



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1226535
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: _____



1226535

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Empire Energy E&P, LLC
Well Name	Staab 1
Doc ID	1226535

Tops

Name	Top	Datum
Topeka	2919	-1033
Queen Hill	3059	-1173
Heebner Shale	3152	-1266
Toronto	3170	-1284
Lansing	3181	-1295
Muncie Creek Shale	3390	-1442
Stark Shale	3390	-1504
Base KC	3425	-1539
Arbuckle	3503	-1617
LTD	3549	-1663
RTD	3550	-1664



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Empire Energy E&P,LLC
345 Riverview St
STE 540 Wichita KS 67203
ATTN: Kent Matson

4-16s-17w,Rush,KS

Staab #1

Job Ticket: 54115

DST#: 1

Test Start: 2014.04.10 @ 22:55:00

GENERAL INFORMATION:

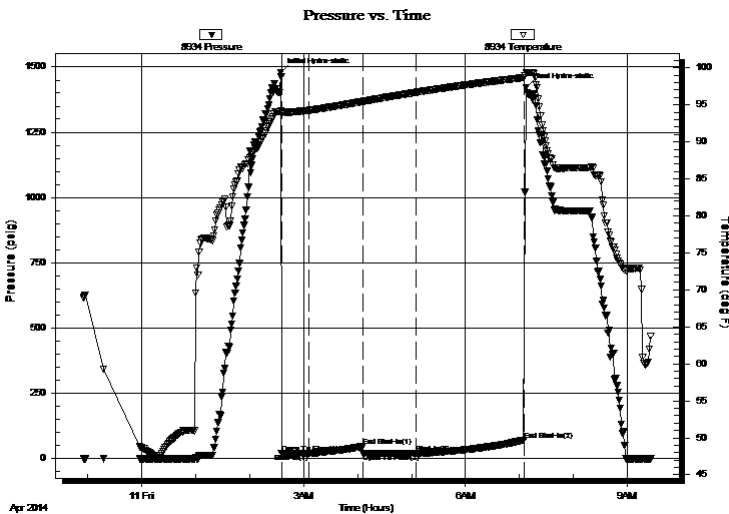
Formation: **Oread**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 02:35:15
 Time Test Ended: 09:26:15
 Interval: **3028.00 ft (KB) To 3060.00 ft (KB) (TVD)**
 Total Depth: 3060.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Brett Dickinson
 Unit No: 59
 Reference Elevations: 1886.00 ft (KB)
 1881.00 ft (CF)
 KB to GR/CF: 5.00 ft

Serial #: 8934 Outside

Press@RunDepth: 18.55 psig @ 3057.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2014.04.10 End Date: 2014.04.11 Last Calib.: 2014.04.11
 Start Time: 22:55:05 End Time: 09:26:15 Time On Btm: 2014.04.11 @ 02:34:15
 Time Off Btm: 2014.04.11 @ 07:07:15

TEST COMMENT: IF-1/4 in blow died back to 1/8 in
 ISI - No blow back
 FF- No blow
 FSi- No blow back

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1479.40	94.16	Initial Hydro-static
1	19.07	93.79	Open To Flow (1)
31	18.44	94.25	Shut-In(1)
92	46.41	95.46	End Shut-In(1)
92	17.96	95.45	Open To Flow (2)
151	18.55	96.68	Shut-In(2)
271	70.20	98.68	End Shut-In(2)
273	1420.49	99.35	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
5.00	OS Mud	0.02

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Empire Energy E&P,LLC

4-16s-17w,Rush,KS

345 Riverview St
STE 540 Wichita KS 67203

Staab #1

Job Ticket: 54115

DST#: 1

ATTN: Kent Matson

Test Start: 2014.04.10 @ 22:55:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 74.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 9.19 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 6100.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
5.00	OS Mud	0.025

Total Length: 5.00 ft Total Volume: 0.025 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

