



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1160531
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
-----------------------------------	-----------------	---

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: _____

1160531

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
--	---

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: _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	Coral Coast Petroleum, L.C.
Well Name	Stephens 9
Doc ID	1160531

All Electric Logs Run

DIL
DUCP
MEL
SON

Form	ACO1 - Well Completion
Operator	Coral Coast Petroleum, L.C.
Well Name	Stephens 9
Doc ID	1160531

Tops

Name	Top	Datum
HEEB	4370	-2248
BR LM	4564	-2442
LANS	4583	-2461
BKC	5059	-2938
MARM	5080	-2958
CHER	5216	-3094
MISS	5378	-3256
KIND	6349	-4227
VIOL	6458	-4336
SIMP	6633	-4511
ARB	6764	-4642
RTD	6812	-4690



DRILL STEM TEST REPORT

Prepared For: **Coral CoastPetroleum**

8100 E 22nd St N Wichita KS 67226

ATTN: Derek Patterson

Stephens #9

21-32s-21w Clark

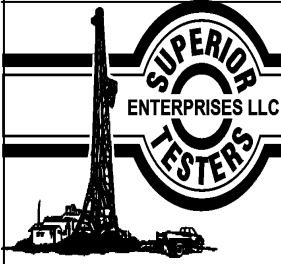
Start Date: 2013.07.08 @ 18:41:00

End Date: 2013.07.09 @ 05:12:30

Job Ticket #: 17004 DST #: 1

Superior Testers Enterprises LLC
PO Box 138 Great Bend KS 67530
1-800-792-6902

Printed: 2013.07.09 @ 05:47:46



DRILL STEM TEST REPORT

TOOL DIAGRAM

Coral Coast Petroleum
 8100 E 22nd St N Wichita KS 67226
 A T T N : Derek Patterson

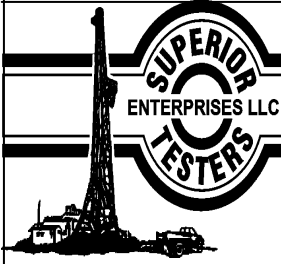
21-32s-21w Clark
Stephens #9
 Job Ticket: 17004 **DST#: 1**
 Test Start: 2013.07.08 @ 18:41:00

Tool Information

Drill Pipe:	Length: 6441.00 ft	Diameter: 3.80 inches	Volume: 90.35 bbl	Tool Weight: 1000.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 20000.00 lb
Drill Collar:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight to Pull Loose: 105000.0 lb
			<u>Total Volume: 90.35 bbl</u>	Tool Chased 0.00 ft
Drill Pipe Above KB:	27.00 ft			String Weight: Initial 95000.00 lb
Depth to Top Packer:	6442.00 ft			Final 95000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	30.00 ft			
Tool Length:	58.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments: ruined packer

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Shut-In Tool	5.00			6419.00	
Hydraulic Tool	5.00			6424.00	
Jars	6.00			6430.00	
Safety Joint	2.00			6432.00	
Packer	5.00			6437.00	28.00 Bottom Of Top Packer
Packer	5.00			6442.00	
Anchor	25.00			6467.00	
Recorder	1.00	6731	Inside	6468.00	
Recorder	1.00	8525	Outside	6469.00	
Bullnose	3.00			6472.00	30.00 Bottom Packers & Anchor
Total Tool Length:	58.00				



DRILL STEM TEST REPORT

FLUID SUMMARY

Coral Coast Petroleum
 8100 E 22nd St N Wichita KS 67226
 ATTN: Derek Patterson

21-32s-21w Clark
Stephens #9
 Job Ticket: 17004 **DST#: 1**
 Test Start: 2013.07.08 @ 18:41:00

