

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1231060
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: _____

1231060

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. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
--	--	---

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

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

No. 959

Cell 785-324-1041

Date	Sec.	Twp.	Range	County	State	On Location	Finish
10-23-14	4	14	15	Russell	KS		11:00A.m.

Location *Beltway I-70 1/2 S 3W Pinto*

Lease <i>WINT TRUST</i>	Well No. <i>1</i>	Owner
-------------------------	-------------------	-------

Contractor <i>Royal #3</i>	To Quality Oilwell Cementing, Inc.
Type Job <i>Surface</i>	You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.

Hole Size <i>12 1/4</i>	T.D. <i>918</i>	Charge To <i>C.L.M.</i>
-------------------------	-----------------	-------------------------

Csg. <i>8 5/8</i>	Depth <i>918</i>	Street
-------------------	------------------	--------

Tbg. Size	Depth	City	State
-----------	-------	------	-------

Tool	Depth	The above was done to satisfaction and supervision of owner agent or contractor.
------	-------	--

Cement Left in Csg. <i>43'</i>	Shoe Joint <i>43'</i>	Cement Amount Ordered <i>375 LBS 3 1/2 CC 2 1/2 GBL</i>
--------------------------------	-----------------------	---

Meas Line	Displace <i>55 3/4</i>	
-----------	------------------------	--

EQUIPMENT			Common
Pumptrk <i>20</i>	No. Cementer		Poz. Mix
	Helper		
Bulktrk	No. Driver		Gel.
	Driver		
Bulktrk <i>4</i>	No. Driver		Calcium
	Driver		

JOB SERVICES & REMARKS			Hulls
------------------------	--	--	-------

Remarks:	Salt
----------	------

Rat Hole	Flowseal
----------	----------

Mouse Hole	Kol-Seal
------------	----------

Centralizers	Mud CLR 48
--------------	------------

Baskets	CFL-117 or CD110 CAF 38
---------	-------------------------

DV or Port Collar	Sand
-------------------	------

<i>8 1/8 in. bottom hole circulation</i>	Handling
--	----------

<i>Mix 375 LBS 3 1/2 CC 2 1/2 GBL</i>	Mileage
---------------------------------------	---------

<i>Cement Circulated</i>	FLOAT EQUIPMENT	
--------------------------	-----------------	--

	Guide Shoe
--	------------

	Centralizer <i>8 1/8 Rubber Plug</i>
--	--------------------------------------

	Baskets
--	---------

	AFU Inserts
--	-------------

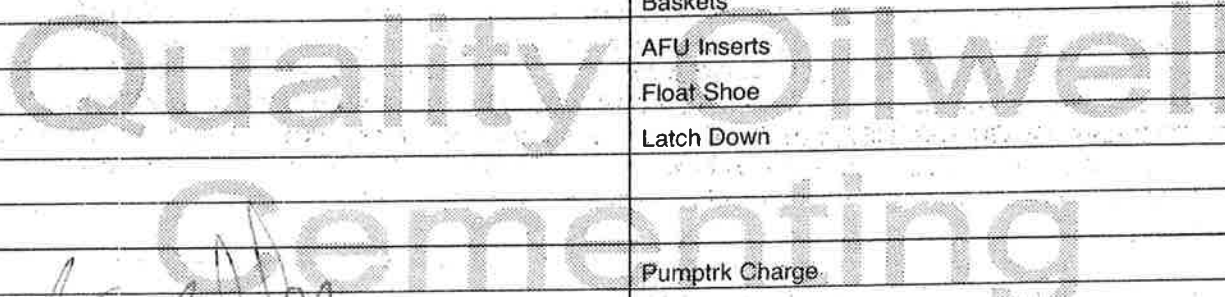
	Float Shoe
--	------------

	Latch Down
--	------------

	Pumptrk Charge
--	----------------

	Mileage	Tax
		Discount
		Total Charge

X Signature *[Handwritten Signature]*



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. 782

Date	10-29-14	Sec.	4	Twp.	14	Range	15	County	Russell	State	KS	On Location	U. COAM	Finish	8.00
Location								Corham 3 to 170 15 IE							

