



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1218636
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: _____

1218636

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> _____
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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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Joe Gerstner Oil, LLC
Well Name	Casper 1
Doc ID	1218636

Tops

Name	Top	Datum
Anhydrite	2031	+604
Base Anhydrite	2062	+573
Heebner	3904	-1269
Lansing	3946	-1311
Stark Shale	4191	-1556
BKC	4248	-1613
Marmaton	4292	-1657
Pawnee	4386	-1751
Ft. Scott	4452	-1817
Cher Shale	4475	-1840
Miss Por	4555	-1920
LTD	4670	-2035

Mud-Co / Service Mud.

100 S. Main St., Suite #310, Wichita, Ks. 67202

Report: **8**

Daily Drilling Mud Report

Date: **04/14/14** Depth: **4570**

Operator Joe Gerstner Oil, LLC.	Contractor Pickrell Drilling Co.	Rig No. 10
Address Rig	Address Rig	Spud Date 04/08/14
Report for Mr. Nick Gerstner	Report for Mr. Mike Kern	Section 22
Well Name & No. Casper #1	County Ness	Twp 16S
	State Kansas	Range 26W

Operation	Casing	Mud Volume (BBL)	Circulation Data			
Present Activity TOH f/DST #1	8 5/8 in. at 218	Hole 379 Pits 400	Liner Size 6	Stroke 14	Opposite Drill Pipe 191	Pump Pressure -
Bit Size (in.) 7 7/8	No 3	Total Circulating Vol. 779	Est. Hole/DS capacities 8.3	2.401	Opposite Drill Collars 348	Pump Make Emsco
Drill pipe sz 4 1/2	Type XH	Volume in Storage 120 bbls chem mud	BBL/ Strk 0.129	Strk / Min. 60	Bottoms Up (Min.) 41	Pump Model D-375
Drill Collar size 6 1/4	Drilling mud type Chemical		BBL./Min. 7.8	GAL/Min. 326	System Total (Min) 101	Critical GPM DC/DP 287 431

Sample from Flowline <input type="checkbox"/> or Pit <input checked="" type="checkbox"/>	Daily Mud Cost 2,312.55	Cumulative Mud Cost 12,411.90
Flowline Temperature	Mud Properties	

MUD PROPERTIES SPECIFICATIONS			
Time Sample Taken 8:35 AM	Mud Wt. (lbs/gal.) 9.2-9.4	Viscosity 48-54	LCM As Needed
Depth (Ft.) 4,570		Filtrate 8-10.0cc	

Mud Gradient (psi/ft.) 0.478		
Plastic Viscosity cp 11		
Yield Point (lb/100 sq.ft.) 22		
Gel Strength 10 sec/10 min. 23/28		
pH 9.0		
Cake Thickness 32nd 1	Reserve	Pit
Alkalinity, Mud (Pm) -		
Alkalinity, Filtrate (Pf/Mf) 0.2/-		
	28,000	
Calcium, ppm 100	Estimated	
Sand Content (% by Vol) Tr	volume	
Solids Content (% by Vol.) 6.1	800 bbls	
Oil Content (% by Vol.) 0.0		
Water Content (% by Vol.) 93.9		
Reynold's #DP 1,283		
Reynold's # DC 2,446		
ECD lb/gal 9.77		

Suggest:

Run water at flowline while drilling to control mud wt, 9.2-9.4#

LCM as needed with c/s hulls

Keep hole full and pipe moving at all times, circulate hole clean prior to all trips and break circulation on all TIH w/Bit

Divert all DST recovery to reserve pit

*Please use all the gel on one pallet before opening up another pallet

DRILLING MUD INVENTORY					
Products:	Prior Day	Delivery	On Hand	Used	Cost
Premium Gel	135		92	43	791.20
Lime	2		2		
Soda Ash	9		2	7	180.95
Caustic Soda	9		5	4	264.60
Lignite	3			3	85.80
C/S Hulls	85		85		
Drill Pak	3			3	990.00
Desco	2		2		
Poly Plus	1		1		
Florigel					
Xcide					
Sapp					
Barite					
Bicarb					

For production casing:

Thin fluid back to 40-42 sec/qt. viscosity with a Desco flush. Mix and add the following premix and run a moderate stream of water at flowline while circulating casing on bottom.

40 bbls fresh water/ 40 bbls pit mud

2 Desco

1 Caustic

* Please keep all materials covered as needed... Thank you

Mud-Co / Service Mud Representative	Home Address	Telephone Number
	Warehouse Location	Telephone Number