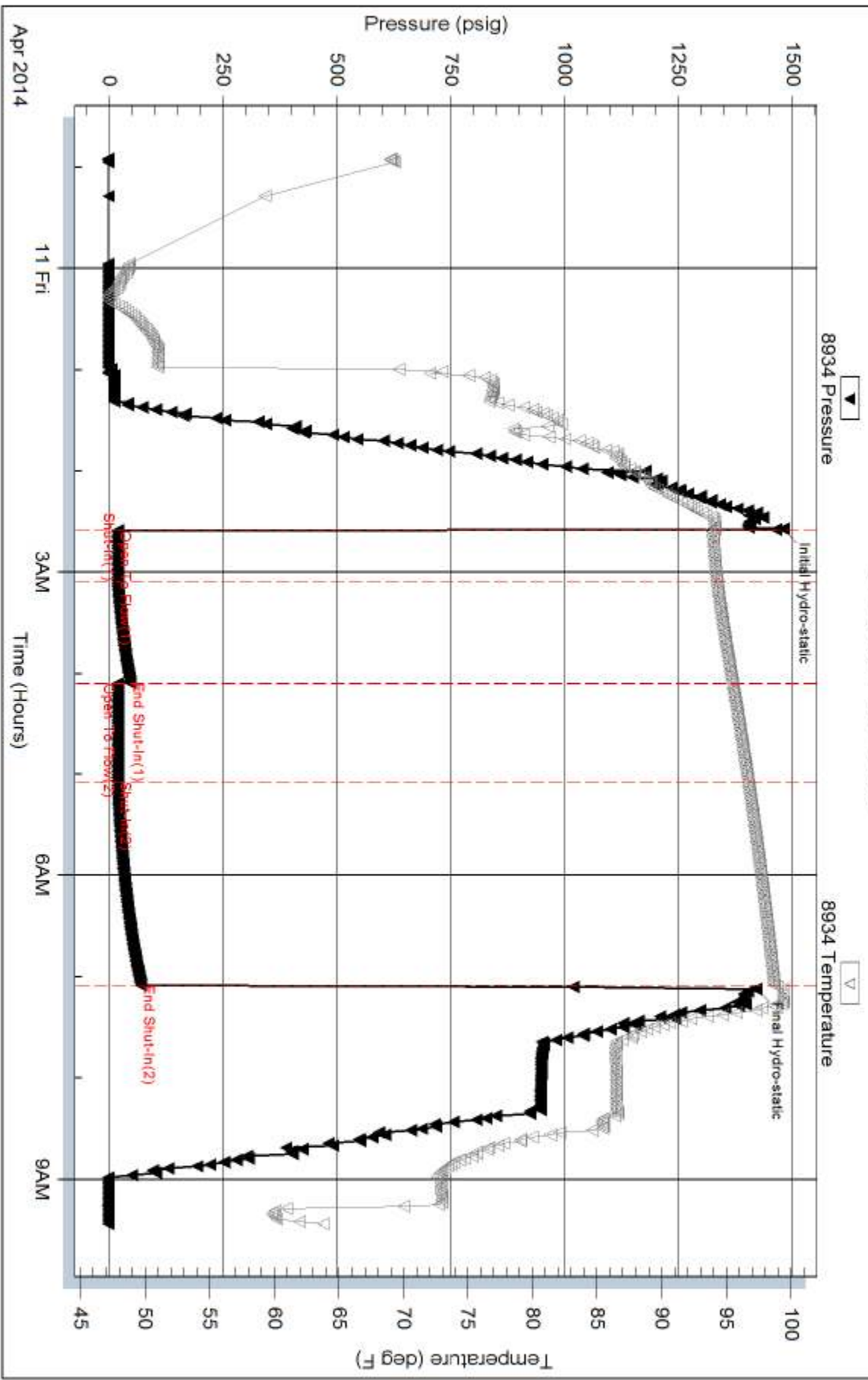
Serial #: 8934

Outside Empire Energy E&P, LLC

Shaft #1

DST Test Number: 1

Pressure vs. Time



Trilobite Testing, Inc

Ref. No: 54115

Printed: 2014.04.11 @ 10:34:12



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 267187

Invoice Date: 04/09/2014 Terms: 10/10/30,n/30 Page 1

EMPIRE ENERGY E & P LLC
345 RIVERVIEW STREET, ST. 540
WICHITA KS 67203
(316) 313-4394

STAAB #1 *AFE*
47578 *KSRH000201*
4-16S-17W
04-07-2014
KS *OIL 27*
JA Fathning
4-24/14 *9208*

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	200.00	18.5500	3710.00
1127A	65/35 POZ MIX	275.00	16.0000	4400.00
1102	CALCIUM CHLORIDE (50#)	1273.00	.9400	1196.62
1118B	PREMIUM GEL / BENTONITE	1795.00	.2700	484.65
1107	FLO-SEAL (25#)	68.00	2.9700	201.96
4132	CENTRALIZER 8 5/8"	3.00	86.0000	258.00
4229	INSERT FLAPPER VALVE 8 5	1.00	216.5000	216.50

Sublet Performed	Description	Total
9996-130	CEMENT MATERIAL DISCOUNT	-1046.77
9995-130	CEMENT EQUIPMENT DISCOUNT	-287.73

