



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1224307
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: _____



1224307

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: 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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Krier, Kirby Oil, Inc.
Well Name	JAY CAT 3
Doc ID	1224307

Tops

Name	Top	Datum
HEBNER	2808	-1028
TORONTO	2822	-1042
DOUGLAS	2834	-1055
BROWN LIME	2921	-1141
LANSING	2939	-1159
BASE OF KANSAS CITY	3206	-1426
ARBUCKLE	3241	-1461
RTD	3247	-1467

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 634
9-12-14

Date	9-11-14	Sec.	5	Twp.	18	Range	10	County	Rice	State	KS	On Location		Finish	12:15AM
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Location *Caflin E to 3rd Rd 1/2s w into*

Lease	Scat <i>Daycat</i>	Well No.	3	Owner	To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.
Contractor	<i>Southwind 9</i>			Charge To	<i>Kirby Krier</i>
Type Job	<i>Surface</i>			Street	
Hole Size	<i>12 1/4</i>	T.D.	<i>350</i>	City	State
Csg.	<i>8 5/8</i>	Depth	<i>348</i>	The above was done to satisfaction and supervision of owner agent or contractor.	
Tbg. Size		Depth		Cement Amount Ordered <i>180com 3%cc 2%gel</i>	
Tool		Depth		Cement Left in Csg. <i>15</i> Shoe Joint <i>15</i>	
Cement Left in Csg.	<i>15</i>	Shoe Joint	<i>15</i>	Meas Line Displace <i>21</i>	
Meas Line		Displace	<i>21</i>		

EQUIPMENT

Pumptrk	<i>14</i>	No.		Cementer	<i>Rick</i>	Common	<i>180</i>
Helper				Driver	<i>Billy</i>	Poz. Mix	
Bulktrk	<i>16</i>	No.		Driver	<i>Taylor</i>	Gel.	<i>3</i>
Bulktrk	<i>15</i>	No.		Driver		Calcium	<i>6</i>

JOB SERVICES & REMARKS

Remarks:	<i>Cement Die circulate</i>	Hulls	
Rat Hole		Salt	
Mouse Hole		Flowseal	
Centralizers		Kol-Seal	
Baskets		Mud CLR 48	
D/V or Port Collar		CFL-117 or CD110 CAF 38	
		Sand	
		Handling	<i>189</i>
		Mileage	

FLOAT EQUIPMENT

Guide Shoe	
Centralizer	
Baskets	
AFU Inserts	
Float Shoe	
Latch Down	
Pumptrk Charge	<i>Surface</i>
Mileage	<i>32</i>

X Signature <i>Rick Black</i>	Tax	
	Discount	
	Total Charge	

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 702

Date	Sec.	Twp.	Range	County	State	On Location	Finish
9-17-14	5	18	10	Rice	KS		7:45 PM

Location Claflin E to CL 2E 1/2 S W into

Lease	Well No. #3	Owner	
Jay Cat		To Quality Oilwell Cementing, Inc.	
Contractor		You are hereby requested to rent cementing equipment and furnish	
Southwind #9		cementer and helper to assist owner or contractor to do work as listed.	
Type Job		Charge To	
Production String		Kirby Krier	
Hole Size	T.D.	Street	
7 7/8	3247'		
Csg.	Depth	City	
5 1/2	3242'	State	
Tbg. Size	Depth	The above was done to satisfaction and supervision of owner agent or contractor.	
		Cement Amount Ordered 180 10% Salt 5% Wilsonite	
Cement Left in Csg.	Shoe Joint		
37.48'	37.44'		
Meas Line	Displace		
	76 1/4 bbl		

EQUIPMENT

Pumptrk	No.	Cementer	Common
5		David	180
Bulktrk	No.	Helper	Poz. Mix
1		Doug	
Bulktrk	No.	Driver	Gel.
PU		Brett	
			Calcium

