



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1153032
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: _____



1153032

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Forestar Petroleum Corporation
Well Name	Pamela Anderson 1-20
Doc ID	1153032

All Electric Logs Run

Borehole Compensated Sonic Log
Dual Compensated Porosity
Microresistivity
Dual Induction

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 25, 2013

Jack Renfro
Forestar Petroleum Corporation
1801 BROADWAY Suite 600
DENVER, CO 80202-3858

Re: ACO1
API 15-153-20924-00-00
Pamela Anderson 1-20
SE/4 Sec.20-01S-31W
Rawlins 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,
Jack Renfro



CONSOLIDATED
Oil Well Services, LLC

259277

TICKET NUMBER 39993
LOCATION Oakley, KS
FOREMAN Jerry V (trainee)
Miles Shaw

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
5-30-13	2930	Pamela Anderson 1-20	20	15	31W	Rawlins
CUSTOMER <u>Forster</u>			Herndon 2N to 4A 2W N10W			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			463	Cory D		
STATE			693	Jacks J		
ZIP CODE				Dan F	Ridealong	

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 262 CASING SIZE & WEIGHT 8 3/8 24 1/2
 CASING DEPTH 261 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15.2 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 20'
 DISPLACEMENT 15 1/4 bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & rig up on 6/24 break circulation & mix 185 SKS COM 3+2 and displaced with 15 bbl fresh water found cement in collar only rig down & done.

thanks Jerry crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1150	1150.00
5406	65	MILEAGE	5.25	341.25
5407	8.7 ton	ton mileage delivery	1.75	989.95
11045	185 SKS	com class A	18.55	3431.75
1102	521	Calican Clarido	.98	489.74
1118b	347	bentonite	.27	93.69
			subtotal	6496.38
			less 10%	649.64
			sub total	5846.74
			<input checked="" type="checkbox"/> completed	

Ravin 8737
 AUTHORIZATION [Signature] TITLE _____ DATE _____
 SALES TAX ESTIMATED TOTAL 290.90
6137.64

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



CONSOLIDATED
Oil Well Services, LLC

259344

TICKET NUMBER 39941
LOCATION Oakley, Ks
FOREMAN Walt Dunkel

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-6-13	2930	Pamela Anderson 1-20	20	15 ^s	31 ^w	Ralins
CUSTOMER Forestar			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			405	Jerry Yates		
CITY			397	Tim Wareham		
STATE						
ZIP CODE						

Herndon
2N-
2W
N into

JOB TYPE PTA HOLE SIZE 7 7/8 HOLE DEPTH 4140' CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting, rig up on WW #4, Plug as ordered

25 SKs @ 2640'
100 SKs @ 1940' 205 SKs 60/40 per 4% Gel
40 SKs @ 310 1/4 # Flo-Seal
10 SKs @ 40
30 SKs in RH

Thank You
Walt Dunkel

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	1395 ⁰⁰	1395 ⁰⁰
5406	65	MILEAGE	5 ²⁵	341 ²⁵
1131	205 SKs	60/40 per	15 ⁸⁶	3,251 ³⁰
1118B	704 #	Gel	1 ²⁷	190 ⁰⁸
1107	51 #	Flo Seal	2 ⁹¹	151 ⁴⁷
5407A	8.82	Tom mileage Delivery	1 ⁷⁵	1,003 ⁶⁰
4432	1	8 5/8	100 ⁷⁵	100 ⁷⁵
				6,433 ⁴⁵
				643 ³⁵
				5,790 ¹⁰
		Less 10% Disc		
			SALES TAX	267.60
			ESTIMATED TOTAL	6057.70

Ravin 3737

AUTHORIZATION

TITLE

DATE

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 for



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Forestar Petroleum Corporation
 1801 Broadway STE 900
 Denver, CO 80202
 ATTN: Bruce Ard / Justin H

20/1s/31w Rawlins KS
Pamela Anderson#1-20
 Job Ticket: 52616 **DST#: 1**
 Test Start: 2013.06.03 @ 07:15:00

GENERAL INFORMATION:

Formation: **Lans. "A - B"**
 Deviated: No Whipstock: ft (KB)
 Test Type: Conventional Bottom Hole (Initial)
 Time Tool Opened: 09:32:45 Tester: James Winder
 Time Test Ended: 14:28:15 Unit No: 57
 Interval: **3819.00 ft (KB) To 3890.00 ft (KB) (TVD)** Reference Elevations: 2844.00 ft (KB)
 Total Depth: 3890.00 ft (KB) (TVD) 2839.00 ft (CF)
 Hole Diameter: 7.88 inches Hole Condition: Fair KB to GR/CF: 5.00 ft

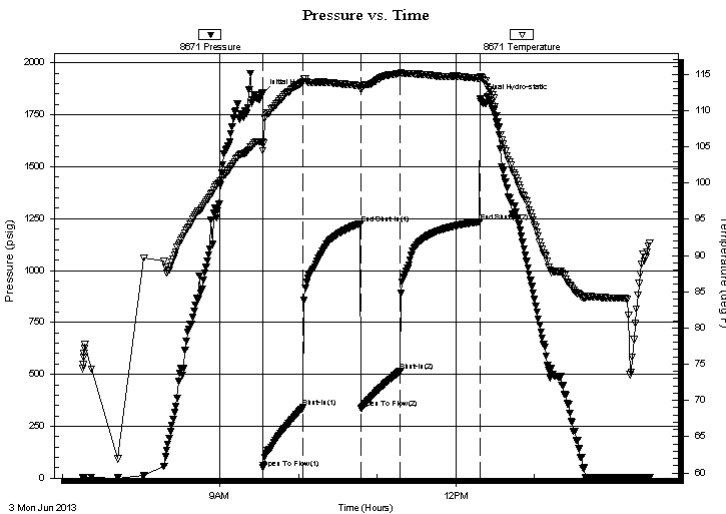
Serial #: 8671

Inside

Press @ Run Depth: 515.83 psig @ 3820.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2013.06.03 End Date: 2013.06.03 Last Calib.: 2013.06.03
 Start Time: 07:15:05 End Time: 14:28:14 Time On Btm: 2013.06.03 @ 09:32:30
 Time Off Btm: 2013.06.03 @ 12:19:00

TEST COMMENT: 30 - IF: Blow built to BOB (11") in 4 1/2 min.
 45 - IS: No blow back
 30 - FF: Blow built to BOB in 6 1/4 min.
 60 - FS: No blow back

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1853.04	105.70	Initial Hydro-static
1	49.09	104.45	Open To Flow (1)
31	341.44	114.04	Shut-In(1)
75	1225.72	113.43	End Shut-In(1)
76	337.38	112.90	Open To Flow (2)
106	515.83	115.12	Shut-In(2)
166	1235.37	114.45	End Shut-In(2)
167	1829.87	114.67	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
62.00	WCM w /trace oil 67% m, 33% w	0.30
63.00	Water w /trace oil 92% w, 8% m	0.31
935.00	MCW w /trace oil 76% w, 24% m	13.12

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Forestar Petroleum Corporation

20/1s/31w Rawlins KS

1801 Broadway STE 900
Denver, CO 80202

Pamela Anderson#1-20

Job Ticket: 52616

DST#: 1

ATTN: Bruce Ard / Justin H

Test Start: 2013.06.03 @ 07:15:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

34000 ppm

Viscosity: 58.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 5.80 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 500.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
62.00	WCM w/trace oil 67% _m , 33% _w	0.305
63.00	Water w/trace oil 92% _w , 8% _m	0.310
935.00	MCW w/trace oil 76% _w , 24% _m	13.116

Total Length: 1060.00 ft Total Volume: 13.731 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: RW = .164 ohms @ 89 deg F