Lease	Witt Trust		Well No.	1	Owner	IN WINTO	
Contractor	Royal		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	6 1/2" pipe job				Charge To	61M	
Hole Size	7 7/8		T.D.	3320	Street		
Csg.	5 1/2		Depth	3316.27	City		
Tbg. Size			Depth		State		
Tool			Depth		The above was done to satisfaction and supervision of owner agent or contractor.		
Cement Left in Csg.	19.95 ft		Shoe Joint	19.95 ft	Cement Amount Ordered	200 Covr	
Meas Line	14 #		Displace	50.5 BBL	10% Salt		

EQUIPMENT

Pumptrk	No.	Cementer	Helper		Common
Bulktrk	No.	Driver	Driver		Poz. Mix
Bulktrk	No.	Driver	Driver		Gel.
Bulktrk	No.	Driver	Driver		Calcium

JOB SERVICES & REMARKS

Remarks:		Hulls
Rat Hole	30 5/8	Salt
Mouse Hole	15 5/8	Flowseal
Centralizers	1 3 5 9 13, 14	Kol-Seal
Baskets		Mud CLR 48
D/V or Port Collar		CFL-117 or CD110 CAF 38

Drapped Port Circulator
30mm from mud flask
plus Port out pressure valve
the Rod 12" seal over hole
Displaced with Vent-d

Handling	
Mileage	50

FLOAT EQUIPMENT

Guide Shoe	
Centralizer	6
Baskets	
AFU Inserts	
Float Shoe	1
Latch Down	1
Rubber plug	

1.1 FT 600 PSI
Land 1500 PSI

Pumptrk Charge	
Mileage	

Signature: *Murray W. Prester*

Tax	
Discount	
Total Charge	



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

GLM Company

4-14s-15w-Russell Co.

PO Box 193
Russell KS 67665

Witt Trust #1

Job Ticket: 60676

DST#: 1

ATTN: Steve Reed

Test Start: 2014.10.26 @ 04:53:18

GENERAL INFORMATION:

Formation: **Topeka**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 06:24:18

Time Test Ended: 10:08:38

Test Type: Conventional Bottom Hole (Initial)

Tester: Tate Lang

Unit No: 77

Interval: 2740.00 ft (KB) To 2800.00 ft (KB) (TVD)

Reference Elevations: 1884.00 ft (KB)

Total Depth: 2800.00 ft (KB) (TVD)

1877.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 7.00 ft

Serial #: 8898 Outside

Press@RunDepth: 49.04 psig @ 2744.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2014.10.26

End Date: 2014.10.26

Last Calib.: 2014.10.26

Start Time: 04:53:19

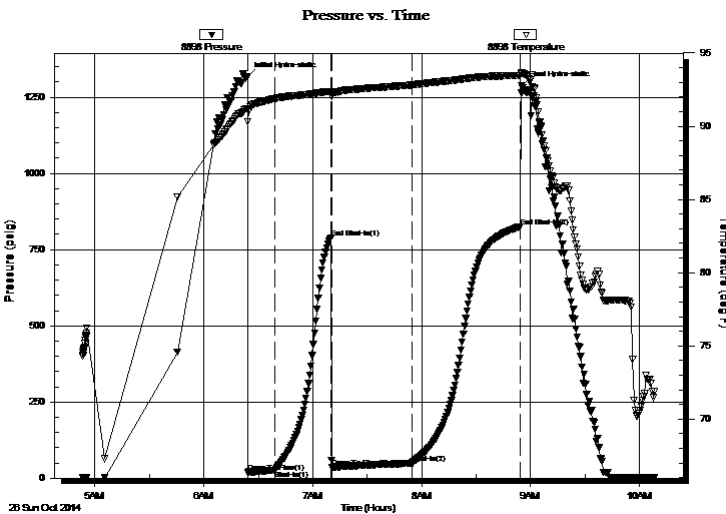
End Time: 10:08:38

Time On Btm: 2014.10.26 @ 06:24:08

Time Off Btm: 2014.10.26 @ 08:55:08

TEST COMMENT: 15-B.O.B. in 5 mins
30-Weak surface blow back died in 4 mins
45-B.O.B. in 5 sec.
60-Wak surface blow built to 1/2 in died in 25 mins

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1316.70	91.20	Initial Hydro-static
1	17.83	90.33	Open To Flow (1)
15	26.43	91.89	Shut-In(1)
46	788.14	92.38	End Shut-In(1)
47	36.28	92.24	Open To Flow (2)
91	49.04	92.82	Shut-In(2)
151	825.47	93.48	End Shut-In(2)
151	1287.79	93.68	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
32.00	GOCM 15%G 10%O 75%M	0.45
64.00	GOCM 40%G 20%O 40%M	0.90
0.00	672 GIP	0.00

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

GLM Company

4-14s-15w-Russell Co.

