

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1146754

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 #		API No. 15
Name:		Spot Description:
Address 1:		SecTwpS. R 🔲 East 🗌 West
Address 2:		Feet from North / South Line of Section
City: State: Zip: _	+	Feet from _ East / _ West Line of Section
Contact Person:		Footages Calculated from Nearest Outside Section Corner:
Phone: ()		□NE □NW □SE □SW
CONTRACTOR: License #		GPS Location: Lat:, Long:
Name:		(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:		Datum: NAD27 NAD83 WGS84
Purchaser:		County:
Designate Type of Completion:		Lease Name: Well #:
☐ New Well ☐ Re-Entry	Workover	Field Name:
□ Oil □ WSW □ SWD	SIOW	Producing Formation:
☐ Gas ☐ D&A ☐ ENHR	SIGW	Elevation: Ground: Kelly Bushing:
☐ OG ☐ GSW	Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)		Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):		Multiple Stage Cementing Collar Used? Yes No
If Workover/Re-entry: Old Well Info as follows:		If yes, show depth set: Feet
Operator:		If Alternate II completion, cement circulated from:
Well Name:		feet depth to:w/sx cmt.
Original Comp. Date: Original Tota	l Depth:	
☐ Deepening ☐ Re-perf. ☐ Conv. to ENH	IR Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back ☐ Conv. to GSW	Conv. to Producer	(Data must be collected from the Reserve Pit)
Commingled Permit #:		Chloride content: ppm Fluid volume: bbls
_		Dewatering method used:
SWD Permit #:		Location of fluid disposal if hauled offsite:
☐ ENHR Permit #:		Operator Name
GSW Permit #:		Operator Name: License #:
	Completion Date or	QuarterSecTwpS. R EastWest
Recompletion Date	Recompletion Date	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 III Approved by: Date:						

Page Two



Operator Name: Lease Name: _ _ Well #: _ 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** No Loa Formation (Top), Depth and Datum Sample | Yes (Attach Additional Sheets) Name Top Datum No Samples Sent to Geological Survey Yes ☐ No Yes
 Yes
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 Yes
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 Yes
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 Nes
 Nes Cores Taken Electric Log Run ___ Yes No List All E. Logs Run: CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight Setting Type of # Sacks Type and Percent Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Depth Cement Used Additives ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone Did you perform a hydraulic fracturing treatment on this well? Yes No (If No, skip questions 2 and 3) No Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes (If No, skip question 3) Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? (If No, fill out Page Three of the ACO-1) Yes PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated Depth (Amount and Kind of Material Used) 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** Oil Bbls Gas Mcf Water Bbls. Gas-Oil Ratio Gravity Per 24 Hours METHOD OF COMPLETION: **DISPOSITION OF GAS:** PRODUCTION INTERVAL: Open Hole Perf. Dually Comp. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)

Form	ACO1 - Well Completion
Operator	Nor-West Kansas Oil, L.L.C.
Well Name	Sleeping Indian 2
Doc ID	1146754

Tops

Name	Тор	Datum
Heebner Shale	3986	-893
Lansing	4032	-939
Marmaton	4470	-1377
Pawnee	4549	-1456
Cherokee Shale	4628	-1535
Johnson	4664	-1571
Morrow Shale	4744	-1651
Mississippian	4776	-1683

BE GIVEN TO CUSTOMER'S REPRESENTATIVE AT TIME OF DELIVERY. AP-3483-145 ASSOCIATEĎ PRINTĘRS OBIGINAL TO REMAIN IN BOOK - DUPLICATE TO BE ATTACHED TO CUSTOMER'S INVOICE - TRIPLICATE TO

SZ.

SPECIAL INSTRUCTIONS

1 OC

TALLIED BY ALL

966 I

TOTAL JATOT ______ STL JATOT ______ STL JATOT _____



TICKET NUMBER

	or 800-467-8676			CEMENT		·		14.5
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TICKET NUMBER	<u> 39969</u>
LOCATION OF K	104 Jac 5
FOREMAN Kelli	7 7

PO Box 884, Chanute, KS 66720

FIELD TICKET & TREATMENT REPORT

DESCRIPTION OF STATE OF THE PROPERTY OF THE PR	620-431-9210 o	r 800-467-8676	3		CEMEN				/=
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TOTAL JATOT ______ STL JATOT ______ STL JATOT _____



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	or 800-467-8676			CEMENT		·		14.5
DATE	CUSTOMER#		L NAME & NUMI		SECTION,	TOWNSHIP	RANGE	COUNTY
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TICKET NUMBER	<u> 39969</u>
LOCATION OF K	104 Jac 5
FOREMAN Kelli	7 7

