



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1168035
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: _____



1168035

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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
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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> _____	PRODUCTION INTERVAL: _____ _____
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TICKET NUMBER 43415

LOCATION Eureka

FOREMAN Rick Leaford

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

FIELD TICKET & TREATMENT REPORT


CEMENT

API# 15-049-22581

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
8-16-13	4763	Recurve # A2	16	315	9E	EIK																
CUSTOMER <u>Lone Wolf Oil Co.</u>			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>445</td> <td>Chris B.</td> <td></td> <td></td> </tr> <tr> <td>515</td> <td>Colby</td> <td></td> <td></td> </tr> <tr> <td>479</td> <td>Merle</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	445	Chris B.			515	Colby			479	Merle		
TRUCK #	DRIVER	TRUCK #					DRIVER															
445	Chris B.																					
515	Colby																					
479	Merle																					
MAILING ADDRESS <u>Box 241</u>																						
CITY <u>Moline</u>	STATE <u>KS</u>	ZIP CODE <u>67353</u>																				

JOB TYPE L/S 0 HOLE SIZE 7 7/8" HOLE DEPTH 2355' CASING SIZE & WEIGHT 5 1/2" 15.5# NEW
 CASING DEPTH 2353' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 126#-136# SLURRY VOL 106 Bbl WATER gal/sk 8.0-9.0 CEMENT LEFT in CASING 2.18 SS
 DISPLACEMENT 56 Bbl DISPLACEMENT PSI 900 ~~PSI~~ 1250 Sup plug RATE _____

REMARKS: Safety meeting - Rig up to 5 1/2" casing. Break circulation w/ 5 Bbl fresh water. Mixed 225 sacks 60/40 Pozmix cement w/ 8% gel + 1# phenaseal/sk @ 12.6#/gal. Tail in w/ 125 sacks thickset cement w/ 5# Kol-seal/sk + 1# phenaseal/sk @ 13.6#/gal. Washout pump & lines, release latch down plug. Displace w/ 56 Bbl fresh water. Final pump pressure 900 PSI. Sup plug to 1250 PSI. release pressure, float + plug held. Good cement returns to surface = 10 Bbl slurry to pit. Job complete. Rig down.

Plugged cathode w/ 20 sacks "Thank Ya" 

Contractor on 1, 2, 3, 7, 9 Drills on 8, 44

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00 ✓
5406	35	MILEAGE	4.20	147.00 ✓
1131	225 sacks	60/40 Pozmix cement	13.18	2965.50 ✓
11186	1550#	8% gel	.22	341.00 ✓
1107A	225#	1# phenaseal/sk	1.35	303.75 ✓
1126A	125 sacks	thickset cement	20.16	2520.00 ✓
1110A	625#	5# Kol-seal/sk	.46	287.50 ✓
1107A	125#	1# phenaseal/sk	1.35	168.75 ✓
5407A	16.55	tax mileage bulk tires	1.41	816.74 ✓
4154	1	5 1/2" latch down plug	266.75	266.75 ✓
4104	2	5 1/2" cement baskets	240.00	480.00 ✓
4130	5	5 1/2" x 7 7/8" centralizers	50.50	252.50 ✓
4203	1	5 1/2" Guide Shoe	168.00	168.00 ✓
42288	1	5 1/2" AFV insert	180.75	180.75 ✓
		subtotal		9983.24 ✓
		SALES TAX 7.15%		567.31 ✓
		ESTIMATED TOTAL		10,550.55 ✓

Flavin 3737 Russell May 261513 DATE 7.15%
 AUTHORIZATION witnessed by Rob Wolf TITLE Owner ESTIMATED TOTAL 10,550.55

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

ENTERED

TICKET NUMBER 43347
LOCATION Eureka
FOREMAN Steve Mead

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

FIELD TICKET & TREATMENT REPORT

CEMENT API 15-049-22581

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-12-13	4163	Reeves A-2	16	315	9E	EIK
CUSTOMER <u>Lone Wolf Oil Co.</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>P.O. Box 241</u>			<u>485</u>	<u>Alan m</u>		
CITY <u>Moline</u>			<u>667</u>	<u>marle</u>		
STATE <u>KS</u>		ZIP CODE <u>67353</u>				