JOB SERVICES & REMARKS

Remarks:	Hulls
Rat Hole - 30gx	Salt 16
Mouse Hole	Flowseal 800
Centralizers - 1-9	Kol-Seal 900#
Baskets - 2 + 5	Mud CLR 48 - 500 Gal Mud Flush
D/V or Port Collar	CFL-117 or CD110 CAF 38
	Sand
	Handling 205
Drop ball & Est circulation	Mileage
Ran 500 Gal Mud Flush down 5 1/2	5 1/2
Plug Rat 30gx	FLOAT EQUIPMENT
Mix 150 gx down 5 1/4	Guide Shoe
Displaced 76 1/4 bbl	Centralizer - 9
Left @ 700 lbs	Baskets - 2
Landed @ 1500 lbs	AFU Inserts
Plug held	Float Shoe - 1
	Latch Down - 1
	Rubber Plug 1
	Pumptrk Charge
	prod string
	Mileage 32

Thanks!

X Signature

Tax
Discount
Total Charge



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

TIME ON: 11:51
TIME OFF: 19:47

Company Krier Kirby Oil Inc Lease & Well No. Jay Cat 3
Contractor Southwind Drilling Charge to Krier Kurby Oil Inc
Elevation 1771 sur 1780 kb Formation _____ Lan "A-F" Effective Pay _____ Ft. Ticket No. RR084
Date 09/15/2014 Sec. 5 Twp. _____ 18 S Range _____ 10 W County _____ Rice State KANSAS
Test Approved By Wyatt Urban Diamond Representative RICKY RAY

Formation Test No. 1 Interval Tested from 2934 ft. to 3020 ft. Total Depth 3020 ft.
Packer Depth 2929 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 2934 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 2916 ft. Recorder Number 0062 Cap. 5000 P.S.I.
Bottom Recorder Depth (Outside) 3001 ft. Recorder Number 5954 Cap. 5000 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEMICAL Viscosity 60 Drill Collar Length 0 ft. I.D. 2 1/4 in.
Weight 9 Water Loss 7.2 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
Chlorides 3500 P.P.M. Drill Pipe Length 2901 ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number 8/SP Test Tool Length 33 ft. Tool Size 3 1/2-IF in.
Did Well Flow? NA Reversed Out NA Anchor Length 86A(24P) ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 xh in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: 1/2" Blow (Built to 9 inches in 30 mins) NOBB
2nd Open: 1/2" Blow (Built to 9 1/2 inches in 45 mins) NOBB

Recovered 134 ft. of GIP
Recovered 51 ft. of SLO /w HM 1% O 99% M
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Remarks: Tool Sample: 1% G 2% O 97% M

	Price Job
	Other Charges
	Insurance
	Total

Time Set Packer(s) 2:20 PM A.M. P.M. Time Started Off Bottom 5:20 PM A.M. P.M. Maximum Temperature 96