PO Box 193
Russell KS 67665

Witt Trust #1

Job Ticket: 60676

DST#: 1

ATTN: Steve Reed

Test Start: 2014.10.26 @ 04:53:18

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: 57.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.20 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 1200.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
32.00	GOCM 15%G 10%O 75%M	0.449
64.00	GOCM 40%G 20%O 40%M	0.898
0.00	672 GIP	0.000

Total Length: 96.00 ft Total Volume: 1.347 bbl

Num Fluid Samples: 0

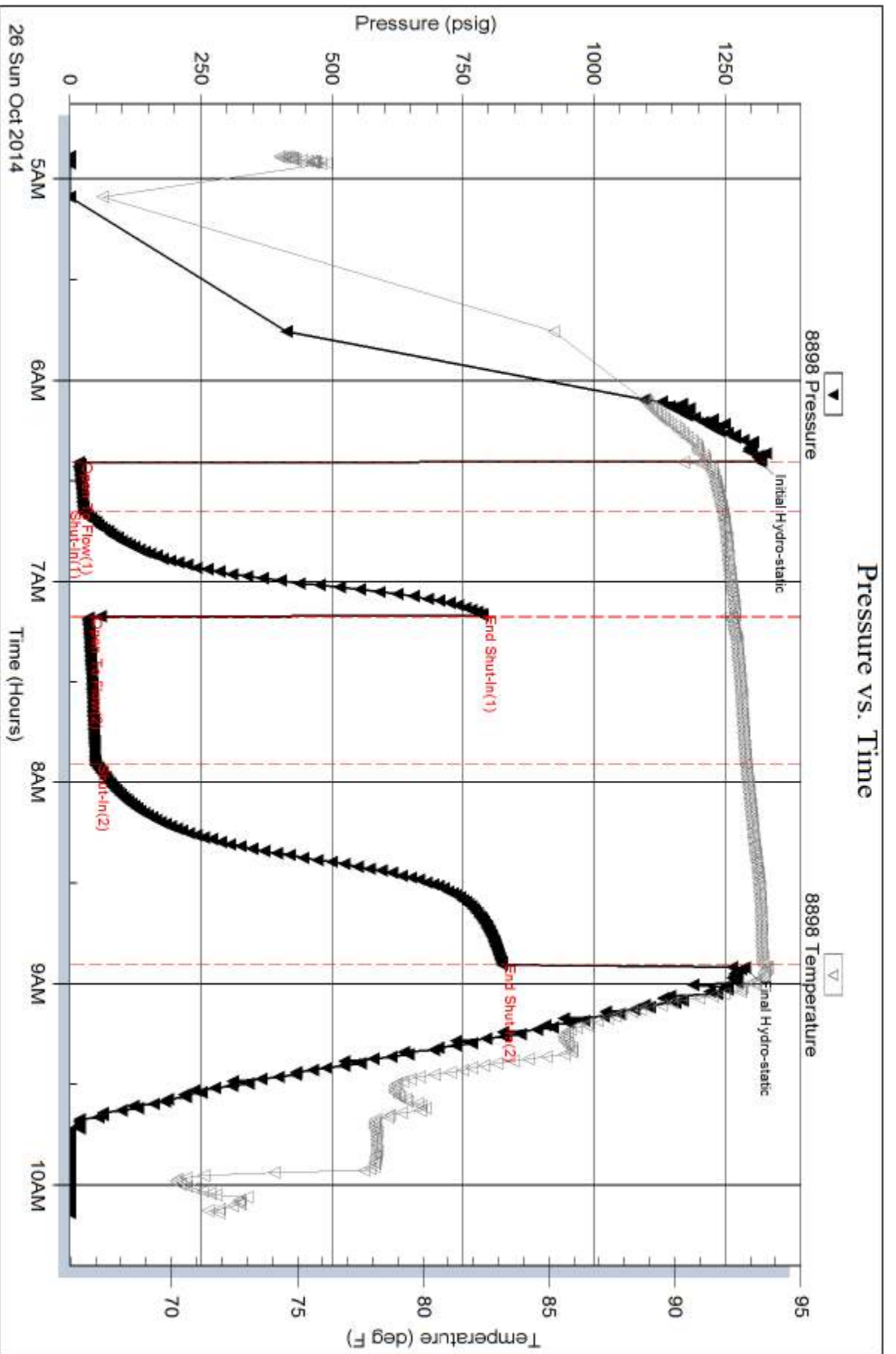
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:





TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

GLM Company

4-14s-15w-Russell Co.

PO Box 193
Russell KS 67665

Witt Trust #1

Job Ticket: 60677

DST#: 2

ATTN: Steve Reed

Test Start: 2014.10.26 @ 21:44:12

GENERAL INFORMATION:

Formation: **Oread Lm**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 23:03:32

Time Test Ended: 03:26:42

Test Type: Conventional Bottom Hole (Reset)

Tester: Tate Lang

Unit No: 77

Interval: 2930.00 ft (KB) To 2950.00 ft (KB) (TVD)

Reference Elevations: 1884.00 ft (KB)

Total Depth: 2950.00 ft (KB) (TVD)

1877.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 7.00 ft

Serial #: 8898 Outside

Press @ Run Depth: 51.92 psig @ 2932.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2014.10.26

End Date:

2014.10.27

Last Calib.:

2014.10.27

Start Time: 21:44:13

End Time:

03:26:42

Time On Btm:

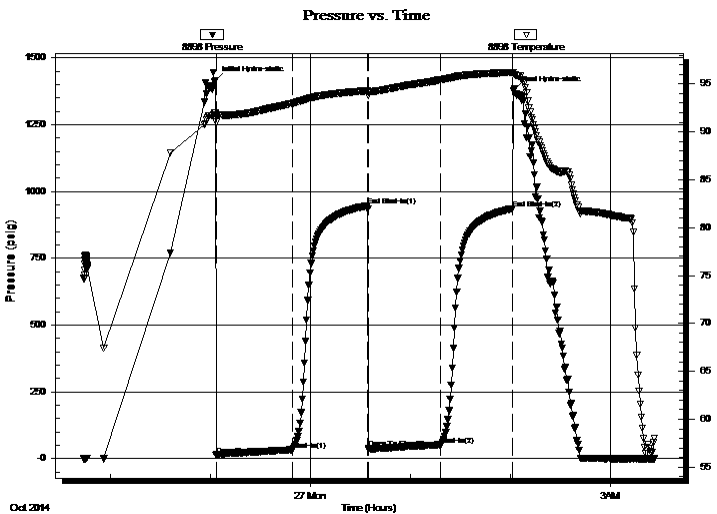
2014.10.26 @ 23:03:22

Time Off Btm:

2014.10.27 @ 02:01:51

TEST COMMENT: 45-Fair blow built to 5 1/2 in
45-Dead no blow back
45-Fair blow built to 4 in
45-Dead no blow back

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1413.54	91.96	Initial Hydro-static
1	13.58	91.01	Open To Flow (1)
46	33.39	92.96	Shut-In(1)
91	946.47	94.28	End Shut-In(1)
92	37.85	93.81	Open To Flow (2)
135	51.92	95.44	Shut-In(2)
178	935.56	96.20	End Shut-In(2)
179	1377.70	96.19	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
25.00	SGOCWM skim of oil on top 8%G 2%O	300.35 6
64.00	SMCW 10%M 90%W	0.90

Gas Rates

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

* Recovery from multiple tests



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

GLM Company

4-14s-15w-Russell Co.

