



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1211683
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: _____

1211683

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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Form	ACO1 - Well Completion
Operator	Forestar Petroleum Corporation
Well Name	Kog1 1-12
Doc ID	1211683

All Electric Logs Run

DUAL INDUCTION
COMPENSATED DENSITY/NEUTRON
MICROLOG
SONIC
Will send logs to kcc email address



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: Kogl 1-12 DST 1

TIME ON: 10:30
TIME OFF: 18:55

Company Forestar Petro Corp Lease & Well No. Kogl 1-12
Contractor Excell 10 Charge to Forestar
Elevation 2789 KB Formation _____ Oread/Lan A Effective Pay _____ Ft. Ticket No. W079
Date 6-1-14 Sec. 12 Twp. _____ 2 S Range _____ 32 W County _____ Rawlins State KANSAS
Test Approved By Charlie Studavant Diamond Representative _____ Wilbur Steinbeck

Formation Test No. 1 Interval Tested from 3610 ft. to 3750 ft. Total Depth 3750 ft.
Packer Depth 2605 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 3610 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 3596 ft. Recorder Number 5965 Cap. 5,000 P.S.I.
Bottom Recorder Depth (Outside) 3611 ft. Recorder Number 5446 Cap. 5,000 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEMICAL Viscosity 60 Drill Collar Length 300 ft. I.D. 2 1/4 in.
Weight 9.1 Water Loss 6.4 cc. Weight Pipe Length 240 ft. I.D. 2 7/8 in.
Chlorides 500 P.P.M. Drill Pipe Length 3037 ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number 07 Test Tool Length 33 ft. Tool Size 3 1/2-IF in.
Did Well Flow? Yes Reversed Out No Anchor Length 140 ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: BOB in 7 min No Return
2nd Open: BOB in 8 min No Return

Recovered 800 ft. of MCW 35%M 65%W
Recovered 800 ft. of Total Fluid
Recovered _____ ft. of _____
Recovered _____ ft. of _____

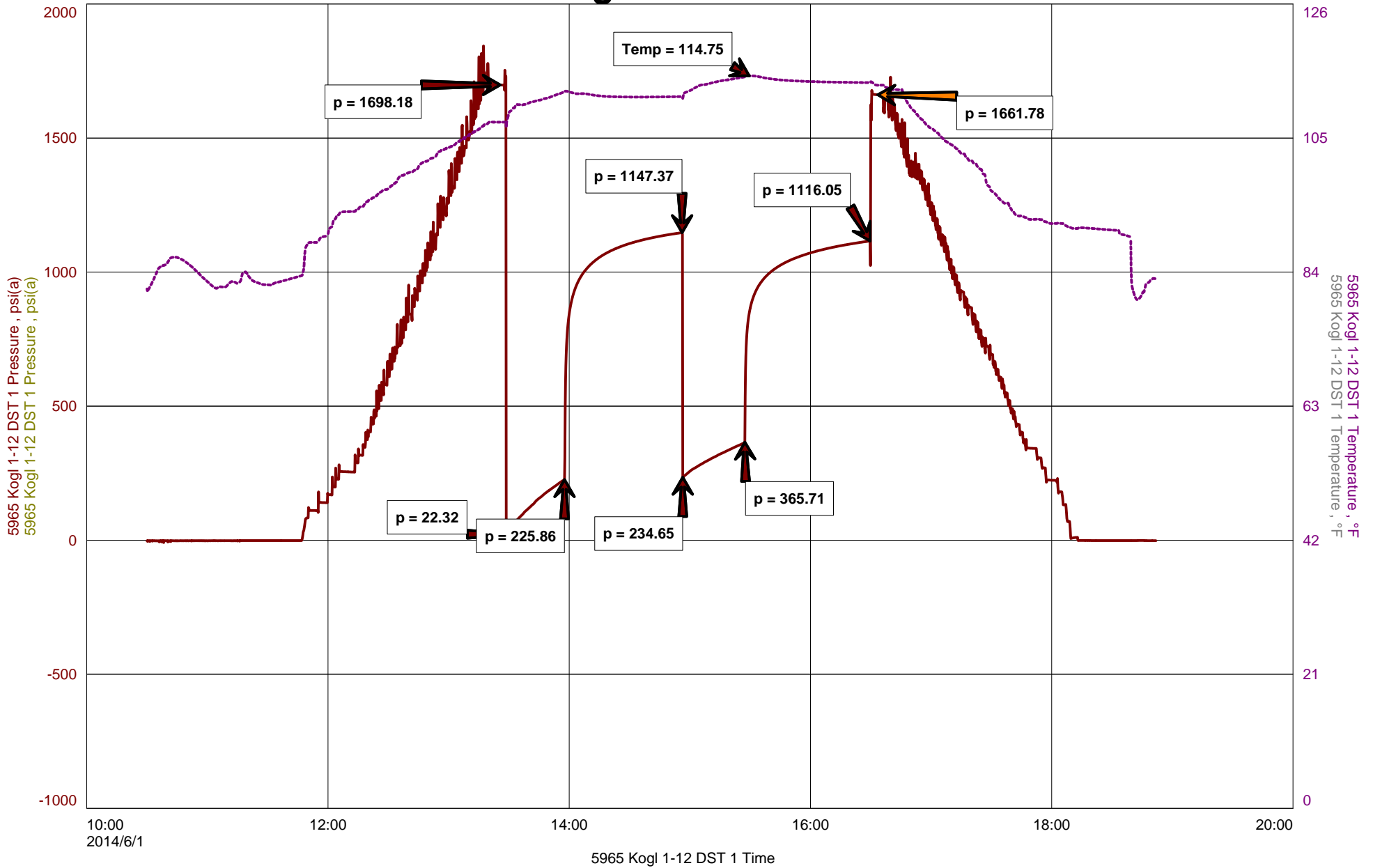
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Recovered _____ ft. of _____	Insurance
Remarks: <u>Shale Packer Used</u>	90 RT Miles
Tool Sample <u>MCW 10%M 90%W</u>	Access Charge
RW= <u>51,000</u> ppm	Total