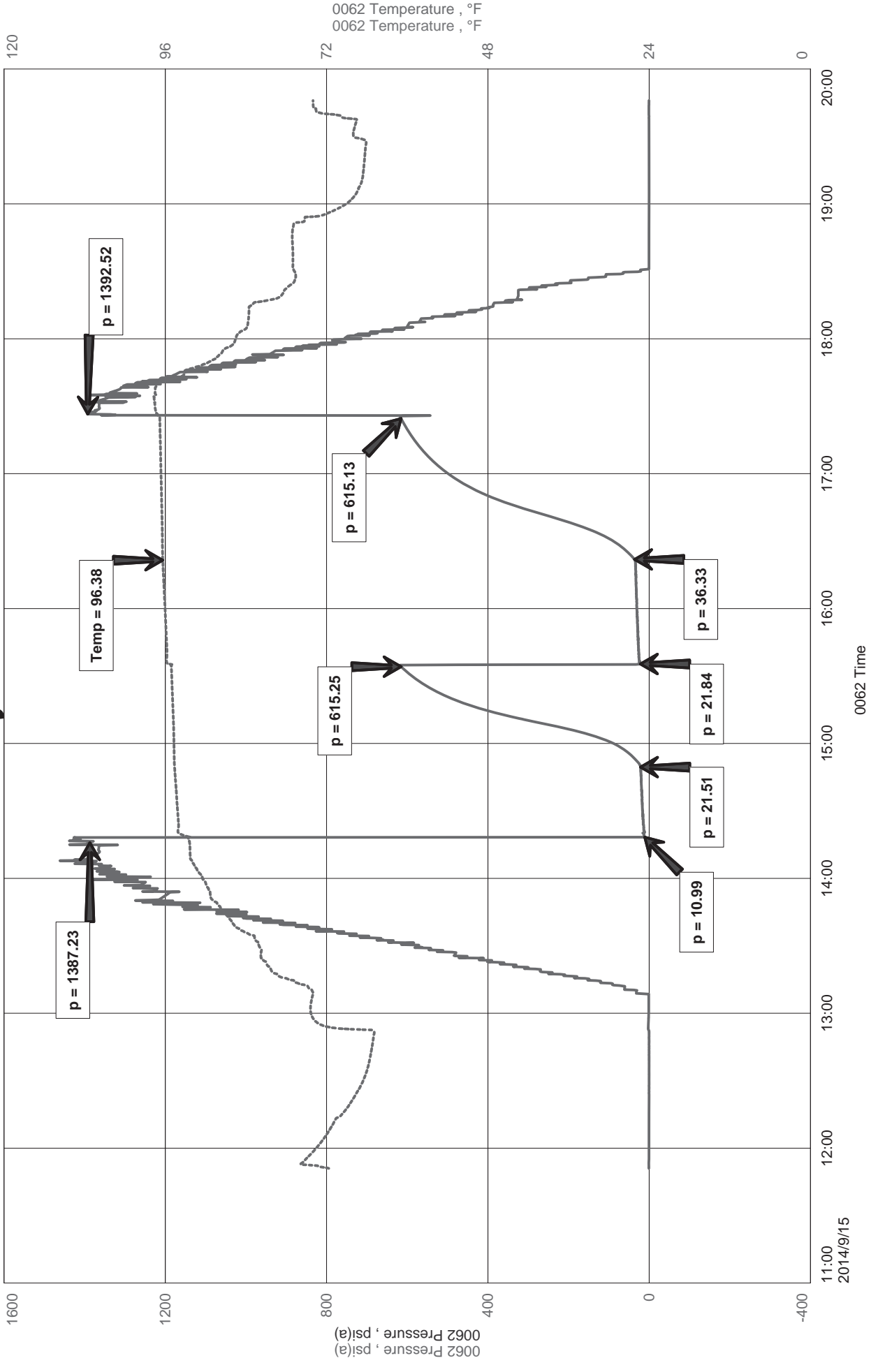
Initial Hydrostatic Pressure..... (A) 1387 P.S.I.
Initial Flow Period..... Minutes 30 (B) 11 P.S.I. to (C) 22 P.S.I.
Initial Closed In Period..... Minutes 45 (D) 615 P.S.I.
Final Flow Period..... Minutes 45 (E) 22 P.S.I. to (F) 36 P.S.I.
Final Closed In Period..... Minutes 60 (G) 615 P.S.I.
Final Hydrostatic Pressure..... (H) 1393 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.