Mud and Cushion Information

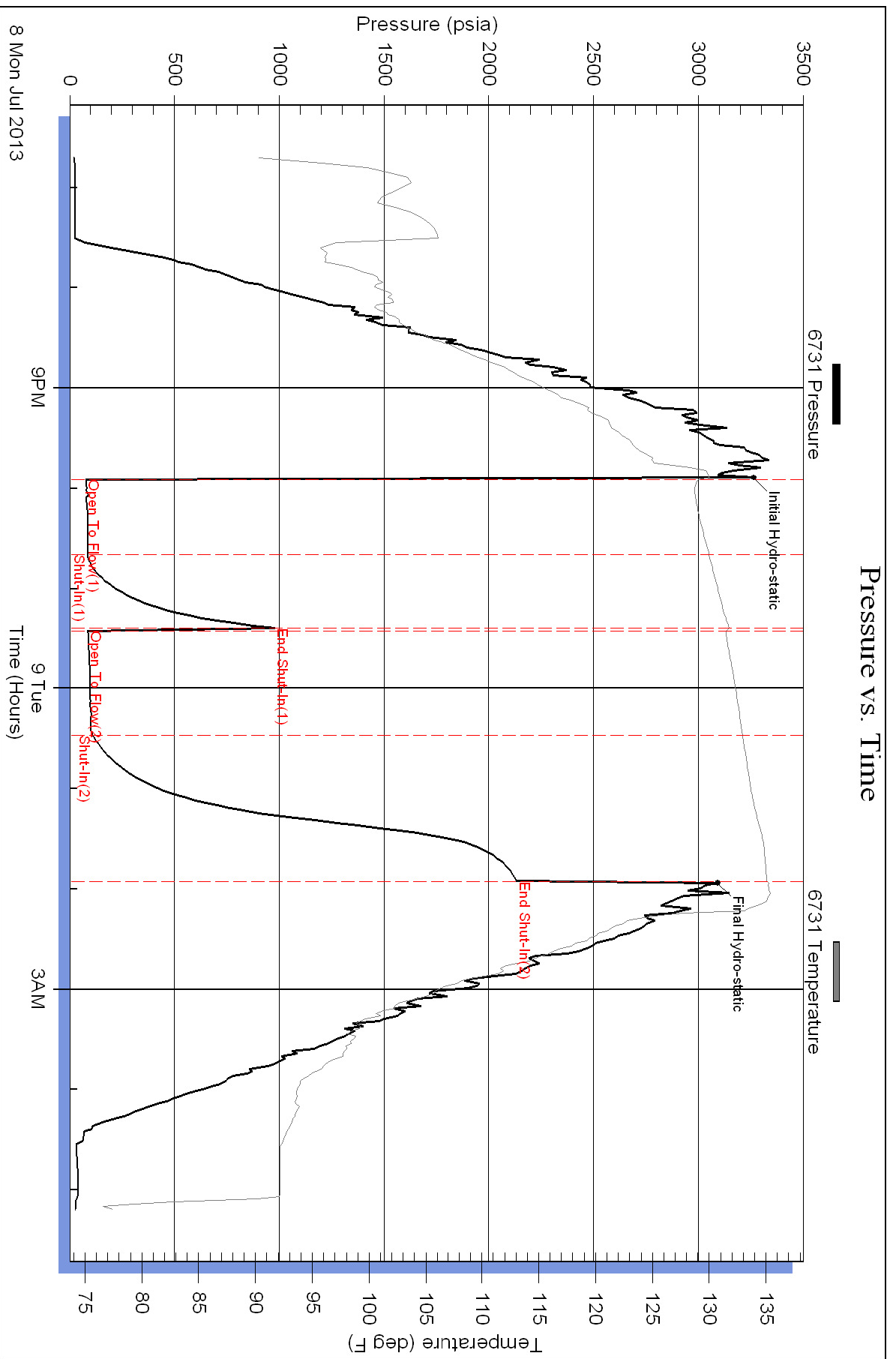
Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 54.00 sec/qt	Cushion Volume: bbl		
Water Loss: 12.40 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psia		
Salinity: 7900.00 ppm			
Filter Cake: 1.00 inches			