PO Box 884, Chanute, KS 66720

FIELD TICKET & TREATMENT REPORT

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DIAMOND TESTING, LLC

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (800) 542-7313 SLEEPINGINDIAN2DST2 Page 1 of 2 Pages

Company Nor-West Kansas Oil, LLC Lease & Well No. Sleeping Indian No. 2 3093 KB Formation Johnson Elevation T209 Effective Pav -- Ft. Ticket No. 17S 34W Scott Kansas Date Twp. Range County State Sean P. Deenihan Tim Venters Test Approved By Diamond Representative 4,658 ft. to _____ 2 ___ Interval Tested from ___ 4,750 ft. Formation Test No. $4,750_{ft}$ Total Depth 4,653 ft 6 3/4 in. Packer Depth Size ⁻⁻ft. Size ⁻⁻ in. Packer Depth 6 3/4 in. 4,658 ft. Size Packer Depth Packer Depth ⁻⁻ft. Size ⁻⁻ in. Depth of Selective Zone Set ft. 4,639 ft. 10,000 psi. Top Recorder Depth (Inside) 8457 Recorder Number Cap. 4,747 ft. 5,025 psi. 11030 Bottom Recorder Depth (Outside) Cap. Recorder Number Below Straddle Recorder Depth Recorder Number Cap. Drilling Contractor WW Drilling, LLC - Rig 2 124 ft I.D. 2 1/4 in Drill Collar Length Chemical ⁻⁻ft I.D.___ Mud Type Viscosity Weight Pipe Length_____ 10.0 4,501 ft I.D. 3 1/2 in Water Loss Weight Drill Pipe Length 9.000 33 ft Tool Size 3 1/2-IF in. Chlorides P.P.M. Test Tool Length Anchor Length 30' perf. w/62' drill pipe Sterling 4 1/2-FH in Serial Number Jars: Make Size No 5/8 in. 1 _{in.} Did Well Flow? Reversed Out Surface Choke Size Bottom Choke Size 7 7/8 _{in.} 4 1/2-XH in Main Hole Size Tool Joint Size Blow: 1st Open: Weak surface blow increasing to 1 in. No blow back during shut-in. 2nd Open: Very weak surface blow throughout. No blow back during shut-in. 70 ft of mud w/a trace of oil = .344400 bbls. (Grind out: Trace-oil; 100%-mud) Recovered ft. of Recovered ft. of Recovered ft. of___ Recovered ft. of Recovered Recovered ft. of Remarks Tool Sample Grind Out: 2%-oil; 98%-mud Time Set Packer(s) 10:47 P.M. 12:47 A.M. Time Started off Bottom 118° Maximum Temperature 2290 _{P.S.I.} Initial Hydrostatic Pressure....(A) ⁹P.S.I. to (C)_____ Initial Flow Period......Minutes (B) 1132 _{P.S.I.} 30 Initial Closed In Period......Minutes (D) ²⁹ P.S.I to (F)_____ Final Flow Period......Minutes (E) 30 1067 _{P.S.L.} Final Closed In Period......Minutes (G) 2261 P.S.I. Final Hydrostatic Pressure.....(H)

Diamond Testing

General information Report

General Information

Company Name NOR WEST KANSAS OIL, LLC

PATRICK G. WANKER Contact T209 SLEEPING INDIAN #2 Job Number Well Name Representative TIM VENTERS DST #2, JOHNSON, 4658-4750 Unique Well ID Well Operator NOR WEST KANSAS OIL, LLC SEC. 24-17S-34W, SCOTT CO. KS. **Surface Location** Report Date 2013/05/13 Well License Number **TIM VENTERS** WILDCAT Prepared By Field Vertical Well Type