Description	Hours	Unit Price	Total
T-118 CEMENT PUMP	1.00	1395.00	1395.00
T-118 EQUIPMENT MILEAGE (ONE WAY)	35.00	5.25	183.75
530 TON MILEAGE DELIVERY	1.00	1298.50	1298.50

Amount Due 13988.75 if paid after 05/09/2014

Parts:	10467.73	Freight:	.00	Tax:	579.39	AR	12589.87
Labor:	.00	Misc:	.00	Total:	12589.87		
Sublt:	-1334.50	Supplies:	.00	Change:	.00		

RECEIVED APR 11 2014

Signed _____ Date _____

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 316/322-7022 EUREKA, KS 620/583-7664 PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-8822 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/688-4914 CUSHING, OK 918/225-2650



CONSOLIDATED
OIL WELL SERVICES, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-487-9676

267187

TICKET NUMBER 47578

LOCATION Oakley, KS

FOREMAN Dane Retzlaff

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-7-14	2721	Steak # 1	4	16S	17W	Rush
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			518-T118	Jordan		
CITY			530	Jeff		
STATE						
ZIP CODE						

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 1047 CASING SIZE & WEIGHT 8 5/8 @ 23 LBS
 CASING DEPTH 1046.92 DRILL PIPE 4.5 TUBING _____ OTHER _____
 SLURRY WEIGHT 12.5/14.8 SLURRY VOL 136/178 WATER gal/bk 6.5/9.4 CEMENT LEFT In CASING 23.69
 DISPLACEMENT 65.48 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Getty meeting on American Warrior. Rig up pump truck. Run float equipment. 8 5/8 insert on joint 1. 8 5/8 centralizers on joints 1, 5, 12. Break circulation with rig pump. mix 275 lbs of 65/35 620 gal 990 cc 1/4 fl oz mix add 200 lbs of class A 370 cc 270 gal. Shut down. Release plug. Displace 65.5 BBLs of water with pump & lines. Test pressure. Load pressure. Cement did circulate float did hold. Rig down.

Thanks Dane & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
3401	1	PUMP CHARGE	1395.00	1395.00 ✓
5406	35	MILEAGE	5.85	185.75 ✓
9902	21.2	Tan Mileage Delivery	1.25	128.50 ✓
1104	200 stb	Class A cement	17.55	3710.00 ✓
1127	275 stb	65/35 Poz mix	16.00	4400.00 ✓
1102	1273	Calcium Chloride	.99	1196.62 ✓
1180	1715	Bentonite	.27	484.65 ✓
1107	68	Flt seal	2.97	201.96 ✓
4132	3	8 5/8 centralizers	86.00	258.00 ✓
4229	1	8 5/8 insert	216.50	216.50 ✓
			Sub	13344.98 ✓
			less 10%	12010.48 ✓
			Sw	12010.48 ✓
			SALES TAX	579.39 ✓
			ESTIMATED TOTAL	12589.87 ✓

completed

RevIn 3737 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



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 267156

Invoice Date: 04/08/2014 Terms: 10/10/30,n/30 Page 1

EMPIRE ENERGY E & P LLC
345 RIVERVIEW STREET, ST. 540
WICHITA KS 67203
(316)313-4394

STAAB #1
47639
4-16S-17W
04-05-2014
KS

AFE
KSRH000201
OIL 27
9208

Al. Farthing 4-24-14

Part Number	Description	Qty	Unit Price	Total
1102	CALCIUM CHLORIDE (50#)	282.00	.9400	265.08
1104S	CLASS "A" CEMENT (SALE)	100.00	18.5500	1855.00
1118B	PREMIUM GEL / BENTONITE	188.00	.2700	50.76
Sublet Performed				Total
9996-130	CEMENT MATERIAL DISCOUNT			-217.08
9995-130	CEMENT EQUIPMENT DISCOUNT			-176.38
	Description	Hours	Unit Price	Total
460	CEMENT PUMP (SURFACE)	1.00	1150.00	1150.00
460	EQUIPMENT MILEAGE (ONE WAY)	35.00	5.25	183.75
T-118	MIN. BULK DELIVERY	1.00	430.00	430.00

Amount Due 4068.09 if paid after 05/08/2014

Parts: 2170.84 Freight: .00 Tax: 120.15 AR 3661.28
Labor: .00 Misc: .00 Total: 3661.28
Sublt: -393.46 Supplies: .00 Change: .00

RECEIVED APR 11 2014

Signed _____ Date _____

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 316/322-7022 EUREKA, KS 620/583-7664 PONCA CITY, OK 580/782-2303 OAKLEY, KS 785/672-8822 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5289 GILLETTE, WY 307/686-4914 CUSHING, O 918/225-265

