE JOINT	POZMIX	<i>22</i>	<i>@ 8.50</i>	<i>697.00</i>
CEMENT LEFT IN CSG.		GEL	<i>7</i>	<i>@ 26.00</i>	<i>182.00</i>
PERFS		CHLORIDE		<i>@</i>	
		ASC		<i>@</i>	
EQUIPMENT		<i>Flo-Seal</i>	<i>51</i>	<i>@ 2.25</i>	<i>114.75</i>
				<i>@</i>	
PUMP TRUCK				<i>@</i>	
<i># 1 Jay</i>				<i>@</i>	
BULK TRUCK				<i>@</i>	
<i># 1</i>				<i>@</i>	
BULK TRUCK <i>Pickup</i>				<i>@</i>	
<i># Ford, Jack</i>				<i>@</i>	
		HANDLING	<i>214</i>	<i>@ 2.15</i>	<i>460.10</i>
		MILEAGE	<i>12</i>	<i>@ .115/km</i>	<i>256.80</i>
		TOTAL			<i>3617.15</i>

REMARKS <i>25 sls @ 2370'</i>	SERVICE			
<i>100 sls @ 1510'</i>	DEPT OF JOB		<i>@</i>	
<i>40 sls @ 310'</i>	PUMP TRUCK CHARGE	<i>1</i>	<i>@ 1350.00</i>	<i>1350.00</i>
<i>10 sls @ 40'</i>	EXTRA FOOTAGE		<i>@</i>	
<i>30 sls Rot Hole</i>	MILEAGE	<i>12</i>	<i>@ 6.50</i>	<i>78.00</i>
<i>205 sls Total</i>	MANIFOLD		<i>@</i>	
<i>Done @ 4:00 p.m.</i>	<i>Light Vehicle</i>	<i>12</i>	<i>@ 2.00</i>	<i>24.00</i>
	TOTAL			<i>1452.00</i>

CHARGES TO: <i>Dan Hoffner</i>	
STREET	STATE
CITY	ZIP

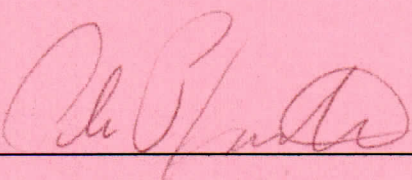
To: Schippers Oil Field Services L.L.C.

You are hereby requested to rent cementing equipment and furnish staff 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 "TERMS AND CONDITIONS" listed on the reverse side.

PLUG & FLOAT EQUIPMENT	
<i>2 5/8 Wooden Plug</i>	<i>@ 79.00</i>
	<i>@</i>
	<i>@</i>
	<i>@</i>
	<i>@</i>
	<i>TOTAL 5148.15</i>
TAX	
TOTAL CHARGE	
DISCOUNT (IF PAID IN 20 DAYS)	

Hoxie Sentinel Print / Form 411

SIGNATURE



PRINTED NAME

Dan Hoffner

REMIT TO
RR 1 BOX 90 D
HOXIE, KS 67740

SCHIPPERS OIL FIELD SERVICE L.L.C.

NR 653

DATE 12-5-12	SEC. 18	RANGE/TWP. 95 27W	CALLED OUT	ON LOCATION 4:45	JOB START 5:30 pm	JOB FINISH 8:30 pm
LEASE Hattner			WELL# 2-18			
			COUNTY SH STATE KS			

CONTRACTOR	WN#12	OWNER			
TYPE OF JOB	Surface				
HOLE SIZE 12 1/4	T.D.	CEMENT			
CASING SIZE 8 3/4	DEPTH	AMOUNT ORDERED	195 sls	Common	3 3/4 CC
TUBING SIZE	DEPTH		2 1/2 Gal		
DRILL PIPE	DEPTH				
TOOL	DEPTH				
PRES. MAX	MINIMUM	COMMON	195	@ 15.50	3022.50
DISPLACEMENT 16	SHOE JOINT	POZMIX		@	
CEMENT LEFT IN CSG. 15'		GEL	4	@ 26.00	104.00
PERFS		CHLORIDE	7	@ 52.00	364.00
		ASC		@	
EQUIPMENT				@	
				@	
PUMP TRUCK				@	
# 1				@	
BULK TRUCK				@	
# 1				@	
BULK TRUCK Pickup				@	
# 1				@	
		HANDLING	206	@ 2.15	442.90
		MILEAGE	12	@ 106.66/1	250.00
				TOTAL	4183.40

REMARKS	Cement circulated to pit Done @ 5:30 p.m.	SERVICE			
		DEPT OF JOB		@	
		PUMP TRUCK CHARGE	1	@ 1050.00	1050.00
		EXTRA FOOTAGE		@	
		MILEAGE	12 x 2	@ 6.50	156.00
		MANIFOLD		@	
		Light Vehicle	12 x 2	@ 2.00	48.00
				TOTAL	1254.00

CHARGES TO: Dan Hattner	
STREET	STATE
CITY	ZIP

To: Schippers Oil Field Services L.L.C.

You are hereby requested to rent cementing equipment and furnish staff 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 "TERMS AND CONDITIONS" listed on the reverse side.

PLUG & FLOAT EQUIPMENT	
	@
	@
	@
	@
	@
	TOTAL 5437.40
TAX	
TOTAL CHARGE	
DISCOUNT (IF PAID IN 20 DAYS)	

SIGNATURE

Calvin Pharo

PRINTED NAME

Calvin Pharo