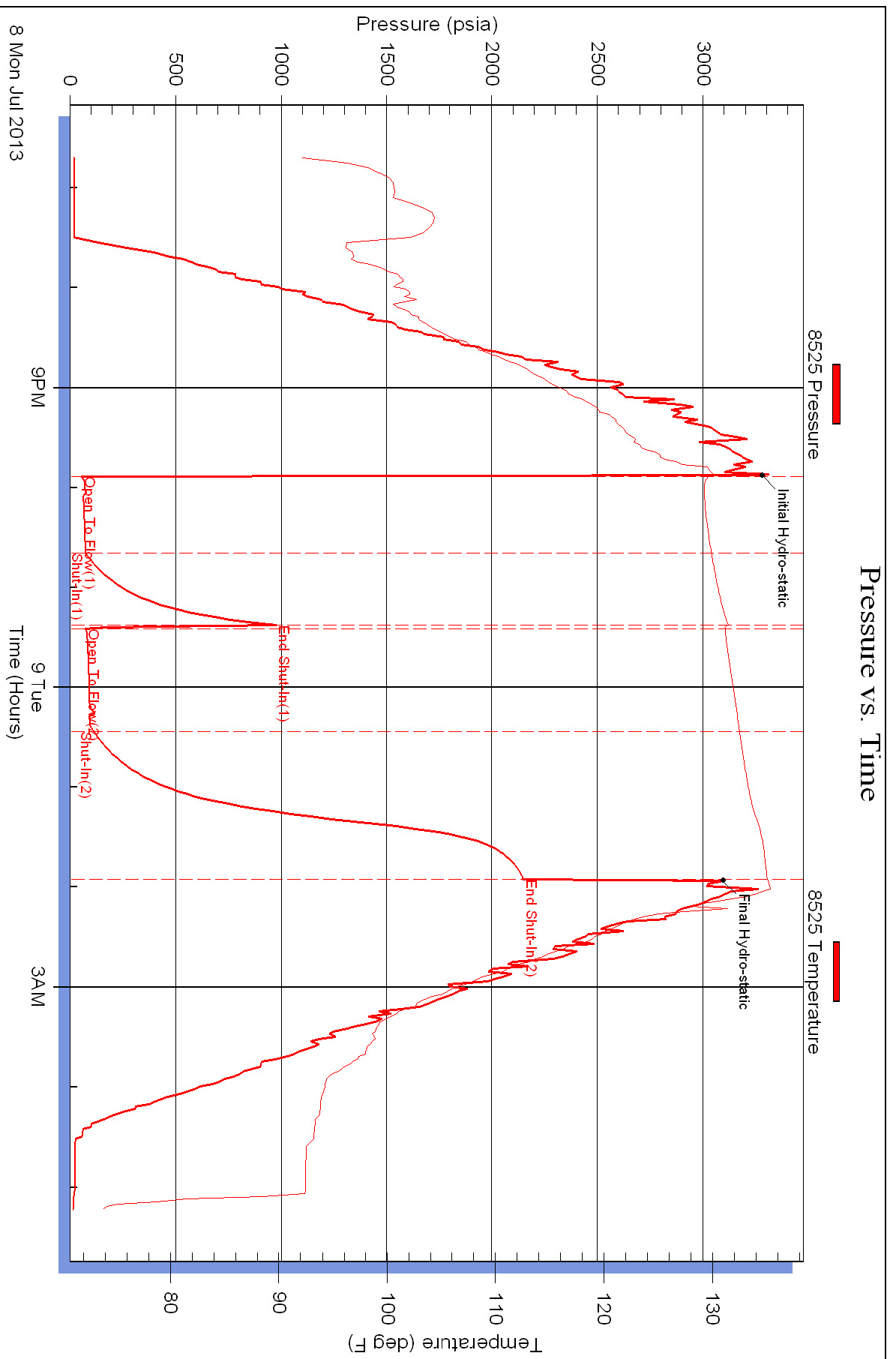
Recovery Information

Recovery Table

Length ft	Description	Volume bbl
40.00	gas oil w ater cut mud	0.561
0.00	10% gas 10% oil 10% w ater 70% mud	0.000
60.00	gas oil w ater cut mud	0.842
0.00	10% gas 10% oil 30% w ater 50% mud	0.000
0.00	480 gas in pipe	0.000
0.00	chlorides 80,000 resistivity .8@65degree	0.000

Total Length: 100.00 ft Total Volume: 1.403 bbl
 Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
 Laboratory Name: Laboratory Location:
 Recovery Comments: ruined packer