Chlorides = 34,000 ppm

Serial #: 8671

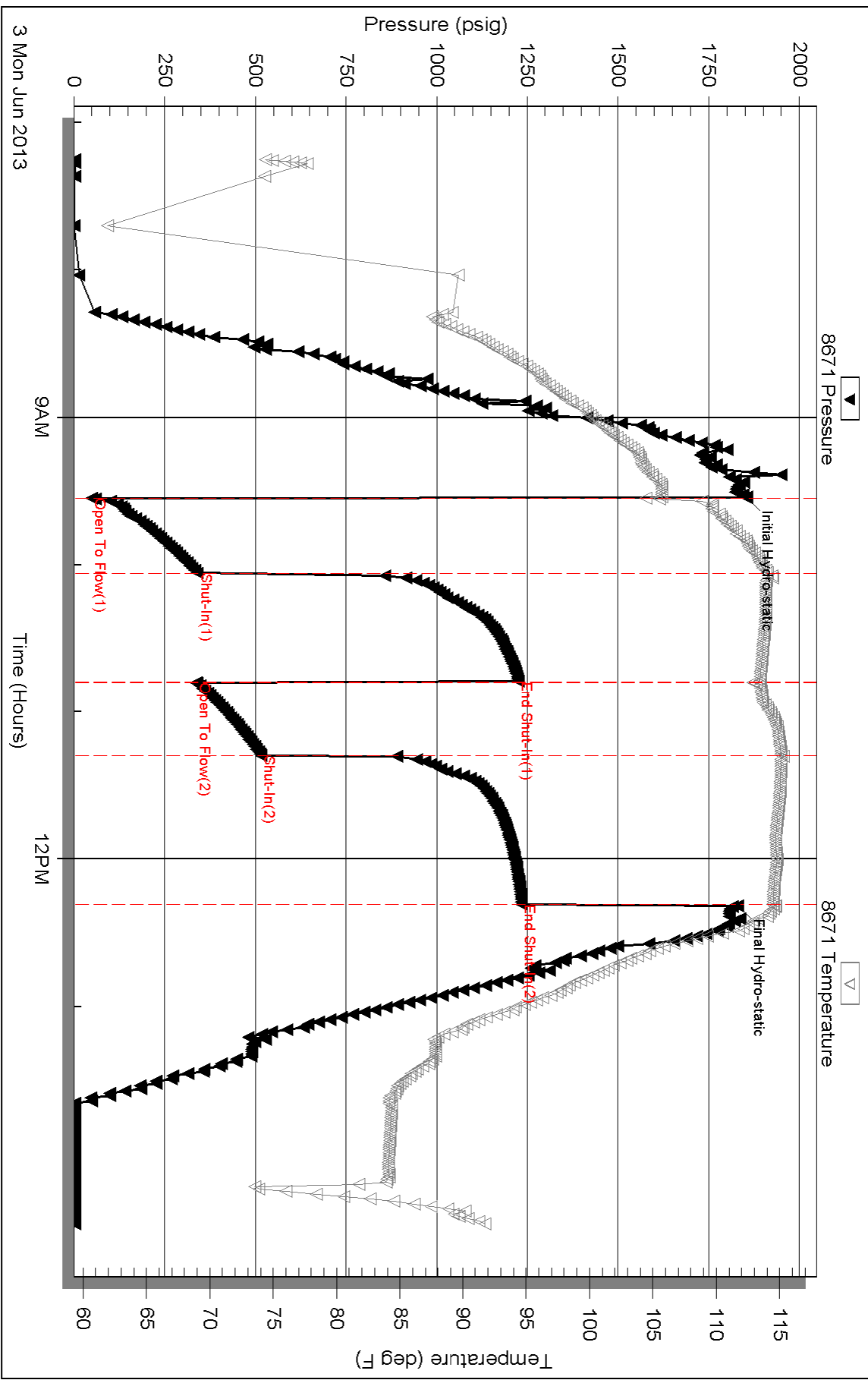
Inside

Forestar Petroleum Corporation

Pamela Anderson#1-20

DST Test Number: 1

Pressure vs. Time



Triobite Testing, Inc

Ref. No: 52616

Printed: 2013.06.03 @ 15:17:20



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Forestar Petroleum Corporation

20/1s/31w Rawlins KS

1801 Broadway STE 900
Denver, CO 80202

Pamela Anderson#1-20

Job Ticket: 52617

DST#: 2

ATTN: Bruce Ard / Justin H

Test Start: 2013.06.04 @ 02:07:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

32500 ppm

Viscosity: 60.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 6.80 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 1200.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
125.00	MCW 76%w , 24%m	0.615
245.00	WCM 65%m, 35%w	3.437

Total Length: 370.00 ft Total Volume: 4.052 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