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 41' CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 40' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 5'
 DISPLACEMENT 2 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: SAFETY Meeting Rig up to 8 5/8 casing. Break circulation w/ Fresh water. Mix 45sks Class A Cement w/ 3% CaCl2. Displace w/ 2 bbls Fresh water. Shut well in Good Cement Returns to Surface. Job Complete Rig down

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	870.00	870.00 ✓
5406	40	MILEAGE	4.20	168.00 ✓
11045	45 sks	Class A Cement	15.70	706.50 ✓
1103	120 #	CaCl2 3%	.78	93.60 ✓
5407	2.11	Tenmileage Bulk Truck	mlc	368.00 ✓
			Sub Total	2206.10
			SALES TAX 2.15%	51.20 ✓
			ESTIMATED TOTAL	2263.30 ✓

Ravin 3737

K. m a

261380

AUTHORIZATION Witnessed By Rob Wolfe 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 form

MUD LOG
WellSight Systems
Scale 1:240 (5"=100') Imperial
Measured Depth Log

Well Name: REEVES 2A
Location: SECTION 16-TWP 31S-9E
License Number: 15-049-22581
Spud Date:
Surface Coordinates: 660'FEL 2970' FSL
Region: ELK CO, KANSAS
Drilling Completed:

Bottom Hole
Coordinates:
Ground Elevation (ft): 1182
Logged Interval (ft): 1900 To: RTD
Formation: MISSISSIPPIAN
Type of Drilling Fluid: MUD/CHEM
K.B. Elevation (ft): 1189
Total Depth (ft): 2355

