



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1218137
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: _____

1218137

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. <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, L.L.C.

269084

TICKET NUMBER 46975
LOCATION Oakley, Ks.
FOREMAN Danan

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

FIELD TICKET & TREATMENT REPORT
CEMENT

Ks.

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6/25/14	2930	St. John 1-26	26	7	35	Rawlins
CUSTOMER <i>Forestar</i>		TRUCK #		DRIVER	TRUCK #	DRIVER
MAILING ADDRESS		<i>Beardsley Non Rd 10 To Z 2E 1N Winto</i>		<i>731 Cory</i>		
CITY		STATE		ZIP CODE		
				<i>460 Steven</i>		

JOB TYPE Production HOLE SIZE 7 7/8 HOLE DEPTH 4445' CASING SIZE & WEIGHT 5 1/2, 15.5
 CASING DEPTH, 4428' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 12.5, 14.2 SLURRY VOL 176/156 WATER gal/sk _____ CEMENT LEFT in CASING 20.77 Shoe To J
 DISPLACEMENT 104.89 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting Rig up on Excell #10 Run Casing & Float Equipment Cent 1, 3, 5, 7, 9, 11, 13, 15, 17 Basket on #2 Circulate 1hr. Pump 5 water ahead mix mud flush Pump 5 water behind Plug Rathole + mousehole mix 110 sks of 6 1/4 8% Gel 1/4 floeal tail with 100 sks OWC 5" Kolseal washup Pump + Lines Release Plug Displace with 104.89 bbl water Land Plug @ 1700' Lift 800' Float Did Hold Rig Down

Rathole 30 sks
Mousehole 20 sks

Thanks Danan + Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE	\$3175.00	\$3175.00
5406	75	MILEAGE	\$5.25	\$393.75
5407A	11.5	Ton mileage Delivery	\$1.75	\$1509.37
1126	100 SKS	OWC	\$23.70	\$2370.00
1110A	100 #	Kolseal	56	56.00
1131	160 SKS	6 1/4 Poz mix	\$15.86	\$2537.60
1118B	1203 #	Bentonite	27	\$324.81
1107	40 #	Floeal	\$2.97	\$118.80
1142A	5 gal	KCL	\$41.10	\$205.50
1144G	500 gal	mud Flush	\$1.00	\$500.00
4159	1	5 1/2 AFU Float Shoe (w)	\$433.75	\$433.75
4454	1	5 1/2 Latch Down Plug Assy (w)	\$567.00	\$567.00
4104	1	5 1/2 Basket (w)	\$290.00	\$290.00
4130	9	5 1/2 Centralizers (w)	\$61.00	\$549.00

SubTotal \$13030.58
 Less 10% \$1303.06
 SubTotal \$11727.52
 SALES TAX 5165.42
 ESTIMATED TOTAL 12292.94

completed

RAVIN 8737
 AUTHORIZATION [Signature] TITLE _____ DATE _____

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



COPY
268886

TICKET NUMBER 46968
LOCATION Oakley Ks.
FOREMAN Danew

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

FIELD TICKET & TREATMENT REPORT
CEMENT

K.

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6/17/14	2930	St. John 1-26	26	1	35	Rawlins
CUSTOMER <i>Forester</i>			Beardsley 8N on Rd 10 25 on Rd 21N on Rd 12 Winto			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			731	Cory		
STATE			693	Cody		
ZIP CODE						

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 223.68 CASING SIZE & WEIGHT 8 5/8 24'
 CASING DEPTH 217.68 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8 SLURRY VOL 1.36 WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 12.59 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: *Softy Meeting Rig up on Excell to Run casing Break Circulation with Rig Pump Hookup To Pump Truck mix 200 sks Com 3% CC 2% Gel Washup Pump + Lines Displace with 12.59 bbl water Shut in Rig Down*

Cement Did Circulate

Approx 8 bbl To Pit

Thanks Danew + Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	\$1150.00	\$1150.00
5406	75	MILEAGE	\$5.25	\$393.75
5407A	9.4	Ton Mileage Delivery	\$1.75	\$1233.75
11045	200 sks	Class "A" Cement	\$18.55	\$3710.00
1102	564 #	Calcium Chloride	\$.94	\$530.16
1118B	376 #	Gel Bentonite	\$.27	\$101.52
			SubTotal	\$7119.18
			Less 10%	\$711.92
			SubTotal	\$6407.26
			SALES TAX ESTIMATED	308.69
			TOTAL	\$6715.95

[Signature]