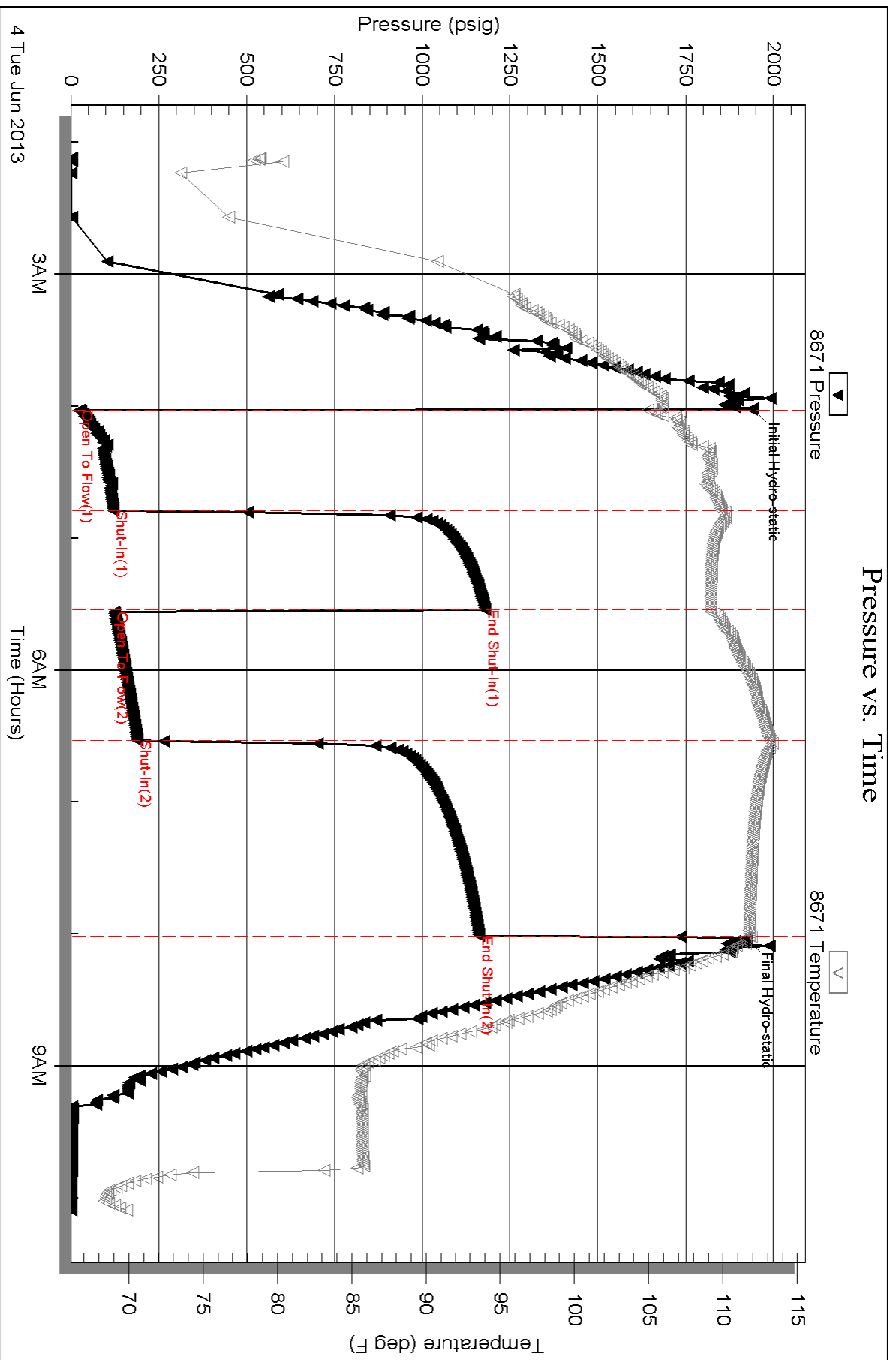
Laboratory Name:

Laboratory Location:

Recovery Comments: RW = .211 ohms @ 72.3 deg F

Chlorides = 32,500 ppm

Pressure vs. Time





TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Forestar Petroleum Corporation
 1801 Broadway STE 900
 Denver, CO 80202
 ATTN: Bruce Ard / Justin H