Printed by MUD.LOG from WellSight Systems 1-800-447-1534 www.WellSight.com

OPERATOR

Company: LONE WOLF OIL COMPANY
Address: BOX 241
MOLINE, KANSAS 67353
KLN 31119

GEOLOGIST

Name: JOE BAKER
Company:
Address: 401 E. DOUGLAS STE 525
WICHITA KANSAS 67002

DSTs

Comments

ROCK TYPES

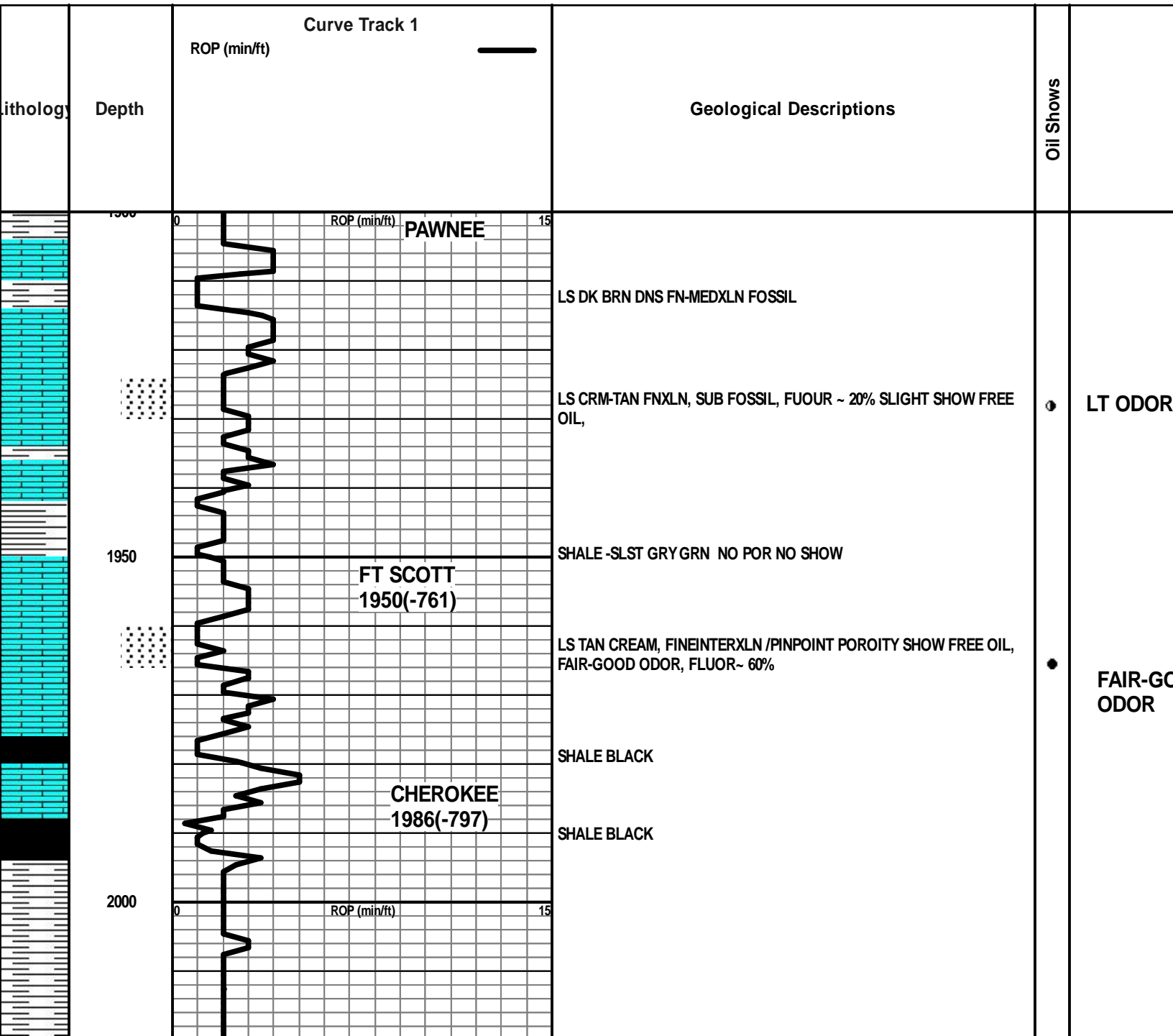
Anhy	Clyst	Gyp	Mrlst	Shgy
Bent	Coal	Igne	Salt	Sltst
Brec	Congl	Lmst	Shale	Ss
Cht	Dol	Meta	Shcol	Till