Time Set Packer(s) 13:30 A.M. P.M. Time Started Off Bottom 16:30 A.M. P.M. Maximum Temperature 115

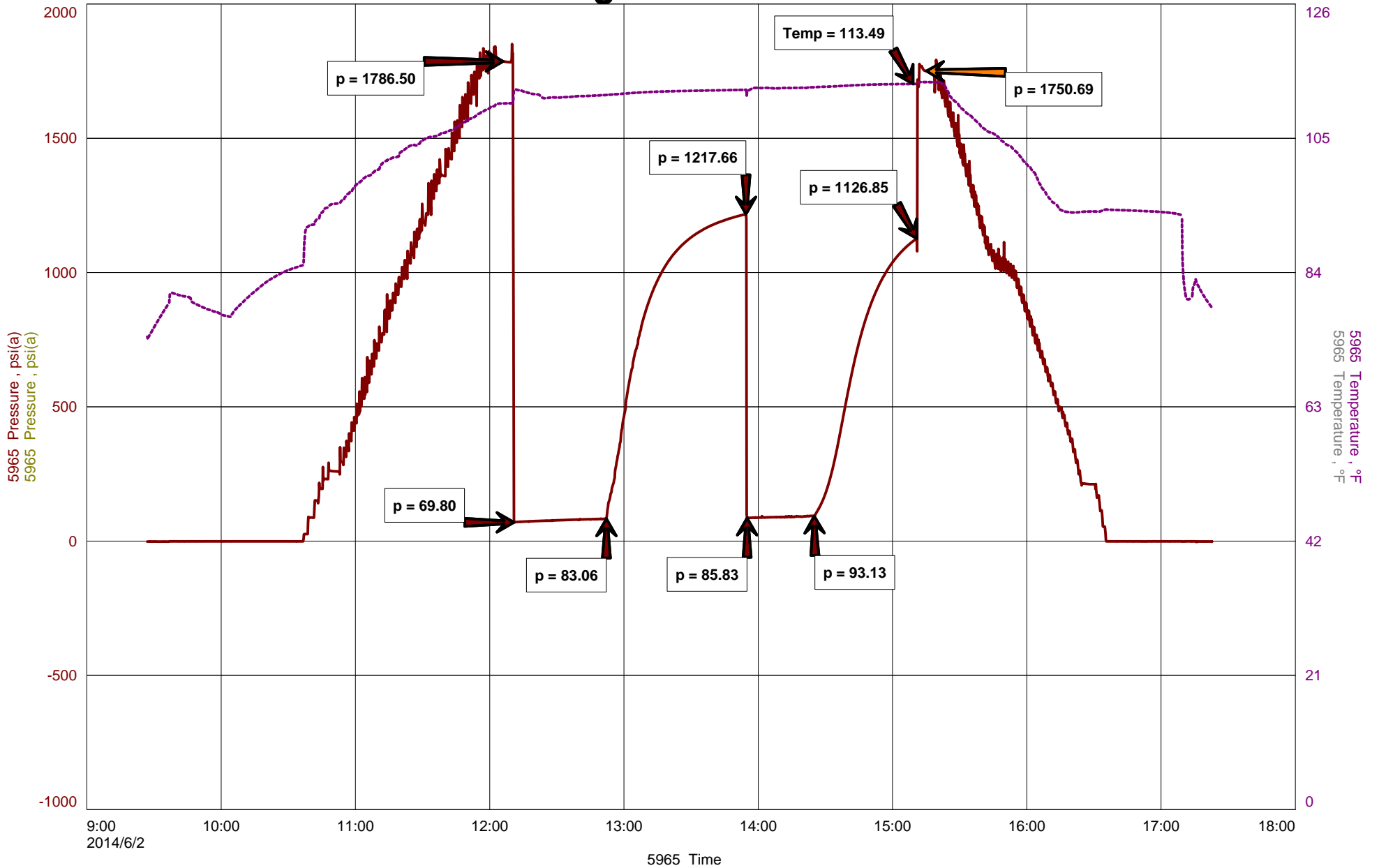
Initial Hydrostatic Pressure..... (A) 1698 P.S.I.
Initial Flow Period..... Minutes 30 (B) 22 P.S.I. to (C) 226 P.S.I.
Initial Closed In Period..... Minutes 60 (D) 1147 P.S.I.
Final Flow Period..... Minutes 30 (E) 235 P.S.I. to (F) 366 P.S.I.
Final Closed In Period..... Minutes 60 (G) 1116 P.S.I.
Final Hydrostatic Pressure..... (H) 1662 P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

