



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1150550
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: _____



1150550

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: <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

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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Shoestring Resources, LLC
Well Name	H & G Unit 1-34
Doc ID	1150550

All Electric Logs Run

Comp Density Neutron
Dual Induction
Borehole Compensated Sonic
Micro Resistivity

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

July 16, 2013

Larry D. Taylor
Shoestring Resources, LLC
535 S. FULTON
LENORA, KS 67645

Re: ACO1
API 15-137-20638-00-00
H & G Unit 1-34
NE/4 Sec.34-03S-24W
Norton 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,
Larry D. Taylor



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 39386
LOCATION Oakley Ks
FOREMAN Jerry / (Trainer) Kelly G

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY				
<u>4-4-13</u>	<u>7311</u>	<u>H & G Unit 1-34</u>	<u>34</u>	<u>39</u>	<u>24W</u>	<u>Norton</u>				
CUSTOMER <u>Shoestring Op.</u>		Lencraks 9NW into								
MAILING ADDRESS							TRUCK #	DRIVER	TRUCK #	DRIVER
CITY							<u>463</u>	<u>Cory D.</u>		
STATE							<u>693</u>	<u>Ed W.</u>		
ZIP CODE		<u>693</u>	<u>Jack J.</u>							

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 328.333 CASING SIZE & WEIGHT 8 7/8 24#
 CASING DEPTH 328 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8# SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 19.65 bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Integrity rig #7 set up truck, hooked up to rig + recirculate
circulation, mixed 225 sks of com 3% calcium chloride, 28 gal, washed up pumps +
lines rig down. Displaced with 19 1/2 bbl fresh water and shut in

Cement did circulate

abt 4661 top it

Thank You
Jerry, Kelly & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
<u>54015</u>	<u>1</u>	<u>PUMP CHARGE</u>	<u>1085.00</u>	<u>1085.00</u>
<u>5406</u>	<u>65</u>	<u>MILEAGE</u>	<u>5.00</u>	<u>325.00</u>
<u>11045</u>	<u>225</u>	<u>Class "A" cement</u>	<u>17.45</u>	<u>3971.25</u>
<u>1102</u>	<u>634 #</u>	<u>calcium chloride</u>	<u>.89</u>	<u>564.26</u>
<u>1118B</u>	<u>423 #</u>	<u>bentonite</u>	<u>.25</u>	<u>105.75</u>
<u>5407A</u>	<u>10.57</u>	<u>ton mileage delivery</u>	<u>1.67</u>	<u>1147.37</u>
		<u>Sub total</u>		<u>7198.63</u>
		<u>less 10%</u>		<u>- 719.86</u>
		<u>Sub total</u>		<u>6478.77</u>
			SALES TAX	
			ESTIMATED	
			TOTAL	
			DATE	<u>4-5-13</u>

Havin 343/ 3.30

AUTHORIZATION [Signature]

TITLE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Shoestring Resources LLC

34-3s-24w

PO Box 190
Hill City KS 67642

H&G Unit 1-34

Job Ticket: 50648

DST#: 1

ATTN: Chris Bean

Test Start: 2013.04.09 @ 14:38:00

GENERAL INFORMATION:

Formation: **Tor, LKC A**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 19:54:15

Time Test Ended: 00:13:45

Test Type: Conventional Bottom Hole (Initial)

Tester: Wilbur Steinbeck

Unit No: 44

Interval: **3490.00 ft (KB) To 3562.00 ft (KB) (TVD)**

Total Depth: 3562.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Fair

Reference Elevations: 2463.00 ft (KB)

2453.00 ft (CF)

KB to GR/CF: 10.00 ft

Serial #: 8353

Outside

Press@RunDepth: 1070.05 psig @ 3491.00 ft (KB)

Start Date: 2013.04.09

End Date:

2013.04.10

Start Time: 14:38:15

End Time:

00:13:45

Capacity: 8000.00 psig

Last Calib.: 2013.04.10

Time On Btm: 2013.04.09 @ 19:53:45

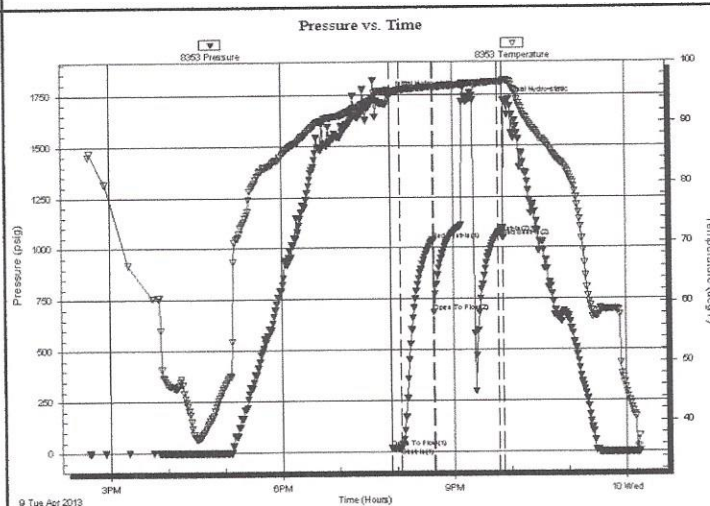
Time Off Btm: 2013.04.09 @ 21:53:45

TEST COMMENT: 15 IF; Built to 1 1/4"