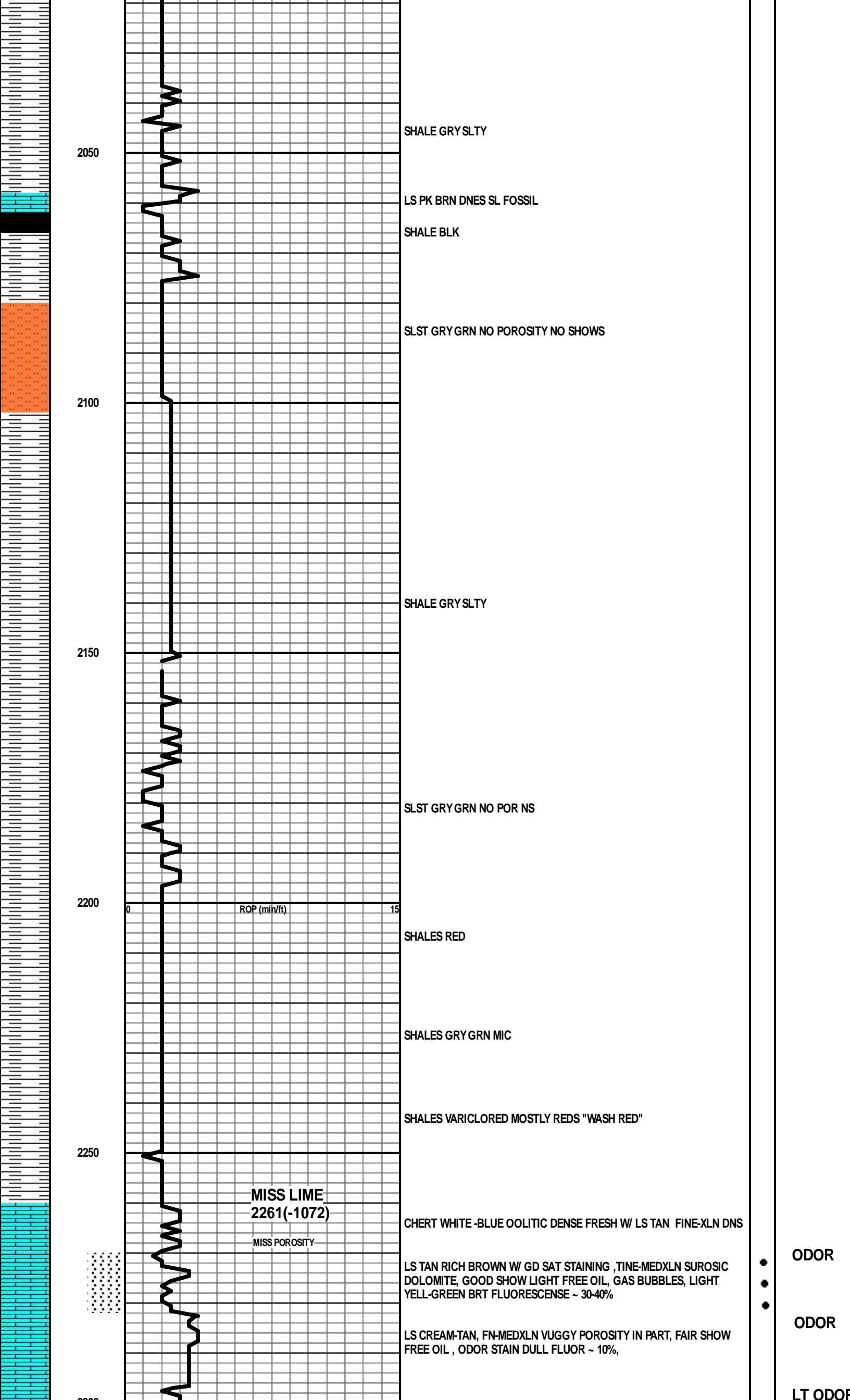
ACCESSORIES

MINERAL	Gyp	FOSSIL	Ostra	Sltstrg
Anhy	Hvymin	Algae	Pelec	Ssstrg
Arggrn	Kaol	Amph	Pellet	TEXTURE
Arg	Marl	Belm	Pisolite	Boundst
Bent	Minxl	Bioclst	Plant	Chalky
Bit	Nodule	Brach	Strom	Cryxln
Brecfrag	Phos	Bryozoa	STRINGER	Earthy
Calc	Pyr	Cephal	Anhy	Finexln
Carb	Salt	Coral	Arg	Grainst
Chtdk	Sandy	Crin	Bent	Lithogr
Chtlt	Silt	Echin	Coal	Microxln
Dol	Sil	Fish	Dol	Mudst
Feldspar	Sulphur	Foram	Gyp	Packst
Ferrpel	Tuff	Fossil	Ls	Wackst
Ferr		Gastro	Mrst	
Glau		Oolite		

OTHER SYMBOLS

POROSITY	Vuggy	ROUNDING	Spotted	EVENT
Earthy	SORTING	Rounded	Ques	Rft
Fenest	Well	Subrnd	Dead	Sidewall
Fracture	Moderate	Subang	INTERVAL	
Inter	Poor	Angular	Core	
Moldic		OIL SHOW	Dst	
Organic		Even		
Pinpoint				