Krier Kirby Oil Inc
 Dst 1 Lan "A-F" (2934-3020)
 Start Test Date: 2014/09/15
 Final Test Date: 2014/09/15

Jay Cat 3
 Formation: Dst 1 Lan "A-F" (2934-3020)
 Pool: Infield
 Job Number: RR084

Jay Cat 3





Diamond Testing LLC
 P.O. Box 157
 HoisingtonKS 67544

Ricky Ray - Tester
(620) 617-7261

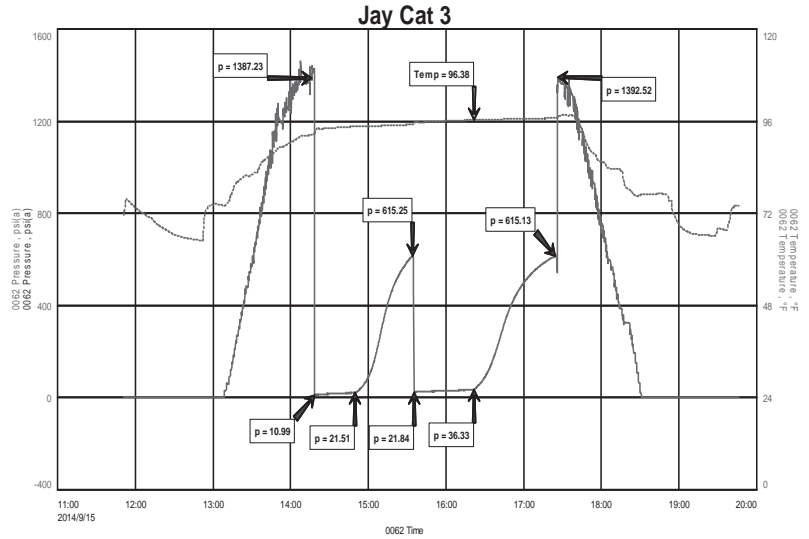
Wellsite Report

General Information

Company Name	Krier Kirby Oil Inc
Contact	Kirby Krier
Well Operator	Krier Kirby Oil Inc
Well Name	Jay Cat 3
Surface Location	Sec: 5-18s-10w
Field	Bloomer
Well Type	Vertical
Pool	Infield
Test Purpose (AEUB)	Initial Test
Qualified By	Wyatt Urban
Gauge Name	0062

Test Information

Job Number	RR084
Test Type	Drill Stem Test
Well Fluid Type	01 Oil
Formation	Dst 1 Lan "A-F" (2934-3020)
Start Test Date	2014/09/15 YYYY/MM/DD
Start Test Time	11:51:00 HH:mm:ss
Final Test Date	2014/09/15 YYYY/MM/DD
Final Test Time	19:47:00 HH:mm:ss



Test Results

Recovery:

134'	GIP		
51'	SLO w/ HM	1% O	99% M

Tool Sample: 1% G 2% O 97% M



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: Jay Cat 3 Dst 2

TIME ON: 17:22 Sep 16
TIME OFF: 01:49 Sep 17

Company Krier Kirby Oil Inc Lease & Well No. Jay Cat 3
Contractor Southwind Drilling Charge to Krier Kurby Oil Inc
Elevation 1771 sur 1780 kb Formation Arbuckle " Effective Pay _____ Ft. Ticket No. RR085
Date 09/16/2014 Sec. 5 Twp. 18 S Range 10 W County Rice State KANSAS
Test Approved By Client Musgrove Diamond Representative RICKY RAY

Formation Test No. 2 Interval Tested from 3190 ft. to 3247 ft. Total Depth 3247 ft.
Packer Depth 3185 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth 3190 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____
Top Recorder Depth (Inside) 3180 ft. Recorder Number 0062 Cap. 5000 P.S.I.
Bottom Recorder Depth (Outside) 3226 ft. Recorder Number 5954 Cap. 5000 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEMICAL Viscosity 61 Drill Collar Length 0 ft. I.D. 2 1/4 in.
Weight 9.1 Water Loss 8 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
Chlorides 3500 P.P.M. Drill Pipe Length 3167 ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number na Test Tool Length 23 ft. Tool Size 3 1/2-IF in.
Did Well Flow? NA Reversed Out NA Anchor Length 57A(24P) ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 xh in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: 1" Blow BOB in 2 1/2 mins 1/4 BB
2nd Open: 1" Blow BOB in 3 1/4 mins NOBB

