



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1231539
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
-----------------------------------	-----------------	---

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: _____



1231539

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
--	---

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
----------------	-------	---------	------------	---

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: _____ _____
--	--	---

Form	ACO1 - Well Completion
Operator	Hupfer Operating, Inc.
Well Name	DeWerff B-1
Doc ID	1231539

Tops

Name	Top	Datum
Anhydrite	496	+1277
Grand Haven	2200	-427
Tarkio Lime	2282	-509
Howard	2498	-725
Topeka	2591	-818
Heebner	2858	-1085
Douglas	2891	-1118
Brown Lime	2977	-1204
Lansing	3001	-1228
Arbuckle	3311	-1538
RTD	3360	-1587



Discovery Drilling

P.O. Box 763 • Hays, KS 67601 • OFFICE (785) 623-2920 • CELLULAR (785) 635-1511

DRILLER'S LOG

Operator: Hupfer Operating, Inc. Lic# 30380 Contractor: Discovery Drilling Co., Inc. LIC#31548
P.O. Box 3912 PO Box 763
Shawnee, KS 66203-0912 Hays, KS 67601

Lease: DeWerff "B" # 1 Location: 530 FNL - 2100 FWL
SW/NE/NE/NW
Section 20/ 19S/ 10W
Rice County, KS

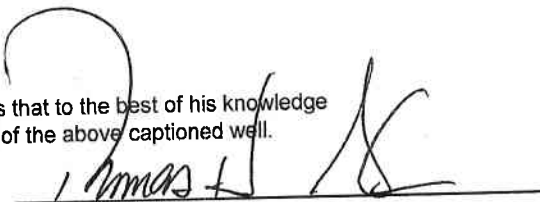
Loggers Total Depth: 3363' API#15- 159-22,787-00-00
Rotary Total Depth: 3360' Elevation: 1765 GI - 173 KB
Commenced: 8/26/2014 Completed: 9/3/2014
Casing: 8 5/8" @ 304.40'W/225sks Status: D & A

DEPTHS & FORMATIONS (All from KB)

Surface, Sand & Shale	<u>0'</u>	Shale	<u>508'</u>
Dakota Sand	<u>147'</u>	Shale & Lime	<u>1249'</u>
Shale	<u>206'</u>	Shale	<u>1590'</u>
Cedar Hill Sand	<u>229'</u>	Shale & Lime	<u>1912'</u>
Red Bed Shale	<u>316'</u>	Lime & Shale	<u>3001'</u>
Anhydrite	<u>496'</u>	RTD	<u>3360'</u>
Base Anhydrite	<u>508'</u>		

STATE OF KANSAS)
) ss
COUNTY OF ELLIS)

Thomas H. Alm of Discovery Drilling states that to the best of his knowledge the above and foregoing is a true and correct log of the above captioned well.

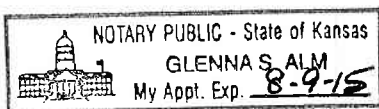

Thomas H. Alm

Subscribed and sworn to before me on 9-11-14

My Commission expires: 8-9-15

(Place stamp or seal below)


Notary Public



QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

No. 625

ie 785-483-2025
785-324-1041

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

Date	9-3-14	Sec.	20	Twp.	19	Range	10	County	Rice	State	Ks	On Location		Finish	3:45 PM
Location								Ellinwood, Ks - E to 2nd Rd, 310, 1/2E							

Lease	Dewerff	Well No.	B-1	Owner	S/L into
Contractor	Discovery 2	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.			
Type Job	Plug	Charge To	Hapter operating		
Hole Size	7 7/8"	T.D.	3360'	Street	
Csg.		Depth		City	State
Tbg. Size	4 1/2" D.P.	Depth	3308'	The above was done to satisfaction and supervision of owner agent or contractor.	
Tool		Depth		Cement Amount Ordered 215 60/40 4% Gel 1/4# Flo	
Cement Left in Csg.		Shoe Joint			
Meas Line		Displace	H ₂ O / mud		

EQUIPMENT

Pumptrk	16	No.	Cementer	
			Helper	Billy
Bulktrk	3	No.	Driver	Clayton
			Driver	Rich
Bulktrk	p.u.	No.	Driver	
			Driver	

