



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1208818
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: _____

1208818

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 |
|-----------------------------------|-----------|---------|-------------|---------------|---------|
| | | | | | |

| | | |
|--|---|---|
| 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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ | PRODUCTION INTERVAL: _____ _____ |
|--|---|---|

| | |
|-----------|---|
| Form | ACO1 - Well Completion |
| Operator | S.B. Oil Company, a General Partnership |
| Well Name | WERTH A-3 |
| Doc ID | 1208818 |

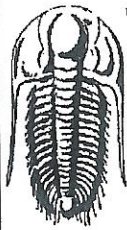
All Electric Logs Run

| |
|---------------------|
| |
| Dual Induction |
| Compensated Neutron |
| Micro |
| Sonic |

| | |
|-----------|---|
| Form | ACO1 - Well Completion |
| Operator | S.B. Oil Company, a General Partnership |
| Well Name | WERTH A-3 |
| Doc ID | 1208818 |

Perforations

| Shots Per Foot | Perforation Record | Material Record | Depth |
|----------------|--------------------|-----------------|-------|
| 4 | 3546-50 | 150 15% | |
| 2 | 3394-97 | 500 15% | |
| 2 | 3330-34 | 500 15% | |
| 2 | 3322-26 | 500 15% | |
| 2 | 3302-05 | 500 15% | |
| 2 | 3284-88 | 500 15% | |



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

S & B Oil Company, Inc

921 W. 41st Street
Hays, KS 67601

ATTN: Marc Downing

Werth A #3

24-15s-18w Ellis KS

Job Ticket: 38641

DST#: 1

Test Start: 2010.06.07 @ 02:43:15

GENERAL INFORMATION:

Formation: **Arbuckle**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 04:53:15

Time Test Ended: 11:06:45

Test Type: Conventional Bottom Hole

Tester: Jason McLemore

Unit No: 32

Interval: **3506.00 ft (KB) To 3564.00 ft (KB) (TVD)**

Total Depth: 3564.00 ft (KB) (TVD)

Hole Diameter: 7.80 inches Hole Condition: Good

Reference Elevations: 1980.00 ft (KB)

1972.00 ft (CF)

KB to GR/CF: 8.00 ft

Serial #: 6755

Inside

Press@RunDepth: 735.55 psig @ 3541.00 ft (KB)

Start Date: 2010.06.07

End Date: 2010.06.07

Start Time: 02:43:17

End Time: 11:06:45

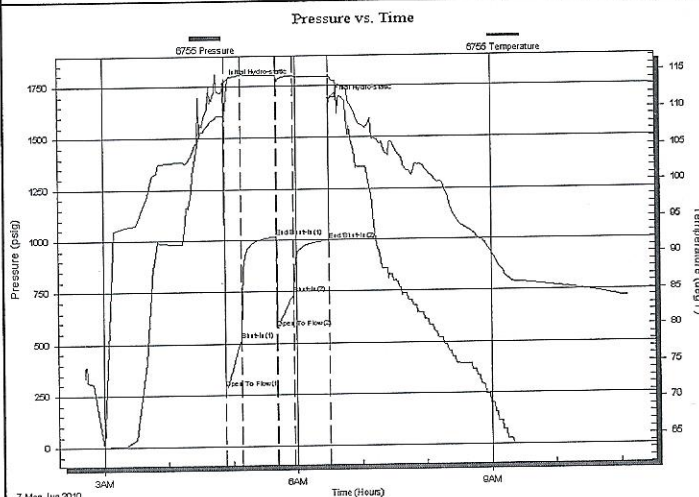
Capacity: 8000.00 psig

Last Calib.: 2010.06.07

Time On Btmr 2010.06.07 @ 04:52:15

Time Off Btmr 2010.06.07 @ 06:30:15

TEST COMMENT: IFP-Strong, BOB in 30 seconds
ISI-Dead
FFP-Strong, BOB in 50 seconds
FSI-Blow back Built to 2"



PRESSURE SUMMARY

| Time (Min.) | Pressure (psig) | Temp (deg F) | Annotation |
|-------------|-----------------|--------------|----------------------|
| 0 | 1761.80 | 109.21 | Initial Hydro-static |
| 1 | 284.41 | 109.06 | Open To Flow (1) |
| 16 | 518.48 | 114.66 | Shut-In(1) |
| 49 | 1015.11 | 114.67 | End Shut-In(1) |
| 50 | 574.01 | 114.11 | Open To Flow (2) |
| 65 | 735.55 | 114.47 | Shut-In(2) |
| 98 | 996.29 | 114.39 | End Shut-In(2) |
| 98 | 1684.67 | 114.61 | Final Hydro-static |

Recovery

| Length (ft) | Description | Volume (bbl) |
|-------------|---------------------------|--------------|
| 120.00 | OCCMW-30%O-65%W-5%M | 1.40 |
| 540.00 | HOCMW-40%O-55%W-5%M | 7.57 |
| 1020.00 | HOCMW-10%G-50%O-30%W-10%M | 14.31 |
| | | |
| | | |