PO Box 193
Russell KS 67665

Witt Trust #1

Job Ticket: 60677

DST#: 2

ATTN: Steve Reed

Test Start: 2014.10.26 @ 21:44:12

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:

35000 ppm

Viscosity: 54.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.98 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 3000.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
25.00	SGOCWM skim of oil on top 8%G 2%O 30%W	0.351
64.00	SMCW 10%M 90%W	0.898

Total Length: 89.00 ft Total Volume: 1.249 bbl

Num Fluid Samples: 0

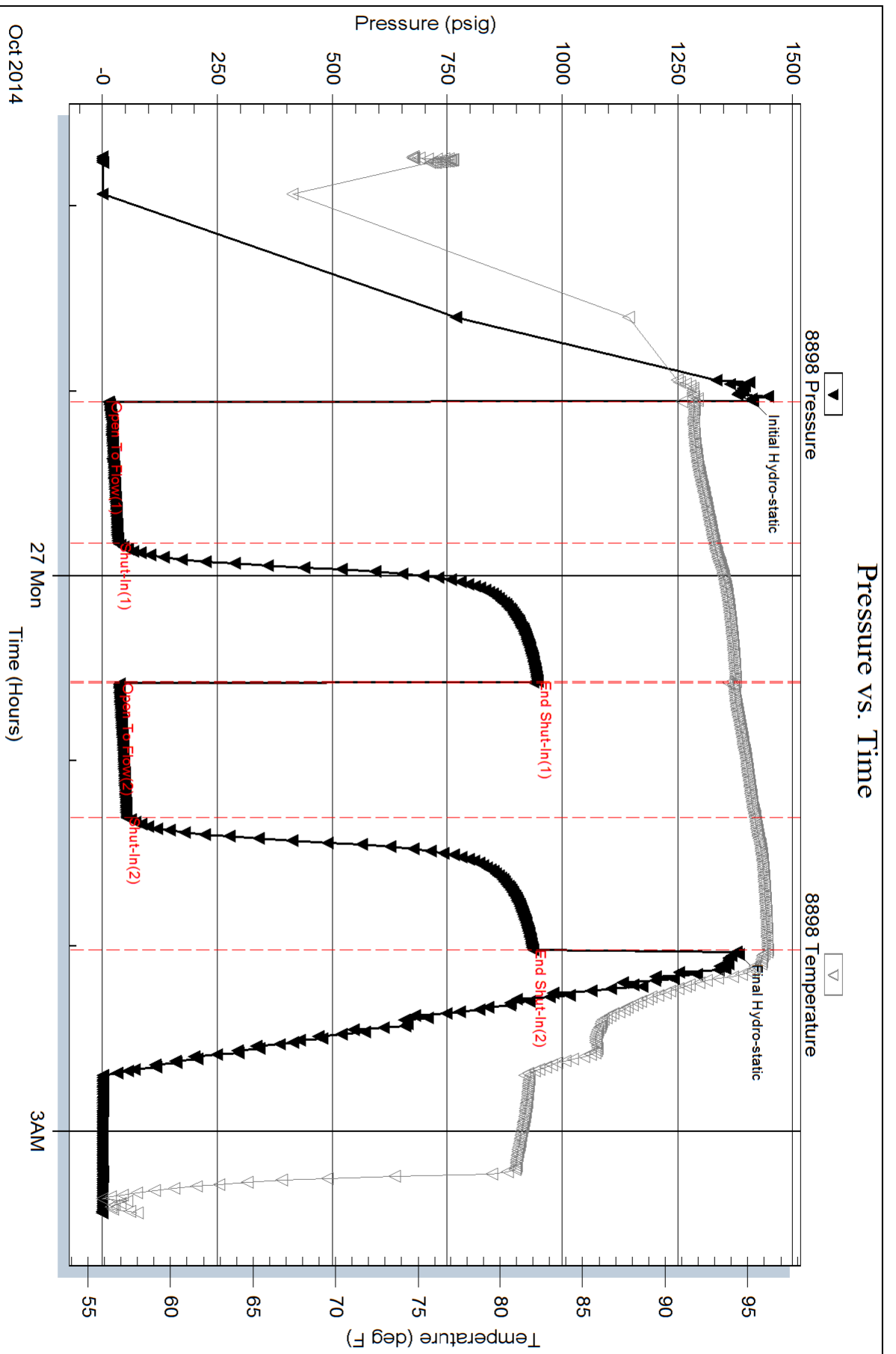
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: .241 @ 60 F = 35000





TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

GLM Company

4-14s-15w-Russell Co.

