



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1181387  
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: \_\_\_\_\_

1181387

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> _____				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Smith, Richard E. dba Smith Oil Operations
Well Name	FAIR-SLEEPER TRUST 2
Doc ID	1181387

Tops

Name	Top	Datum
TOPEKA	2668	-907
HEEBNER	2952	-1191
TORONTO	2965	-1204
BROWN LIME	3080	-1319
LANSING	3098	-1337
BASE KC	3333	-1572
CONGLOMERATE	3356	-1595
ARBUCKLE	3404	-1643

# QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

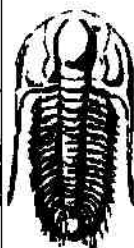
Phone 785-483-2025  
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 7774

Date	9-24-13	Sec.	15	Twp.	21	Range	11	County	Stafford	State	Ks	On Location		Finish	3:30 AM
Lease	Fair - Sleeper trust							Location	Great Bend Ike + Joe's, 4N to 190th						
Well No.	2		Owner	4KE, S/Into											
Contractor	Maverick #106		To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.												
Type Job	Surface		Charge To	Smith oil + gas											
Hole Size	12 1/4"		T.D.	262'											
Csg.	8 5/8"		Depth	262'											
Tbg. Size			Street	P.O. Box 550											
Tool			City	Hutchinson State Ks 67504											
Cement Left in Csg.	15'		Shoe Joint	15'											
Meas Line			Displace	15 1/2 BLS 2% Gel 1/2 # Flowseal											
EQUIPMENT													Common	210	
Pumptrk	16		No. Cementer	Billy											
Bulktrk	13		No. Driver	Chad											
Bulktrk	P.U.		No. Driver	Rick											
JOB SERVICES & REMARKS													Poz. Mix	140	
Remarks:	Cement did Circulate												Gel.	7	
Rat Hole													Calcium	14	
Mouse Hole													Hulls		
Centralizers													Salt		
Baskets													Flowseal	125 #	
D/V or Port Collar													Kol-Seal		
													Mud CLR	48	
													CFL-117 or CD110 CAF	38	
													Sand		
													Handling	old	
													Mileage	35	
													EQUIPMENT		
													Slide Shoe		
													Centralizer		
													Baskets		
													AFI Inserts		
													Flow Seal		
													Latch Down		
													Pumptrk Charge	Surface	
													Mileage	35	
													Tax		
													Discount		
													Total Charge		
Signature	Carl E. James														

Quality Oilwell  
Cementing



**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

Smith Oil Operations  
410 N Adams  
P. O. Box 550  
Hutchinson KS 67504-0550  
ATTN: Josh Austin

15 21s 11w Stafford  
Fair-Sleeper Trust 2  
Job Ticket: 52252      DST#: 1  
Test Start: 2013.09.27 @ 17:19:00

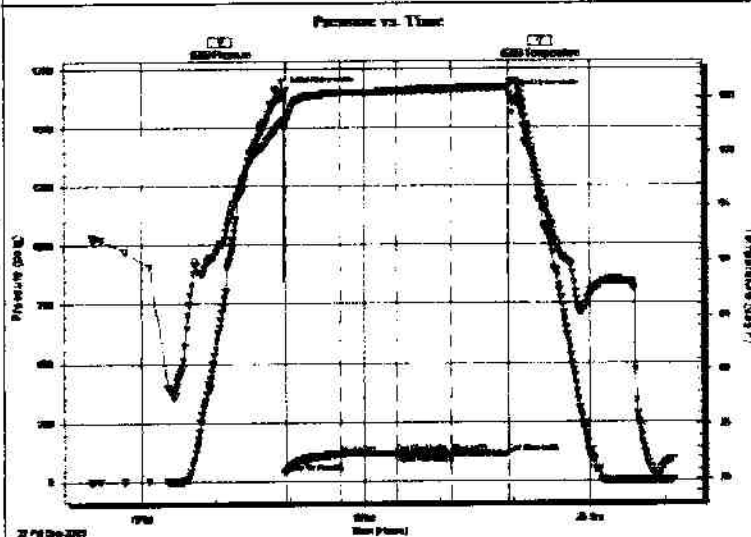
## GENERAL INFORMATION:

Formation: Arbuckle  
Deviated: No Whipstock: 1759.00 ft (KB)  
Time Tool Opened: 19:56:15  
Time Test Ended: 01:07:00  
Interval: 3343.00 ft (KB) To 3410.00 ft (KB) (TVD)  
Total Depth: 3410.00 ft (KB) (TVD)  
Hole Diameter: 7.88 inches Hole Condition: Fair

Test Type: Conventional Bottom Hole (Initial)  
Tester: Jim Svaty  
Unit No: 54  
Reference Elevations: 1759.00 ft (KB)  
1749.00 ft (CF)  
KB to GRVCF: 10.00 ft

Serial #: 8289      Outside  
Press@RunDepth: 114.97 psig @ 3374.00 ft (KB)      Capacity: 8000.00 psig  
Start Date: 2013.09.27      End Date: 2013.09.28      Last Calib.: 2013.09.28  
Start Time: 17:19:02      End Time: 01:06:30      Time On Btm: 2013.09.27 @ 19:56:00  
Time Off Btm: 2013.09.27 @ 22:55:45

TEST COMMENT: 45-FP- BOB in 5 min.  
45-ISIP- Surface Blow in 3min. Died in 15min.  
45-FFP- Surface Blow in 6min. Died in 30min.  
45-FSIP- No Blow



## PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1657.19	102.89	Initial Hydro-static
1	35.44	102.40	Open To Flow (1)
45	111.51	105.49	Shut-In(1)
90	115.59	105.59	End Shut-In(1)
90	111.50	105.59	Open To Flow (2)
135	114.97	105.79	Shut-In(2)
180	116.11	105.97	End Shut-In(2)
180	1639.18	106.42	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
62.00	MOW 35% m 65% w	0.87
62.00	OCM 5% o 95% m	0.87
92.00	OCM 3% o 97% m	1.29
0.00	90 GIP	0.00

## Gas Rates

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