Confidentiality Requested:

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1178036

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:						
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: ()						
CONTRACTOR: License #		GPS Location: Lat:, Long:				
Name:		(e.g. xx.xxxx) (e.gxxx.xxxx)				
Wellsite Geologist:		Datum: NAD27 NAD83 WGS84				
Purchaser:		County:				
Designate Type of Completion:		Lease Name: Well #:				
New Well Re-Entry	Workover	Field Name:				
OG CM (Coal Bed Methane)	GSW Temp. Abd.	Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used? Yes No				
Cathodic Other (Core, Expl.,	etc.):					
If Workover/Re-entry: Old Well Info as fol		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: O						
	onv. to ENHR Conv. to SWD	Drilling Fluid Monogoment Dien				
	onv. to GSW	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)				
	:+ u.	Chloride content: ppm Fluid volume: bbls				
	it #:	Dewatering method used:				
Dual Completion Permit #: SWD Permit #:		Location of fluid disposal if hauled offsite:				
	it #:	Location of huid disposal in hadied offsite.				
GSW Permit #:		Operator Name:				
		Lease Name: License #:				
Spud Date or Date Reached TI	D Completion Date or	Quarter Sec TwpS. R East West				
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 II III Approved by: Date:					

CORRECTION #1

1178036

Operator Na	ne:			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 Taker (Attach Additional		Yes No		.og Formatic	on (Top), Depth an	d Datum	Sample
Samples Sent to Geo	,	Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-c	RECORD No		ion, 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 / SQU	JEEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and Pe	ercent Additives	
Protect Casing Plug Back TD Plug Off Zone							
Does the volume of the t		n this well? aulic fracturing treatment ex submitted to the chemical o		Yes ? Yes Yes	No (If No, skip	o questions 2 an o question 3) out Page Three o	
Shots Per Foot PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated				cture, Shot, Cement mount and Kind of Mat		d Depth	

Estimated Production Per 24 Hours	Oil Bb	ols.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITION OF GAS:		METHOD OF COMPLETION:				PRODUCTION INTER	VAL:	
Vented Sold	Used on Lease		Open Hole	Perf.	Dually Comp. (Submit ACO-5)	Commingled (Submit ACO-4)		
(If vented, Submit ACO-18.)			Other (Specify)				

Packer At:

Pumping

Producing Method:

Flowing

Liner Run:

Gas Lift

No

Yes

Other (Explain)

TUBING RECORD:

Size:

Date of First, Resumed Production, SWD or ENHR.

Set At:

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Form	ACO1 - Well Completion
Operator	Werth, Andy dba Werth Exploration Trust
Well Name	Walz-Mustang SOL 16
Doc ID	1178036

Tops

Name	Тор	Datum
ANHYDRITE	1521	+547
ТОРЕКА	3113	-1045
HEEBNER SHALE	3323	-1255
TORONTO	3344	-1276
LKC	3360	-1292
ВКС	3578	-1510
SIMPSON SHALE	3650	-1582
ARBUCKLE	3671	-1603

Summary of Changes

Lease Name and Number: Walz-Mustang SOL 16 API/Permit #: 15-051-26636-00-00 Doc ID: 1178036 Correction Number: 1

Approved By: Deanna Garrison

Field Name	Previous Value	New Value
Approved Date	12/06/2013	01/13/2014
Fracturing Question 1		No
If Alternate II Completion - Cement		1380
Circulated From If Alternate II Completion - Cement		0
Circulated To If Alternate II Completion - Sacks of		250
Cement Multiple Stage Cementing Collar Depth		1380
Multiple Stage Cementing Collar	No	Yes
Used? Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=11 68562	//kcc/detail/operatorE ditDetail.cfm?docID=11 78036