



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1217568
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: _____

1217568

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

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	White Exploration, Inc.
Well Name	Kreger 1
Doc ID	1217568

All Electric Logs Run

Density/Neutron
Dual Induction
Microlog
Sonic

Form	ACO1 - Well Completion
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Tops

Name	Top	Datum
Anhydrite	2971	+895
Base Stone Corral	3002	+864
Topeka	3987	-121
Heebner Shale	4234	-368
Toronto	4268	-402
Stark Shale	4540	-674
Base Kansas City	4665	-799
Marmaton	4676	-810
Cherokee	4883	-1017
Morrow Shale	5095	-1229
Lwr Morrow Limestone	5188	-1322
Mississippi	5247	-1381



GEOLOGISTS REPORT

OPERATOR WHITE EXPLORATION, INC.
LEASE KREGER # 1

ELEVATIONS
KB 3866 Ft.
GL 3855 Ft.

LOCATION 1783 FSL & 584 FWL
SEC. 4 TWSP 13S RGE 42W
COUNTY WALLACE STATE KANSAS

FIELD WILDCAT

CONTRACTOR Marlin Drilling Company RIG NO. 22
COMMENCED 26 July 2014 COMPLETED 5 August 2014

MUD DISPLACED 3424 MUD TYPE Chemical
DRILLING TIME KEPT FROM 3800 TO 5330

SAMPLES SAVED FROM 3800 TO 5330
SAMPLES EXAMINED FROM 4500 TO 5330

GEOLOGICAL SUPERVISION FROM 4570 TO 5330
GEOLOGIST ON WELL Paul Gunzelman

FORMATION NAME LOG TOP DATUM TOP DATUM
Stone Corral 2971 +895 2969 +897
Base/Anhydrite 3002 +864 3001 +865

Base/Anhydrite 3002 +864 3001 +865
Topoka 3987 -121
Heabner Shale 4234 -388
Lansing 4292 -426
Base/Kansas City 4665 -799 4662 -792
Cherokee 4883 -1017 4881 -1015
Morrow Shale 5095 -1229 5088 -1222
Mississippian 5261 -1395 5259 -1393
Total Depth 5332 -1466 5330 -1464

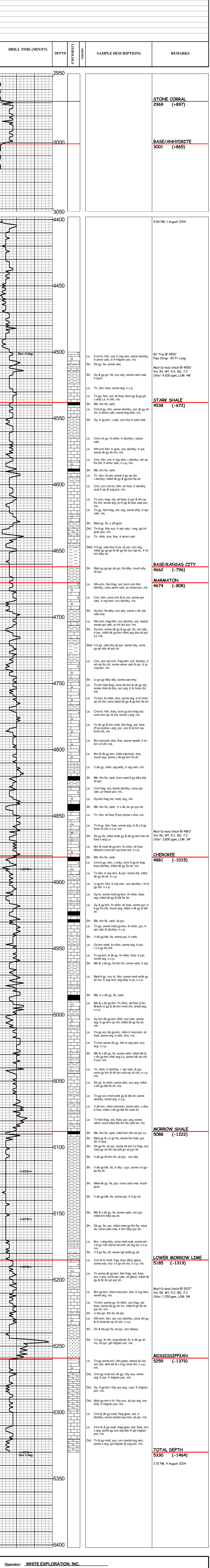
ALL MEASUREMENTS FROM K.B.
CASING RECORD
Conductor None
Surface 8.58" @ 263'
Production None

ELECTRICAL SURVEYS:
Nabors Production Serv.
Comp. Neutron Density
Dual Induction
Micro-resistivity
Comp. Sonic



REMARKS
API 15-199-20411-00-00
Drilling Fluids: Mud Co/Service Mud, Inc. (Tony Maestas, engineer)
Drill Stem Testing: No Tests
Gas Trailer: No Gas Trailer
Reserve Pit Chlorides: 18,000 PPM

DRILL TIME (MIN/FT) DEPTH LITHOLOGY SAMPLE DESCRIPTIONS REMARKS



Operator: WHITE EXPLORATION, INC.
Lease: KREGER # 1
Location: 1783 FSL & 584 FWL SEC. 4 TWSP 13S RGE 42W
County: WALLACE State: KANSAS



CONSOLIDATED
Oil Well Services, LLC

270213

TICKET NUMBER 46834

LOCATION Oakley Ks

FOREMAN Jerry X

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-5-14	8860	Kroger #1	4	13S	42W	Waller
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Mailing Address			731	Jeremy R		
CITY			693	Lance R		
STATE						
ZIP CODE						

JOB TYPE PTA HOLE SIZE 7 7/8 HOLE DEPTH 53.30 CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE 4 1/2 TUBING _____ OTHER _____
 SLURRY WEIGHT 13.8 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting + rig up on Martin 22 plug as ordered with 255 sks
60/40 pozmix 4% gel & 4% Foscol per sk
50 sks @ 2986
100 sks @ 1054
50 sks @ 313
10 sks @ 40' with 8 7/8 wooden plug
15 sks mt & 30 sks rot hole

Thank you
Jerry & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE		
5406	75	MILEAGE	1395 ⁰⁰	1395 ⁰⁰ ✓
5407A	12	ton mileage delivery	5 ²⁵	393 ⁷⁵ ✓
			1 ²⁵	1575 ⁰⁰ ✓
1131	255 sks	60/40 poz mix	15 ⁸⁶	4044 ³⁰ ✓
1186	959 #	gel	27	25893 ✓
1107	64	Foscol	297	19008 ✓
4432	1	8 7/8 wooden plug	100 ⁷⁵	100 ⁷⁵ ✓
			subtotal	79578 ✓
			less 10% disc.	79578 ✓
			subtotal	716203 ✓

Completed

AUTHORIZATION Kelly Wilson TITLE Pusher SALES TAX 254.28 ✓
 ESTIMATED TOTAL 7416.31 ✓
 DATE 8-5-14

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.