Kogl 1-12 DST 1



Kogl 1-12 DST 2





Diamond Testing General Report

Wilbur Steinbeck
TESTER
CELL: 620-282-1573

General Information

Company Name	Forestar Petro Corp	David Porter	Job Number	W080
Contact		Kogl 1-12	Representative	Wilbur Steinbeck
Well Name	DST 2 Lan B,C & D 3748- 3880		Well Operator	Excell 10
Unique Well ID		12-2s-31w Rawlins/Kansas	Report Date	2014/06/02
Surface Location		Wildcat	Prepared By	Wilbur Steinbeck
Field			Qualified By	David Porter

Test Information

Test Type	Conventional		
Formation	Lan B,C & D		
Well Fluid Type	01 Oil		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2014/06/02	Start Test Time	09:27:00
Final Test Date	2014/06/02	Final Test Time	17:24:00

Test Recovery

Recovery 180' Mud with spotted oil
 180' Total Fluid

Tool Sample Mud with spotted oil



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: Kogl 1-12 DST

TIME ON: 9:27
TIME OFF: 17:24

Company Forestar Petro Corp Lease & Well No. Kogl 1-12
Contractor Excell 10 Charge to Forestar
Elevation 2789 KB Formation Lan B,C & D Effective Pay _____ Ft. Ticket No. W080
Date 6-2-14 Sec. 12 Twp. 2 S Range 32 W County Rawlins State KANSAS
Test Approved By Charlie Studavant Diamond Representative Wilbur Steinbeck

Formation Test No. 2 Interval Tested from 3748 ft. to 3880 ft. Total Depth 3880 ft.

Packer Depth 3743 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Packer Depth 3748 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 3745 ft. Recorder Number 5965 Cap. 5,000 P.S.I.

Bottom Recorder Depth (Outside) 3749 ft. Recorder Number 5446 Cap. 5,000 P.S.I.

Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEMICAL Viscosity 57 Drill Collar Length 300 ft. I.D. 2 1/4 in.

Weight 9.1 Water Loss 5.6 cc. Weight Pipe Length 240 ft. I.D. 2 7/8 in.

Chlorides 500 P.P.M. Drill Pipe Length 3175 ft. I.D. 3 1/2 in.

Jars: Make STERLING Serial Number 07 Test Tool Length 33 ft. Tool Size 3 1/2-IF in.

Did Well Flow? Yes Reversed Out No Anchor Length 132 ft. Size 4 1/2-FH in.

Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: Built to 2" No Return

2nd Open: No Blow No Return

Recovered 180 ft. of Mud with spotted oil

Recovered 180 ft. of Total Fluid

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Remarks: Shale Packer Used 90 RT Miles Access Charge

Tool Sample Mud with spotted oil

Time Set Packer(s) 12:10 A.M. P.M. Time Started Off Bottom 15:10 A.M. P.M. Maximum Temperature 113

Initial Hydrostatic Pressure..... (A) 1787 P.S.I.