Recovered 124 ft. of GIP
Recovered 310 ft. of O 100 % O Gravity 41 @ 60 Deg
Recovered 620 ft. of GMO 7 % G 70% O 23 % M
Recovered 124 ft. of HGMO 20% G 55% O 25 % M

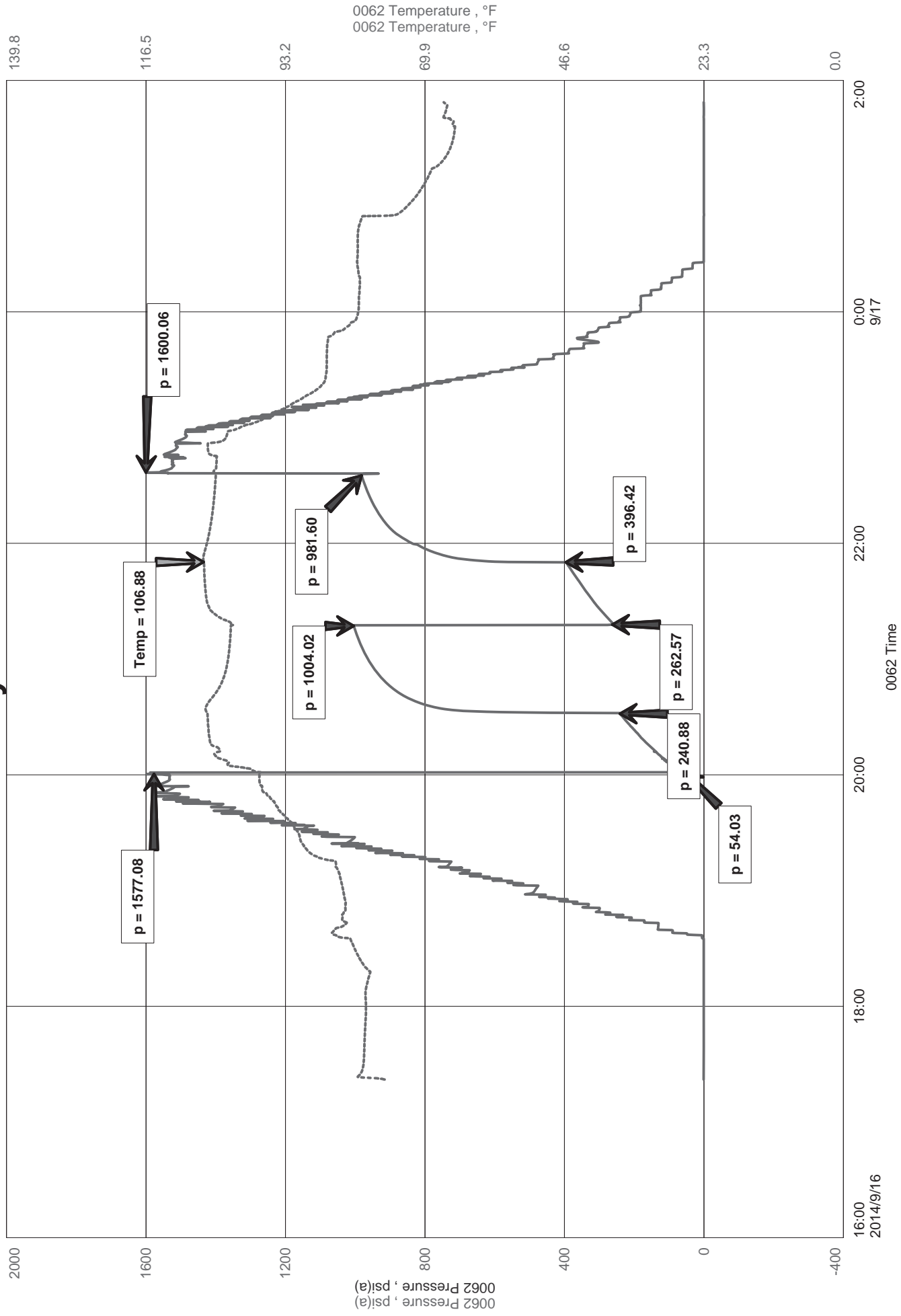
Recovered <u>1054</u> ft. of <u>Total Fluid</u>	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: <u>Tool Sample: 98% O 2 % M</u>	Insurance
	Total