Gas Rates

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

ALLIED CEMENTING CO. LLC. 041706

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: Russell

| | | | | | | | |
|-------------------------|-------------------|----------------|---|------------|-------------------|-------------------------|--------------------------|
| DATE <u>6-2-10</u> | SEC. <u>24</u> | TWP. <u>15</u> | RANGE <u>18</u> | CALLED OUT | ON LOCATION | JOB START <u>8:30am</u> | JOB FINISH <u>9:00am</u> |
| LEASE <u>W-11</u> | WELL # <u>H-3</u> | | LOCATION <u>High 5 to Cable welling</u> | | COUNTY <u>ETS</u> | STATE <u>KS</u> | |
| OLD OR NEW (Circle one) | | | <u>1975 11450</u> | | | | |

| | |
|--|--|
| CONTRACTOR <u>D. Scriver #2</u> | OWNER _____ |
| TYPE OF JOB <u>Standard</u> | CEMENT AMOUNT ORDERED <u>425 com 3 1/2" 11</u> |
| HOLE SIZE <u>12 1/4</u> T.D. <u>1145</u> | COMMON _____ @ _____ |
| CASING SIZE <u>8 1/2 25#</u> DEPTH <u>1145</u> | POZMIX _____ @ _____ |
| TUBING SIZE _____ DEPTH _____ | GEL _____ @ _____ |
| DRILL PIPE _____ DEPTH _____ | CHLORIDE _____ @ _____ |
| TOOL _____ DEPTH _____ | ASC _____ @ _____ |
| PRES. MAX _____ MINIMUM _____ | _____ @ _____ |
| MEAS. LINE _____ SHOE JOINT <u>30'</u> | _____ @ _____ |
| CEMENT LEFT IN CSG. <u>30'</u> | _____ @ _____ |
| PERFS. _____ | _____ @ _____ |
| DISPLACEMENT <u>718L</u> | _____ @ _____ |

EQUIPMENT

| | |
|-------------------------|----------------------|
| PUMP TRUCK # <u>398</u> | CEMENTER <u>Greg</u> |
| BULK TRUCK # <u>473</u> | HELPER <u>Paul</u> |
| BULK TRUCK # _____ | DRIVER <u>Harsh</u> |
| BULK TRUCK # _____ | DRIVER _____ |

REMARKS:

3 1/2" on bottom for circulation
Mix 425 com + 12 1/2" plug
Cement Cooled
Shut in @ 20ps

CHARGE TO: 5801

STREET _____

CITY _____ STATE _____ ZIP _____

To Allied Cementing Co., LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Thomas Alm

SIGNATURE Thomas Alm

| |
|------------------------|
| HANDLING _____ @ _____ |
| MILEAGE _____ @ _____ |
| TOTAL _____ |

SERVICE

| |
|-----------------------------|
| DEPTH OF JOB _____ |
| PUMP TRUCK CHARGE _____ |
| EXTRA FOOTAGE _____ @ _____ |
| MILEAGE _____ @ _____ |
| MANIFOLD _____ @ _____ |
| _____ @ _____ |
| _____ @ _____ |
| TOTAL _____ |

PLUG & FLOAT EQUIPMENT

| |
|---|
| <u>3 1/2" Rubber plug</u> _____ @ _____ |
| <u>Rubber Plug</u> _____ @ _____ |
| _____ @ _____ |
| _____ @ _____ |
| _____ @ _____ |
| TOTAL _____ |

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS

JOB LOG

SWIFT Services, Inc.

DATE 07-03-10 PAGE NO. 1

CUSTOMER S-LDIL WELL NO. A-3 LEASE WORTH JOB TYPE LONGSTAKE TICKET NO. 19006

| CHART NO. | TIME | RATE (BPM) | VOLUME (BBL) (GAL) | PUMPS | | PRESSURE (PSI) | | DESCRIPTION OF OPERATION AND MATERIALS |
|-----------|------|------------|--------------------|-------|---|----------------|--------|---|
| | | | | T | C | TUBING | CASING | |
| | 0715 | | | | | | | OVER HANG CMT 10-10, 5050, EA 2 15050 RWD 3650, 572, 365, 55 21-18 TUBING 3613 5 1/2 155, MANHOLE JOINT # 6 21300 CMT 1.3, 279.11 BASHUT 20 1 JOINT OUT 86 87.08 |
| | 0720 | | | | | | | START 650 3 FLOW |
| | 0725 | | | | | | | TAG BOTTOM - DOUBLE |
| | 0730 | | | | | | | DRIVE IN |
| | 0735 | | 6.5 | | | | | PLUG PH 20, MH 15 |
| | 0740 | 50 | 12 | | | 200 | | MUD FLUSH 500 GAL |
| | | | 20 | | | | | MC FLUSH 20 BBL |
| | | | 60 | | | | | START CMT LEAD 60-10 20 in |
| | | | 365 | | | | | CMT TAG EA 2 15050 DROPPED PLUG, WASHOUT PL |
| | 1010 | 60 | 0 | | | 200 | | START DRY |
| | | | 415 | | | 200 | | CMT 0.5 BOTTOM |
| | | | 700 | | | 400 | | |
| | | | 750 | | | 500 | | |
| | | | 800 | | | 600 | | |
| | 1025 | 70 | 86.0 | | | 1000 | | LAND PLUG PILLAGE |
| | | | | | | | | |
| | | | | | | | | |
| | 1100 | | | | | | | JOB COMPLETE THANK YOU! Dale, Joshua, John |