Initial Flow Period..... Minutes 45 (B) 70 P.S.I. to (C) 83 P.S.I.

Initial Closed In Period..... Minutes 60 (D) 1218 P.S.I.

Final Flow Period..... Minutes 30 (E) 86 P.S.I. to (F) 93 P.S.I.

Final Closed In Period..... Minutes 45 (G) 1127 P.S.I.

Final Hydrostatic Pressure..... (H) 1751 P.S.I.

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Diamond Testing General Report

Wilbur Steinbeck
TESTER
CELL: 620-282-1573

General Information

Company Name	Forestar Petro Corp	David Porter	Job Number	W076
Contact		Kogl 1-12	Representative	Wilbur Steinbeck
Well Name		DST 1 Oread/Lan A 3610-3750	Well Operator	Excell 10
Unique Well ID		12-2s-31w Rawlins/Kansas	Report Date	2014/06/01
Surface Location		Wildcat	Prepared By	Wilbur Steinbeck
Field			Qualified By	David Porter

Test Information

Test Type	Conventional		
Formation	Oread/Lan A		
Well Fluid Type	01 Oil		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2014/06/01	Start Test Time	10:30:00
Final Test Date	2014/06/01	Final Test Time	18:55:00

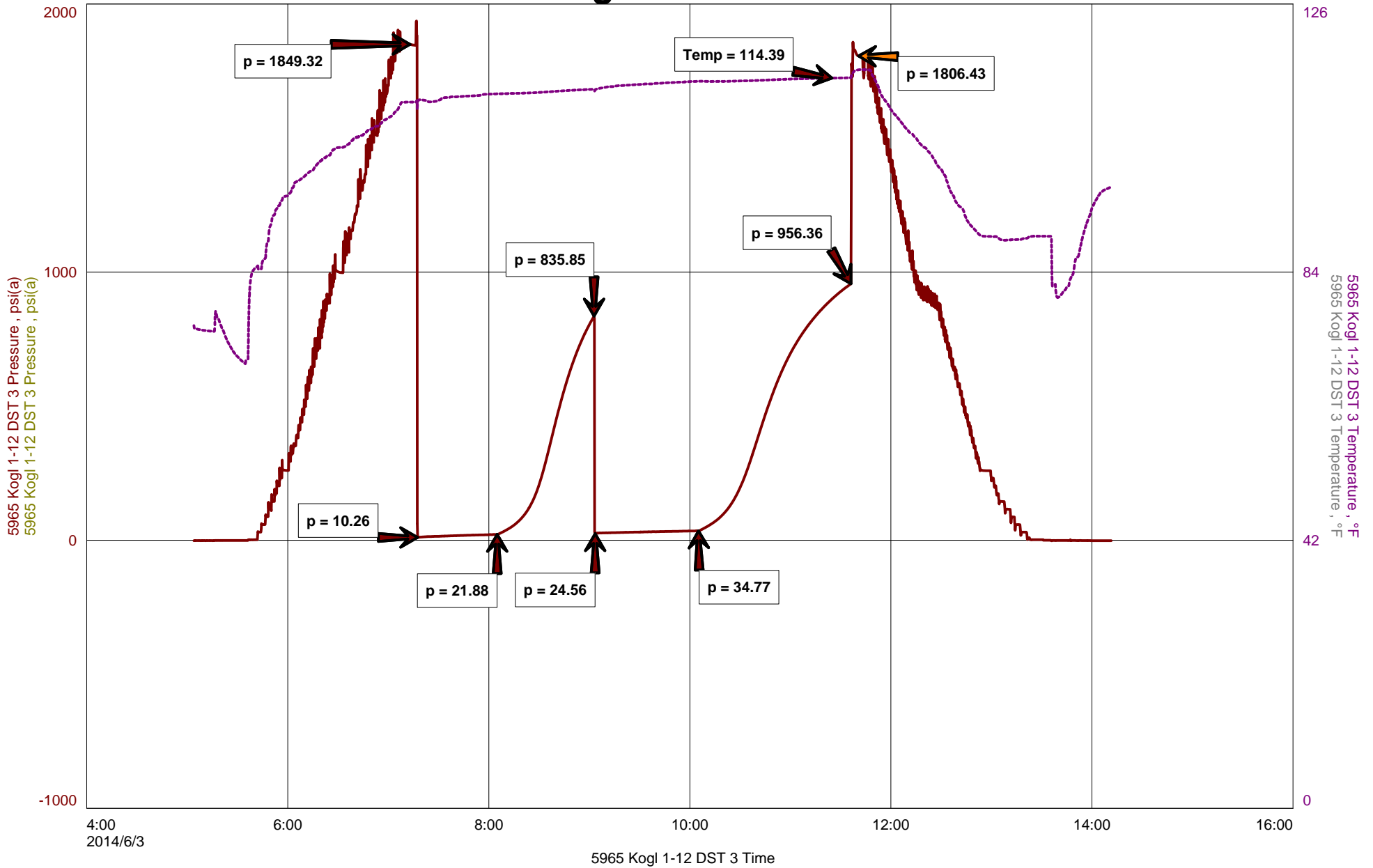
Test Recovery

Recovery 800' MCW 35%M 65%W
800' Total Fluid

Tool Sample MCW 10%M 90%W

RW= 51,000 ppm

Kogl 1-12 DST 3





Diamond Testing General Report

Wilbur Steinbeck
TESTER
CELL: 620-282-1573

General Information

Company Name	Forestar Petro Corp	Job Number	W081
Contact	David Porter	Representative	Wilbur Steinbeck
Well Name	Kogl 1-12	Well Operator	Excell 10
Unique Well ID	DST 3 Lan E&F 3874-3990	Report Date	2014/06/03
Surface Location	12-2s-31w Rawlins/Kansas	Prepared By	Wilbur Steinbeck
Field	Wildcat	Qualified By	David Porter

Test Information

Test Type	Conventional		
Formation	Lan E&F		
Well Fluid Type	01 Oil		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2014/06/03	Start Test Time	05:04:00
Final Test Date	2014/06/03	Final Test Time	14:14:00

Test Recovery

Recovery 65' OCM 10%O 90%M
65' Total Fluid

Tool Sample OCM 30%O 70%M



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: Kogl 1-12 DST 3

TIME ON: 5:04
TIME OFF: 14:14