BASICSM
ENERGY SERVICES
Liberal, Kansas

Cement Report

Customer	Coral Coast	Lease No.		Date	
Lease	Stephens	Well #	9	Service Receipt	03458
Casing	8 5/8" 24#	County	Clark	State	KS
Job Type	242 8 5/8" surface	Formation		Legal Description	21-32-21

Pipe Data		Perforating Data		Cement Data
Casing size	8 5/8" 24#	Shots/Ft		Lead 175 sk A-Con
Depth	TP-605'	From	To	
Volume	35 bbl	From	To	Tail in 135 sk Class C
Max Press	600#	From	To	
Well Connection	T.D.-605'	From	To	
Plug Depth	25-42'	Packer Depth	From	To

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
8:00					on loc - site assessment
8:05					spot trucks rig up
11:00					safety meeting PISA
11:15	800		77	4	pressure test 3000#
11:15	800		32	4	Mix + pump 175 sk A-Con @ 12# - 2.47 ft/sk
11:40	850				switch to 135 sk Class C @ 14.8# - 1.34 ft/sk
11:50					drop plug
11:55	0		0	4	drp csg
12:15	300		35	0	land plug that hold
1:30			36	2	didn't circ cont to surface
					mix + pump 150 sk Class C @ 14.8# - 1.34 ft/sk - top off
					circ cont to surface
					job complete

Service Units	34720	27462	14355-37125	30464-37221
Driver Names	A Owen	E Manda	C Garcia	D Beck

Cecil _____ Customer Representative
 J Bennett _____ Station Manager
 A Owen _____ Cementer

BASIC

energy services, L.P.

TREATMENT REPORT

Customer CORAL COAST PET.	Lease No.	Date 7-12-2013
Lease STEPHENS	Well # 9	
Field Order # 085560	Station PRATT, Ks.	Casing 5 1/2"
Type Job CNW - 5 1/2" L.S.	Depth	County CLARK
	Formation TD - 6813'	State Ks.
		Legal Description 21-32-21

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 5 1/2 x 15.5	Tubing Size	Shots/Ft	CMT -	Acid 255 SKS. AA2	Pre Pad	RATE	PRESS	JSIP
Depth 10704.79	Depth	From	To	@ 1.43 CUFT³	Pad	Max TOTAL ITS = 163		15 Min.
Volume 162 BBL	Volume	From	To			Min SS = 42.42'		10 Min.
Max Press 1500	Max Press	From	To			Avg		15 Min.
Well Connection P.C.	Annulus Vol.	From	To			HHP Used		Annulus Pressure
Plug Depth 6162.37	Packer Depth	From	To	Flush 161 BBL w/ 2% KCL				Total Load

Customer Representative DAVE PAULLY	Station Manager K. GORDLEY	Treater K. LESLEY
Service Units 37586 19889 19843 19826 19860		
Driver Names LESLEY MARQUEZ LAWRENCE		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
5:30 AM					ON LOCATION - SAFETY MEETING
9:30 AM					RUN 163 ITS. 5 1/2" x 15.5" # CSG.
					TURBO. - 1, 3, 5, 7, 9, 11, 15, 31, 33, 35
					BASKET - 4, 8, 30
12:50 PM					CSG. ON BOTTOM
1:00 PM					HOOK UP TO CSG. / BREAK CIRC. W/ RIG
2:05 PM	400		5	6	H ₂ O AHEAD
2:06 PM	350		12	6	MID FLUSH
2:08 PM	350		5	6	H ₂ O SPACER
2:09 PM	300		65	6	MIX 255 SKS. AA2 CMT. @ 15.0 PPG
2:15 PM					CLEAR PUMP & LINE / DROP L.D. PLUG
2:18 PM	0		0	6	START DISPLACEMENT W/ 2% KCL
2:36 PM	200		110	5	LIFT PRESSURE
2:42 PM	1000		150	3	SLOW RATE
2:45 PM	2000		161	2	PLUG DOWN - HELD
					CIRC. THRU JOB
			6, 4	2	PLUG R.H. & M.H.
					JOB COMPLETE.
					THANKS -
					KEVEN LESLEY