PO Box 193
Russell KS 67665

Witt Trust #1

Job Ticket: 60678

DST#: 3

ATTN: Steve Reed

Test Start: 2014.10.27 @ 15:47:48

GENERAL INFORMATION:

Formation: **Lansing A-D**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 17:04:08

Time Test Ended: 21:34:57

Test Type: Conventional Bottom Hole (Reset)

Tester: Tate Lang

Unit No: 77

Interval: **3006.00 ft (KB) To 3090.00 ft (KB) (TVD)**

Reference Elevations: 1884.00 ft (KB)

Total Depth: 3090.00 ft (KB) (TVD)

1877.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 7.00 ft

Serial #: 8897

Inside

Press @ Run Depth: 844.58 psig @ 3007.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2014.10.27

End Date:

2014.10.27

Last Calib.:

2014.10.27

Start Time: 15:47:49

End Time:

21:34:58

Time On Btm:

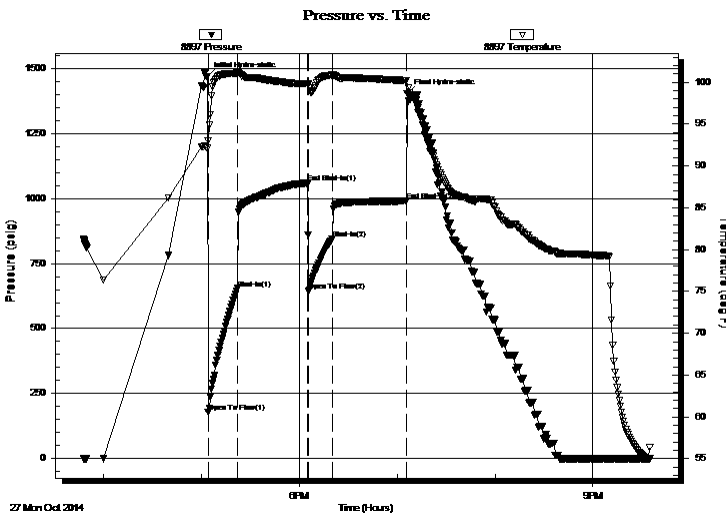
2014.10.27 @ 17:03:38

Time Off Btm:

2014.10.27 @ 19:06:08

TEST COMMENT: 15-B.O.B. In 1 min
45-Dead no blow back
15-B.O.B. In 1 min
45-Weak surface blow back built to 2 in.

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1470.21	92.14	Initial Hydro-static
1	177.67	93.00	Open To Flow (1)
19	654.27	101.11	Shut-In(1)
62	1059.38	99.87	End Shut-In(1)
62	645.49	99.70	Open To Flow (2)
77	844.58	100.84	Shut-In(2)
123	990.65	100.20	End Shut-In(2)
123	1405.53	100.19	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
32.00	WCGOM 10%G 15%O 5%W 70%M	0.45
256.00	WMCGO 20%G 30%O 20%W 30%M	3.59
512.00	GOCMW 15%G 15%O 50%W 20%M	7.18
256.00	MWCGO 40%G 20%O 30%W 10%M	3.59
320.00	SGOCMW 3%G 2%O 90%W 5%M	4.49
0.00	416 GIP	0.00

* Recovery from multiple tests

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

GLM Company

4-14s-15w-Russell Co.

PO Box 193
Russell KS 67665

Witt Trust #1

Job Ticket: 60678

DST#: 3

ATTN: Steve Reed

Test Start: 2014.10.27 @ 15:47:48

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:

41000 ppm

Viscosity: 51.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 8.39 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 4000.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
32.00	WCGOM 10%G 15%O 5%W 70%M	0.449
256.00	WMCGO 20%G 30%O 20%W 30%M	3.591
512.00	GOCMW 15%G 15%O 50%W 20%M	7.182
256.00	MVCGO 40%G 20%O 30%W 10%M	3.591
320.00	SGOCMW 3%G 2%O 90%W 5%M	4.489
0.00	416 GIP	0.000

Total Length: 1376.00 ft Total Volume: 19.302 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: .281 @ 58 F = 41000

Serial #: 8897

Inside

GLM Company

With Trust#1

DST Test Number: 3

Pressure vs. Time