Company Forestar Petro Corp Lease & Well No. Kogl 1-12
Contractor Excell 10 Charge to Forestar
Elevation 2789 KB Formation _____ Lan E&F Effective Pay _____ Ft. Ticket No. W081
Date 6-3-14 Sec. 12 Twp. _____ 2 S Range _____ 32 W County _____ Rawlins State KANSAS
Test Approved By Charlie Studavant Diamond Representative Wilbur Steinbeck

Formation Test No. 3 Interval Tested from 3874 ft. to 3990 ft. Total Depth 3990 ft.
Packer Depth 3869 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 3874 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 3860 ft. Recorder Number 5965 Cap. 5,000 P.S.I.
Bottom Recorder Depth (Outside) 3875 ft. Recorder Number 5446 Cap. 5,000 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEMICAL Viscosity 59 Drill Collar Length 300 ft. I.D. 2 1/4 in.
Weight 9.1 Water Loss 5.6 cc. Weight Pipe Length 240 ft. I.D. 2 7/8 in.
Chlorides 800 P.P.M. Drill Pipe Length 3301 ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number 07 Test Tool Length 33 ft. Tool Size 3 1/2-IF in.
Did Well Flow? Yes Reversed Out No Anchor Length 116 ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: Built to 2 1/4" **No Return**
2nd Open: Built to 3 1/2" **No Return**

Recovered 65 ft. of OCM 10%O 90%M
Recovered 65 ft. of Total Fluid
Recovered _____ ft. of _____
Recovered _____ ft. of _____

Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Recovered _____ ft. of _____	Insurance
Remarks: <u>Shale Packer Used</u>	90 RT Miles
Tool Sample <u>OCM 30%O 70%M</u>	Access Charge
	Total

Time Set Packer(s) 7:20 A.M. P.M. Time Started Off Bottom 11:35 A.M. P.M. Maximum Temperature 114

Initial Hydrostatic Pressure..... (A) 1849 P.S.I.
Initial Flow Period..... Minutes 45 (B) 10 P.S.I. to (C) 22 P.S.I.
Initial Closed In Period..... Minutes 60 (D) 836 P.S.I.
Final Flow Period..... Minutes 60 (E) 25 P.S.I. to (F) 35 P.S.I.
Final Closed In Period..... Minutes 90 (G) 956 P.S.I.
Final Hydrostatic Pressure..... (H) 1806 P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.