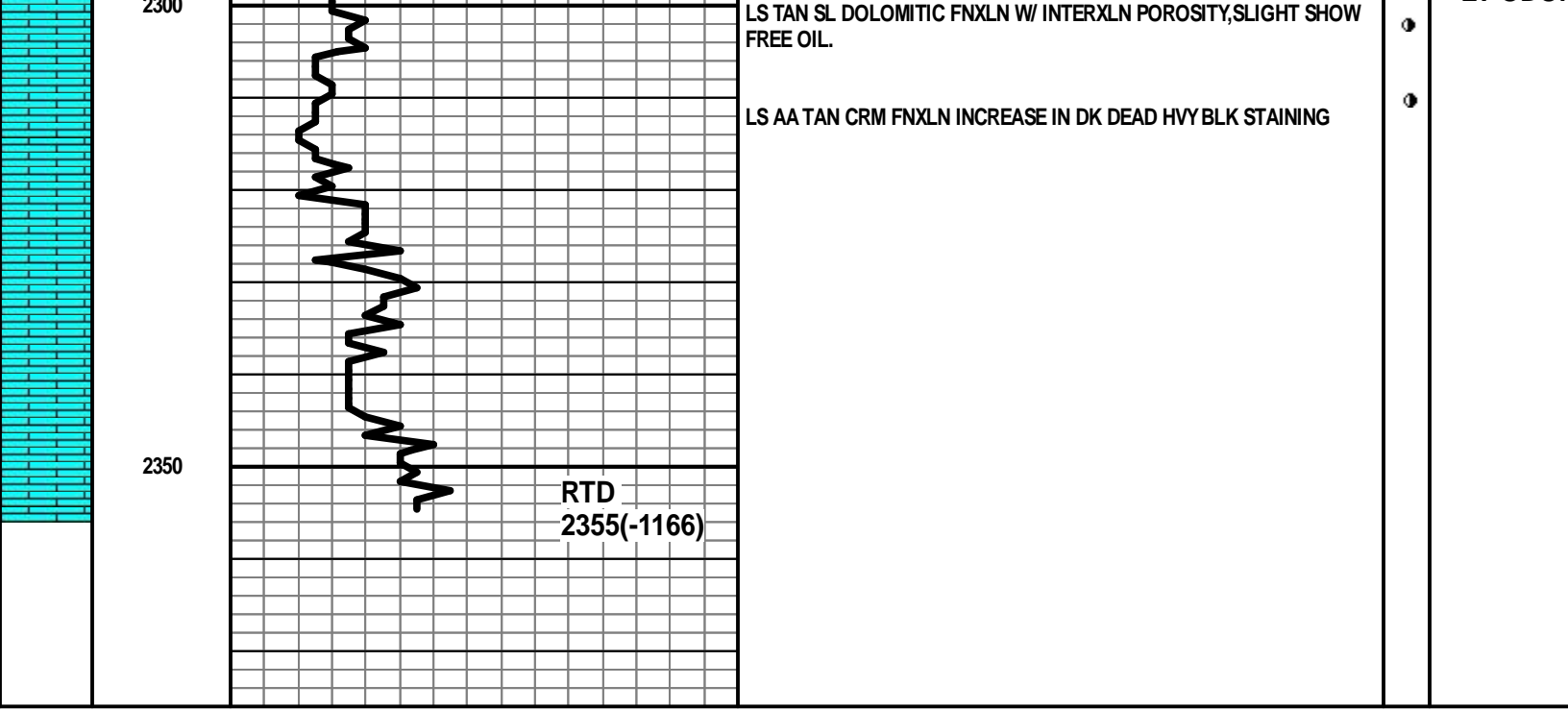
2300

LS TAN SL DOLOMITIC FNXLN W/ INTERXLN POROSITY, SLIGHT SHOW FREE OIL.

LS AA TAN CRM FNXLN INCREASE IN DK DEAD HVY BLK STAINING

2350

RTD
2355(-1166)



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

November 20, 2013

Rob Wolfe
Wolfe, Robert & Debbie S. dba Lone Wolf Oil
BOX 241
MOLINE, KS 67353-0241

Re: ACO1
API 15-049-22581-00-00
Reeves A2
NE/4 Sec.16-31S-09E
Elk 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,
Rob Wolfe