Test Type CONVENTIONAL Formation DST #2, JOHNSON, 4658-4750

Well Fluid Type 01 Oil Start Test Time 20:07:00 Final Test Time 02:53:00

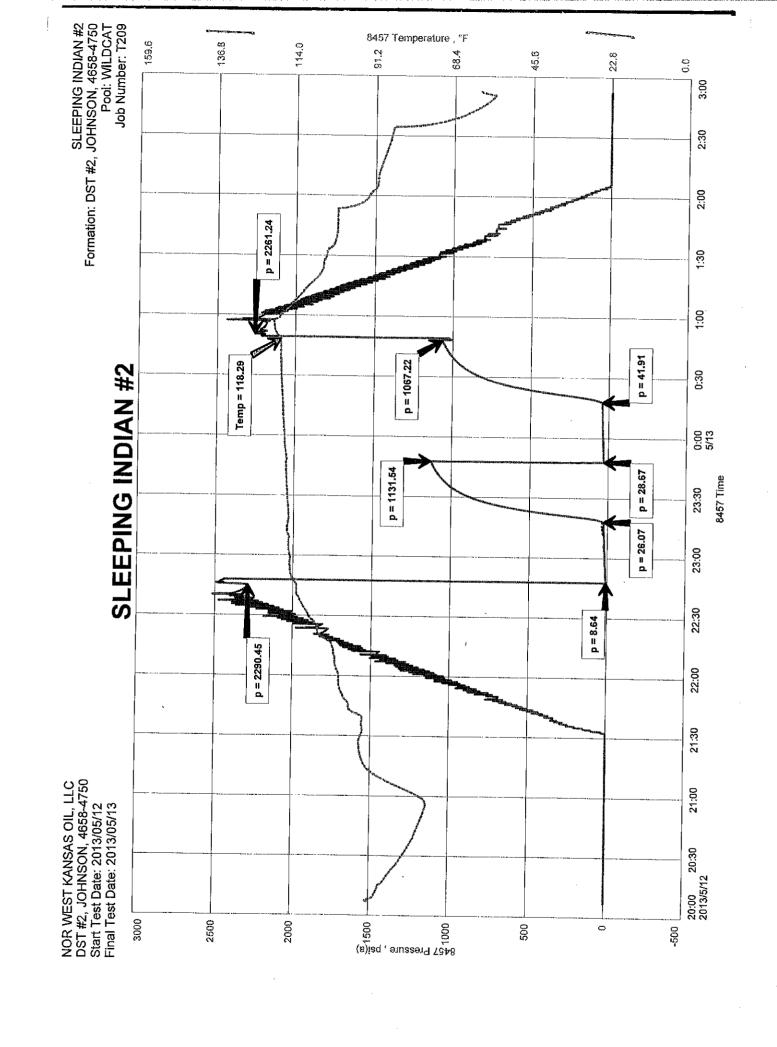
Start Test Date 2013/05/12 Final Test Date 2013/05/13

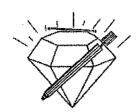
Gauge Name 8457 Gauge Serial Number

Test Results

RECOVERED: 70' MW/TR. O, TRACE OIL, 100% MUD

TOOL SAMPLE: 2% OIL, 98% MUD





DIAMOND TESTING, LLC

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (800) 542-7313 SLEEPINGINDIAN2DST1 Page 1 of 2 Pages

Company Nor-West Kansas Oil, LLC Lease & Well No. Sleeping Indian No. 2 Elevation 3093 KB Formation Marmaton T208 Effective Pay____ Ticket No. 5-11-13 Sec. 24 **17S** Scott Date 34W Kansas Twp. Range County State Sean P. Deenihan Tim Venters Test Approved By Diamond Representative 4,422 ft. to 4,534 ft. 4,534 ft Formation Test No. Interval Tested from Total Depth 4,417 ft. 6 3/4 in. Packer Depth Size -- ft. Size ___ ⁻⁻⁻ in. Packer Depth 4,422 ft 6 3/4 in. Size Packer Depth ft. Size Packer Depth ^_ in. Depth of Selective Zone Set 4,403 ft 8457 Top Recorder Depth (Inside) 10,000 _{psi} Recorder Number Cap. 4,531 ft. 11030 5,025 _{osi.} Bottom Recorder Depth (Outside) Recorder Number Cap. Below Straddle Recorder Depth Recorder Number Cap. Drilling Contractor WW Drilling, LLC - Rig 2 124 ft I.D._ 2 1/4 in. Drill Collar Length Chemical 52 Mud Type Viscosity Weight Pipe Length -- ft I.D. -- in. 10.0 4,265 ft I.D. 3 1/2 in. Weight Water Loss Drill Pipe Length _____ CC. 7.200 33 ft Tool Size 3 1/2-IF in Chlorides P.P.M. Test Tool Length Anchor Length 18' perf. w/94' drill pipe Sterling 4 1/2-FH in Jars: Make Serial Number Size No 5/8 in. Did Well Flow? Reversed Out Surface Choke Size 1 in. Bottom Choke Size 7 7/8 _{in.} 4 1/2-XH in. Main Hole Size Tool Joint Size Blow: 1st Open: Weak, 1/4 in. blow increasing to 3 1/2 ins. No blow back during shut-in. 2nd Open: Very weak surface blow increasing to 4 1/2 ins. No blow back during shut-in. 220 ft. of mud w/a very small trace of oil = 1.976164 bbls. (Grind out: Trace-oil; 100%-mud) Recovered ft. of _____ Recovered Recovered ft. of ft. of _____ Recovered ft. of Recovered Recovered ft. of Remarks Tool Sample Grind Out: Trace-oil; 100%-mud 5:51 P.M. 8:51 P.M. 116° Time Set Packer(s) Time Started off Bottom Maximum Temperature 2124 P.S.I. Initial Hydrostatic Pressure....(A) ¹⁰ P.S.I. to (C) ⁷⁴ P.S.I. Initial Flow Period......Minutes (B) 1178 P.S.I. 30 Initial Closed In Period......Minutes (D) 60 ⁷⁵ P.S.I to (F)_____ 117 P.S.L Final Flow Period......Minutes (E) 60 1182 P.S.I. Final Closed In Period......Minutes (G) 2119 P.S.I. Final Hydrostatic Pressure....(H)