Time Set Packer(s) 8:03 PM A.M. P.M. Time Started Off Bottom 10:33 PM A.M. P.M. Maximum Temperature 107

Initial Hydrostatic Pressure..... (A) 1577 P.S.I.
Initial Flow Period..... Minutes 30 (B) 54 P.S.I. to (C) 241 P.S.I.
Initial Closed In Period..... Minutes 45 (D) 1004 P.S.I.
Final Flow Period..... Minutes 30 (E) 263 P.S.I. to (F) 396 P.S.I.
Final Closed In Period..... Minutes 45 (G) 982 P.S.I.
Final Hydrostatic Pressure..... (H) 1600 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.

Jay Cat 3





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 P.O. Box 157
 HoisingtonKS 67544

Ricky Ray - Tester
(620) 617-7261

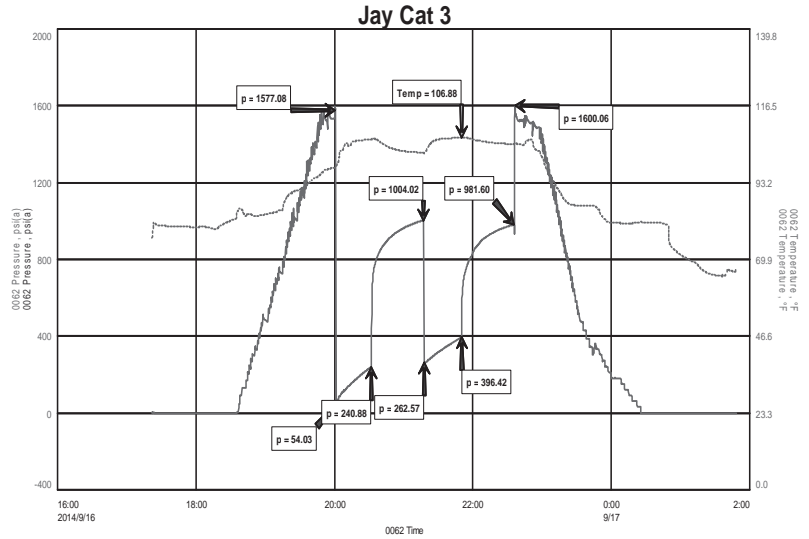
Wellsite Report

General Information

Company Name	Krier Kirby Oil Inc
Contact	Kirby Krier
Well Operator	Krier Kirby Oil Inc
Well Name	Jay Cat 3
Surface Location	Sec: 5-18s-20w (Rice County)
Field	Bloomer
Well Type	Vertical
Pool	Infield
Test Purpose (AEUB)	Initial Test
Qualified By	Client Musgrove
Gauge Name	0062

Test Information

Job Number	RR085
Test Type	Drill Stem Test
Well Fluid Type	01 Oil
Formation	Dst 2 Arbuckle (3190-3247)
Start Test Date	2014/09/16 YYYY/MM/DD
Start Test Time	17:22:00 HH:mm:ss
Final Test Date	2014/09/17 YYYY/MM/DD
Final Test Time	01:49:00 HH:mm:ss



Test Results

Recovery:

124'	GIP				
310'	O	100% O	Gravity	41 @ 60 Deg	
620'	GMO	6% G	70% O	23 % M	
124'	HGMO	20% G	55% O	25 % M	
1054'	Total Fluid				

Tool Sample: 98% O 2% M