30 IS; No Blow

45 FF; Surface blow died in 28 min flushed surge blow only

15 FS; No Blow



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1747.56	95.09	Initial Hydro-static
1	19.32	94.87	Open To Flow (1)
11	21.94	95.38	Shut-In(1)
46	1033.94	95.85	End Shut-In(1)
46	684.45	95.79	Open To Flow (2)
114	1070.05	96.63	Shut-In(2)
118	1093.47	96.66	End Shut-In(2)
120	1714.68	96.96	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
2.00	Mud	0.03

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Shoestring Resources LLC

34-3s-24w

PO Box 190
Hill City KS 67642

H&G Unit 1-34

Job Ticket: 50648

DST#: 1

ATTN: Chris Bean

Test Start: 2013.04.09 @ 14:38:00

Mud and Cushion Information

Mud Type:		Cushion Type:		Oil API:	deg API
Mud Weight:	9.00 lb/gal	Cushion Length:	ft	Water Salinity:	ppm
Viscosity:	63.00 sec/qt	Cushion Volume:	bbbl		
Water Loss:	6.40 in ³	Gas Cushion Type:			
Resistivity:	ohm.m	Gas Cushion Pressure:	psig		
Salinity:	700.00 ppm				
Filter Cake:	inches				

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
2.00	Mud	0.028

Total Length: 2.00 ft Total Volume: 0.028 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

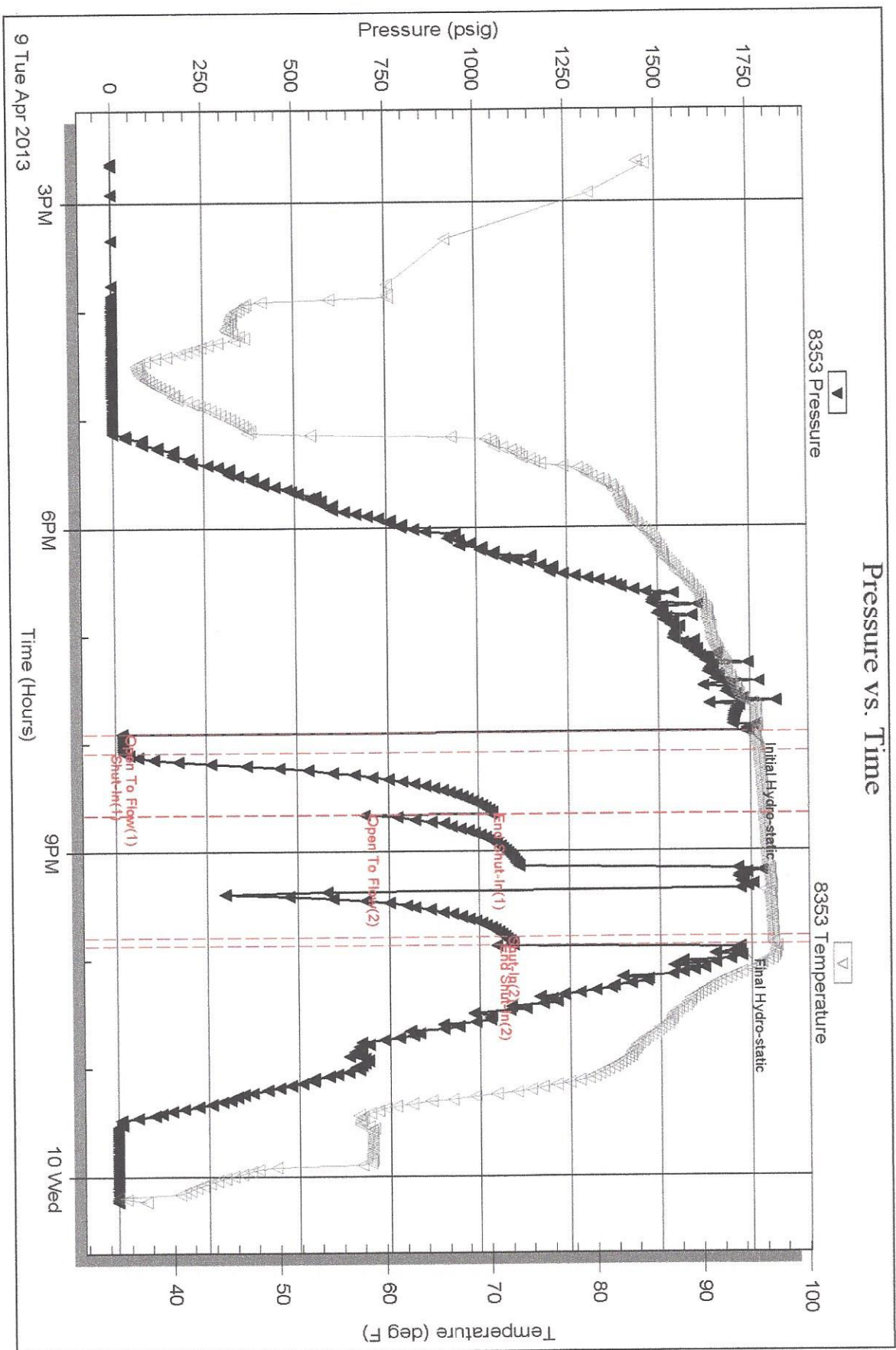
Recovery Comments:

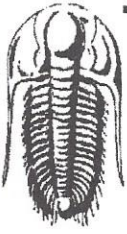
Serial #: 8353

Outside Shoestring Resources LLC

H&G Unit 1-34

DST Test Number: 1





**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Shoestring Resources LLC

34-3s-24w

PO Box 190
Hill City KS 67642

H&G Unit 1-34

Job Ticket: 50649

DST#: 2

ATTN: Chris Bean

Test Start: 2013.04.11 @ 11:00:00

GENERAL INFORMATION:

Formation: **LAN H-L**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 13:19:00

Time Test Ended: 16:20:00

Test Type: Conventional Straddle (Reset)

Tester: Wilbur Steinbeck

Unit No: 44

Interval: **3600.00 ft (KB) To 3710.00 ft (KB) (TVD)**

Total Depth: 3807.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Fair

Reference Elevations: 2463.00 ft (KB)

2453.00 ft (CF)

KB to GR/CF: 10.00 ft

Serial #: 8353

Outside

Press@RunDepth: psig @ 3601.00 ft (KB)

Start Date: 2013.04.11 End Date: 2013.04.11

Start Time: 11:00:15 End Time: 16:20:00

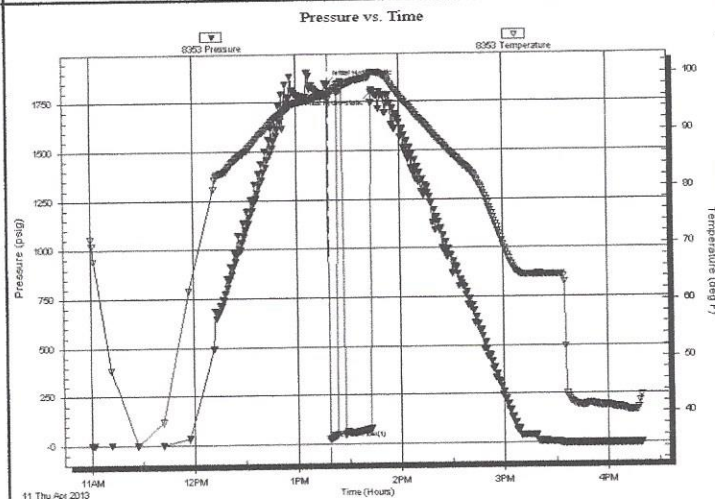
Capacity: 8000.00 psig

Last Calib.: 2013.04.11

Time On Btm: 2013.04.11 @ 13:18:30

Time Off Btm: 2013.04.11 @ 13:44:00

TEST COMMENT: 15 IF: Surge blow died in 2 min Flushed surge blow died



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1840.35	96.15	Initial Hydro-static
1	26.22	96.09	Open To Flow (1)
26	1800.65	100.14	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
90.00	Mud	1.26

* Recovery from multiple tests

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Shoestring Resources LLC

34-3s-24w

PO Box 190
Hill City KS 67642

H&G Unit 1-34

Job Ticket: 50649

DST#: 2

ATTN: Chris Bean

Test Start: 2013.04.11 @ 11:00:00

Mud and Cushion Information

Mud Type: Gel Chem

Mud Weight: 9.00 lb/gal

Viscosity: 63.00 sec/qt

Water Loss: 6.40 in³

Resistivity: ohm.m

Salinity: 700.00 ppm

Filter Cake: inches

Cushion Type:

Cushion Length: ft

Cushion Volume: bbl

Gas Cushion Type:

Gas Cushion Pressure: psig

Oil API:

Water Salinity: ppm

deg API

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
90.00	Mud	1.262

Total Length: 90.00 ft Total Volume: 1.262 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

Serial #: 8353

Outside Shoestring Resources LLC

H&G Unit 1-34

DST Test Number: 2