Diamond Testing

General information Report

General Information

Company Name NOR WEST KANSAS OIL, LLC

Contact PATRICK G. WANKER Well Name **SLEEPING INDIAN #2** Job Number T208 Unique Well ID DST #1, MARMATON, 4422-4534 Representative **TIM VENTERS Surface Location** NOR WEST KANSAS OIL, LLC SEC 24-17S-34W, SCOTT CO. KS. Well Operator Well License Number Report Date 2013/05/11 Field WILDCAT Prepared By **TIM VENTERS** Well Type Vertical

 Test Type
 CONVENTIONAL

 Formation
 DST #1, MARMATON, 4422-45364

 Well Fluid Type
 01 Oil
 Start Test Time
 15:41:00

 Start Test Date
 2013/05/11
 Final Test Time
 22:47:00

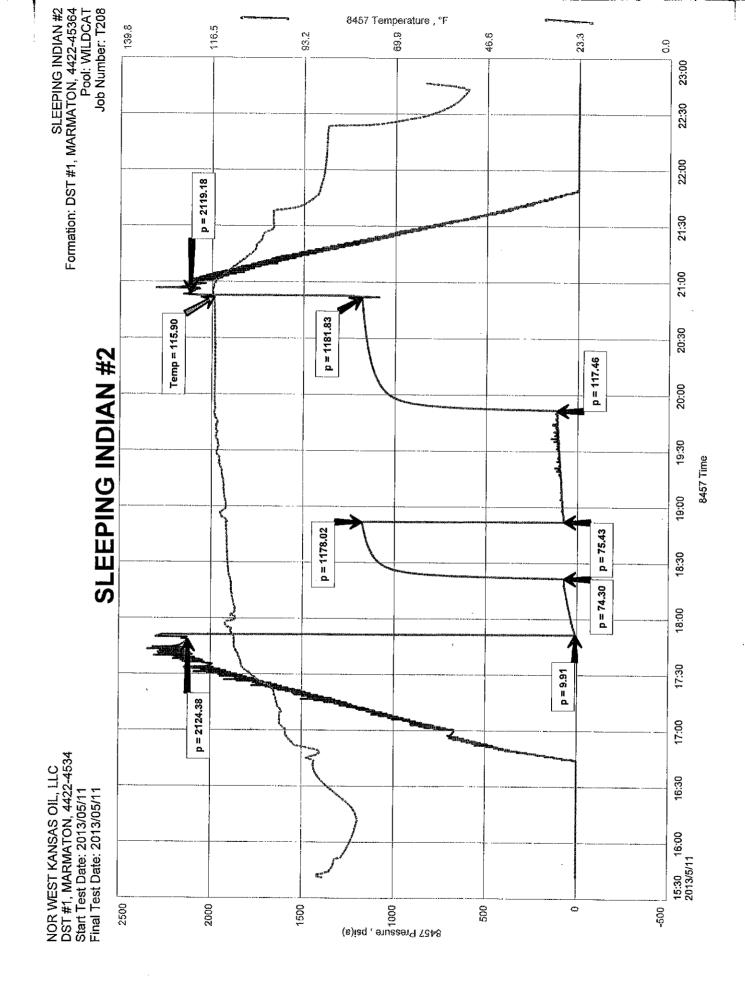
Final Test Date 2013/05/11
Gauge Name 8457

Gauge Name 8457 Gauge Serial Number

Test Results

RECOVERED: 220' MW/VSTR.O, TRACE OIL, 100% MUD

TOOL SAMPLE: TRACE OIL, 100% MUD



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/

Sam Brownback, Governor

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

June 11, 2013

Patrick G. Wanker, Sec.-Treas., Nor-West Kansas Oil, L.L.C. 20014 283 HWY WAKEENEY, KS 67672-2722

Re: ACO1 API 15-171-20942-00-00 Sleeping Indian 2 NE/4 Sec.24-17S-34W Scott 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, Patrick G. Wanker, Sec.-Treas.,