20/1s/31w Rawlins KS
Pamela Anderson#1-20
 Job Ticket: 52618 **DST#: 3**
 Test Start: 2013.06.04 @ 21:40:00

GENERAL INFORMATION:

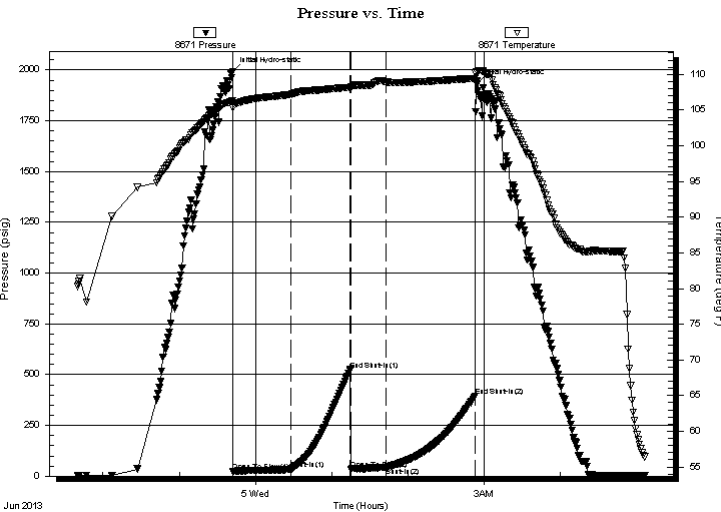
Formation: **Lans. "E- F"**
 Deviated: No Whipstock: ft (KB)
 Test Type: Conventional Bottom Hole (Reset)
 Time Tool Opened: 23:42:30 Tester: James Winder
 Time Test Ended: 05:06:30 Unit No: 57
 Interval: **3968.00 ft (KB) To 4052.00 ft (KB) (TVD)** Reference Elevations: 2844.00 ft (KB)
 Total Depth: 4052.00 ft (KB) (TVD) 2839.00 ft (CF)
 Hole Diameter: 7.88 inches Hole Condition: Fair KB to GR/CF: 5.00 ft

Serial #: 8671

Inside

Press @ Run Depth: 42.37 psig @ 3969.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2013.06.04 End Date: 2013.06.05 Last Calib.: 2013.06.05
 Start Time: 21:40:05 End Time: 05:06:29 Time On Btm: 2013.06.04 @ 23:42:15
 Time Off Btm: 2013.06.05 @ 02:54:00

TEST COMMENT: 45 - IF: Blow built to 1 1/4"
 45 - IS: No blow back
 30 - FF: No blow
 60 - FS: No blow back



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1993.95	106.31	Initial Hydro-static
1	24.18	105.34	Open To Flow (1)
46	32.58	107.18	Shut-In(1)
93	523.70	108.19	End Shut-In(1)
93	33.99	108.21	Open To Flow (2)
121	42.37	108.94	Shut-In(2)
191	393.42	109.45	End Shut-In(2)
192	1931.69	110.37	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
35.00	OCM 77% _m , 19% _o , 4% _g	0.17
10.00	CO 96% _o , 2% _g , 2% _m	0.05
0.00	GIP = 17'	0.00

* Recovery from multiple tests

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Forestar Petroleum Corporation

20/1s/31w Rawlins KS

1801 Broadway STE 900
Denver, CO 80202

Pamela Anderson#1-20

Job Ticket: 52618

DST#: 3

ATTN: Bruce Ard / Justin H

Test Start: 2013.06.04 @ 21:40:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

37.6 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 59.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 6.80 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 1200.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
35.00	OCM 77% <i>m</i> , 19% <i>o</i> , 4% <i>g</i>	0.172
10.00	CO 96% <i>o</i> , 2% <i>g</i> , 2% <i>m</i>	0.049
0.00	GIP = 17'	0.000

Total Length: 45.00 ft Total Volume: 0.221 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: Gravity = 37.6 api @ 60 deg F

Serial #: 8671

Inside

Forestar Petroleum Corporation

Pamela Anderson#1-20

DST Test Number: 3

Pressure vs. Time