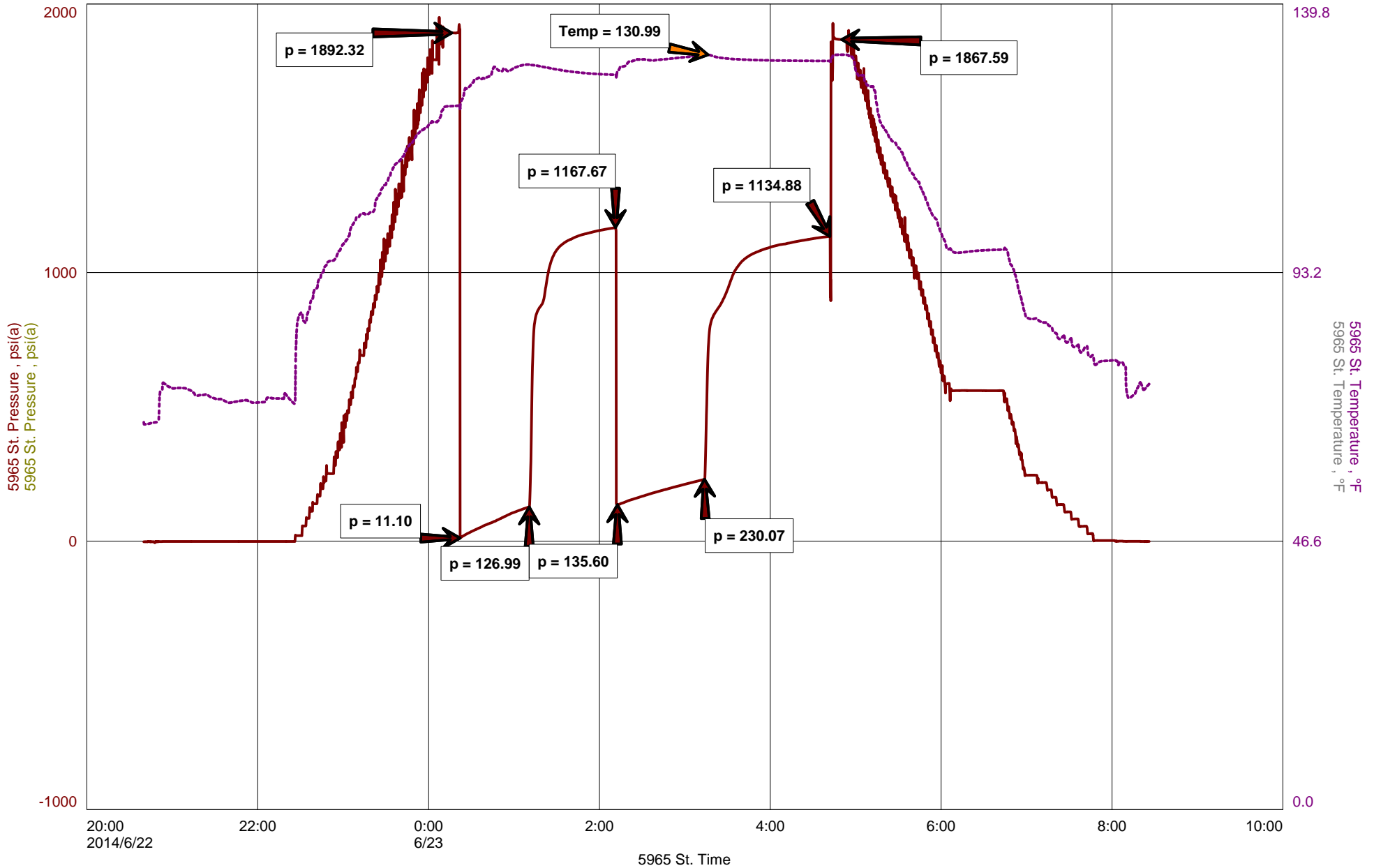


Completed

AUTHORIZATION _____ TITLE _____ DATE _____

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.

St. John 1-26 DST 1





Diamond Testing General Report

Wilbur Steinbeck
TESTER
CELL: 620-282-1573

General Information

Company Name	Forestar Petro Corp	Job Number	W085
Contact	Mike Morgan	Representative	Wilbur Steinbeck
Well Name	St. John 1-26	Well Operator	Excell 10
Unique Well ID	DST 1 Lan A&B 4057-4138	Report Date	2014/06/22
Surface Location	26-1s-35w Rawlins/Kansas	Prepared By	Wilbur Steinbeck
Field	Wildcat	Qualified By	Mike Morgan

Test Information

Test Type	Conventional
Formation	Lan A&B
Well Fluid Type	01 Oil
Test Purpose (AEUB)	Initial Test

Start Test Date	2014/06/22	Start Test Time	20:40:00
Final Test Date	2014/06/23	Final Test Time	08:30:00

Test Recovery

Recovery 210' Free Oil
 150' GOCM 15%G 30%O 55%M
 180' MOCW 10%M 15%O 75%W
 540' Total Fluid
 360' GIP