Common	129
Poz. Mix	86
Gel.	8
Calcium	
Hulls	
Salt	
Flowseal	50#
Kol-Seal	
Mud CLR 48	
CFL-117 or CD110 CAF 38	
Sand	
Handling	223
Mileage	

JOB SERVICES & REMARKS

Remarks: 3308' - 35 SX
 Rat Hole 1350' - 35 SX
 Mouse Hole 850' - 35 SX
 Centralizers 300' - 35 SX
 Baskets 60' - 25 SX
 D/V or Port Collar Rathole - 30 SX
 Mousehole - 20 SX

FLOAT EQUIPMENT

Guide Shoe
 Centralizer
 Baskets
 AFU Inserts
 Float Shoe
 Latch Down

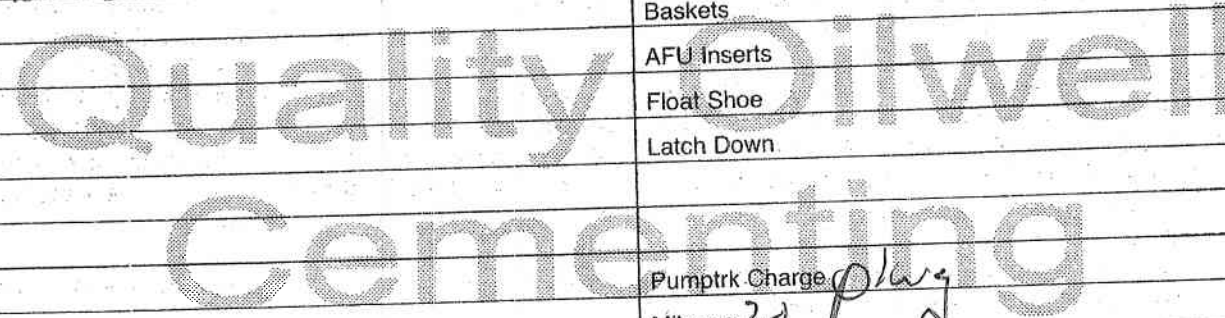
Cement did Circulate

Pumptrk Charge Plug
 Mileage 20

Tax
 Discount
 Total Charge

X Signature

[Handwritten Signature]



QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

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

No. 590

785-483-2025
85-324-1041

Date	Sec.	Twp.	Range	County	State	On Location	Finish
8-27-2014	20	19s	10w	Rice	KANSAS		6:30 AM
Location <u>ELLENWOOD KS. E TO R#2 3N 1/2E</u>							

Lease	Well No.	Owner	
De Werff	B-1	To Quality Oilwell Cementing, Inc.	
Contractor	You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.		
Type Job	Charge To		
LONG SURFACE	HUPFER OPERATING INC.		
Hole Size	T.D.	Street	
12 1/4	304		
Csg.	Depth	City	
8 5/8 New	304	State	
Tbg. Size	Depth	The above was done to satisfaction and supervision of owner agent or contractor.	
		Cement Amount Ordered <u>225 sx Comm.</u>	
Tool	Shoe Joint	<u>3% CC 2% Gel</u>	
Cement Left in Csg.	Displace	Common <u>225</u>	
15	<u>18 1/2</u>	Poz. Mix	
Meas Line		Gel. <u>5</u>	
		Calcium <u>8</u>	

EQUIPMENT

Pumptrk	No.	Cementer	Glenn G.
16		Helper	Billy
Bulktrk	No.	Driver	Donny H.
9		Driver	
Bulktrk	No.	Driver	
		Driver	

JOB SERVICES & REMARKS

Remarks:
Rat Hole
Mouse Hole
Centralizers
Baskets
D/V or Port Collar

Ran 7 New JOINTS OF 23 #
8 5/8 csg.
Set @ 304, Received Circulation

Cement w/ 225 sx Comm. 3+2,
Release wooden wiper plug.
Displaced a total of 18 1/2 BBL
H₂O. SHUT IN @ 300 #.

Cement did circulate
to surface.

Thanking
[Signature]

Hulls
Salt
Flowseal
Kol-Seal
Mud CLR 48
CFL-117 or CD110 CAF 38
Sand
Handling 238
Mileage

FLOAT EQUIPMENT

Guide Shoe
Centralizer
Baskets
AFU Inserts
Float Shoe
Latch Down
2 Cup wooden wiper Plug
Pumptrk Charge Surface
Mileage 20

Tax
Discount
Total Charge

X Signature