Tool Sample MOCW 5%M 10%O 85%W

Corrected Gravity=27.2

RW=38



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: St. John 1-26 DST 1

TIME ON: 20:40
TIME OFF: 8:30

Company Forestar Petro Corp Lease & Well No. St. John 1-26
Contractor Excell 10 Charge to Forestar
Elevation 3133 KB Formation _____ Lan A&B Effective Pay _____ Ft. Ticket No. W085
Date 6-22-14 Sec. 26 Twp. _____ 1 S Range _____ 35 W County _____ Rawlins State KANSAS
Test Approved By Jeff Lawler Diamond Representative Wilbur Steinbeck

Formation Test No. 1 Interval Tested from 4057 ft. to 4138 ft. Total Depth 4138 ft.
Packer Depth 4052 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 4057 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 4043 ft. Recorder Number 5965 Cap. 5,000 P.S.I.
Bottom Recorder Depth (Outside) 4058 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 56 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 3484 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 81 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 20 min Built to 4 1/2"
2nd Open: BOB in 25 min Built to 4 1/2"

Recovered 210 ft. of Free Oil
Recovered 150 ft. of GOCM 15%G 30%O 55%M
Recovered 180 ft. of MOCW 10%M 15%O 75%W
Recovered 540 ft. of Total Fluid
Recovered 360 ft. of GIP

Recovered _____ ft. of _____	95 RT Miles	Price Job
Remarks: <u>Shale Packer Used X2</u>	Access Charge	Other Charges
Tool Sample <u>MOCW 5%M 10%O 85%W</u>		Insurance
Corrected Gravity= <u>27.2</u> RW= <u>38,000</u> ppm		Total

Time Set Packer(s) 00:30 A.M. P.M. Time Started Off Bottom 4:45 A.M. P.M. Maximum Temperature 131

Initial Hydrostatic Pressure..... (A) 1892 P.S.I.
Initial Flow Period..... Minutes 45 (B) 11 P.S.I. to (C) 127 P.S.I.
Initial Closed In Period..... Minutes 60 (D) 1168 P.S.I.
Final Flow Period..... Minutes 60 (E) 136 P.S.I. to (F) 230 P.S.I.
Final Closed In Period..... Minutes 90 (G) 1135 P.S.I.
Final Hydrostatic Pressure..... (H) 1868 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.



Diamond Testing General Report

Wilbur Steinbeck
TESTER
CELL: 620-282-1573

General Information

Company Name	Forestar Petro Corp	Job Number	W086
Contact	Mike Morgan	Representative	Wilbur Steinbeck
Well Name	St. John 1-26	Well Operator	Excell 10
Unique Well ID	DST 2 Lan C&D 4124-4230	Report Date	2014/06/23
Surface Location	26-1s-35w Rawlins/Kansas	Prepared By	Wilbur Steinbeck
Field	Wildcat	Qualified By	Mike Morgan

Test Information

Test Type	Conventional
Formation	Lan C&D
Well Fluid Type	01 Oil
Test Purpose (AEUB)	Initial Test

Start Test Date	2014/06/23	Start Test Time	20:13:00
Final Test Date	2014/06/24	Final Test Time	02:40:00

Test Recovery

Miss Run do to tool opening on 20' of fill and taking fluid while it slid to bottom to set packers

Recovery 330' MUD
 330' Total Fluid



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: St. John 1-26 DST 2

TIME ON: 20:13
TIME OFF: 2:40

Company Forestar Petro Corp Lease & Well No. St. John 1-26
Contractor Excell 10 Charge to Forestar
Elevation 3133 KB Formation _____ Lan C&D Effective Pay _____ Ft. Ticket No. W086
Date 6-23-14 Sec. 26 Twp. _____ 1 S Range _____ 35 W County _____ Rawlins State KANSAS
Test Approved By Jeff Lawler Diamond Representative Wilbur Steinbeck

Formation Test No. 2 Interval Tested from 4124 ft. to 4230 ft. Total Depth 4230 ft.
Packer Depth 4119 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 4124 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____
Top Recorder Depth (Inside) 4110 ft. Recorder Number 5965 Cap. 5,000 P.S.I.
Bottom Recorder Depth (Outside) 4125 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 56 Drill Collar Length 300 ft. I.D. 2 1/4 in.
Weight 9.0 Water Loss 6.4 cc. Weight Pipe Length 240 ft. I.D. 2 7/8 in.
Chlorides 500 P.P.M. Drill Pipe Length 3551 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 106 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: Miss Run do to fill and taking fluid while sliding to bottom
2nd Open: _____

Recovered 330 ft. of Mud
Recovered 330 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>	
Tool Sample <u>Miss Run</u>	
	Total

Time Set Packer(s) 23:30 A.M. P.M. Time Started Off Bottom 00:10 A.M. P.M. Maximum Temperature 125
Initial Hydrostatic Pressure..... (A) 1914 P.S.I.
Initial Flow Period..... Minutes 40 (B) 148 P.S.I. to (C) 171 P.S.I.
Initial Closed In Period..... Minutes (D) _____ P.S.I.
Final Flow Period..... Minutes (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) 1895 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.

St. John 1-26 DST 2

