



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1236080
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: _____



1236080

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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Fossil Energy, LLC
Well Name	Stielow 1-32
Doc ID	1236080

Tops

Name	Top	Datum
Anhydrite	946'	+924
Base	978'	+892
Topeka	2757'	-887
Heeb. Sh.	3012'	-1150
Toronto	3030'	-1160
Lansing	3065'	-1195
BKc.	3330'	-1460
TD	3397'	-1527

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. 1063

Date	12-13-14	Sec.	32	Twp.	11	Range	14	County	Russell	State	Kansas	On Location		Finish	10:30 AM
Location Russell KS 9N 1W 1N 1 1/2W 1/2 N+W INTO															

Lease	Stielow	Well No.	1-32	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	Royal DRGA Rig #1														
Type Job	Rotary Plug														
Hole Size	7 7/8	T.D. @	3396	Charge To	Fossil Energy										
Csg.	8 5/8 Surface	Depth @		Street											
Tbg. Size	4 1/2 X-H	Depth @	965'	City	State										
Tool		Depth		The above was done to satisfaction and supervision of owner agent or contractor.											
Cement Left in Csg.		Shoe Joint		Cement Amount Ordered	2.15 SX ⁶⁰ / ₄₀ 4% Gel 1/4 #10										

Meas Line	Displace														
EQUIPMENT															
Pumptrk	18	No.	Cementer	GILLEN G.											
			Helper	CODY B.											
Bulktrk	15	No.	Driver	DOUG H.											
			Driver												
Bulktrk		No.	Driver												
			Driver												

JOB SERVICES & REMARKS															
Remarks:	Common 129														
Rat Hole	Poz. Mix 86														
Mouse Hole	Gel. 8														
Centralizers	Calcium														
Baskets	Hulls														
D/V or Port Collar	Salt														
	Flowseal 50#														
	Kol-Seal														
	Mud CLR 48														
	CFL-117 or CD110 CAF 38														
	Sand														
	Handling 223														
	Mileage														

FLOAT EQUIPMENT															
50 SX @	965'	Guide Shoe													
110 SX @	690'	Centralizer													
10 SX @	40'	Baskets													
30 SX @	Rat Hole	AFU Inserts													
15 SX @	Mouse Hole	Float Shoe													
		Latch Down													
		8 5/8 wooden Wiper Plug													
		Pumptrk Charge plug													
		Mileage 12													

														Tax	
														Discount	
														Total Charge	

X Signature *Carl P. Hoff*

THANK'S!

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. 733

Date	Sec.	Twp.	Range	County	State	On Location	Finish
12-9-14	32	11	14	Russell	KS		2:00 PM

Location *Russell N to Saline Rd 1W 1N 1 1/4 W*

Lease *Stielow* Well No. *1-32* Owner *IV into*

Contractor *Royal #1* 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 *Surface* Charge To *Fossil Energy*

Hole Size *12 1/4* T.D. *640'* Street

Csg. *8 5/8* Depth *640'* City State

Tbg. Size Depth The above was done to satisfaction and supervision of owner agent or contractor.

Tool Depth Cement Amount Ordered *300 com 3% cc 2% gel*

Cement Left in Csg. *30'* Shoe Joint Cement Amount Ordered *300 com 3% cc 2% gel*

Meas Line Displace *39 3/4 bbl* Common *300*

EQUIPMENT Poz. Mix

Pumptrk *5* No. Cementer *David* Gel. *6*

Bulktrk *9* No. Driver *Tyson* Calcium *11*

Bulktrk *Pu* No. Driver *Brett* Hulls

JOB SERVICES & REMARKS Salt

Remarks: Flowseal *75#*

Rat Hole Kol-Seal

Mouse Hole Mud CLR 48

Centralizers CFL-117 or CD110 CAF 38

Baskets Sand

D/V or Port Collar Handling *317*

Mileage

FLOAT EQUIPMENT

Guide Shoe *8 3/8 Rubber plug*

Centralizer

Baskets

AFU Inserts

Float Shoe

Latch Down

Cement
Circulated

Pumptrk Charge *Long Surface*

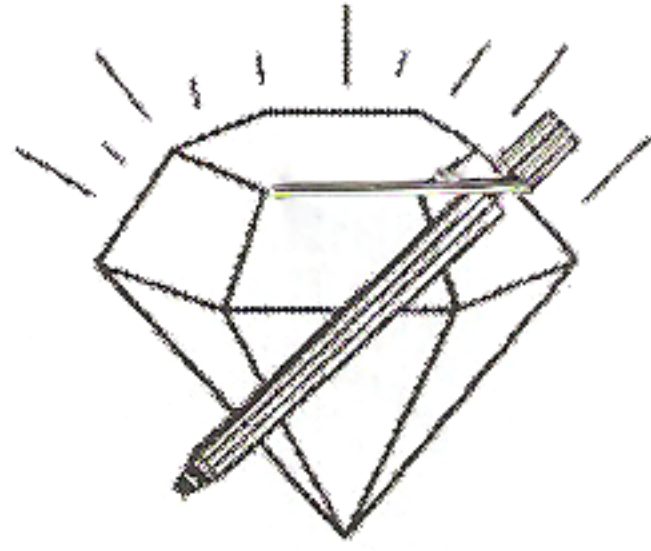
Mileage *11*

Tax

Discount

Total Charge

X Signature *[Signature]*



DIAMOND TESTING, LLC
P.O. Box 157
HOISINGTON, KANSAS 67544
(620) 653-7550 • (800) 542-7313
stielow1dst1

Company Fossil Energy, LLC Lease & Well No. Stielow No. 1-32
Elevation 1870 KB Formation Toronto-Lansing/Kansas City "D" Effective Pay Ft. Ticket No. K212
Date 12-12-14 Sec. 32 Twp. 11S Range 14W County Russell State Kansas
Test Approved By Randall K. Kilian Diamond Representative Jason McLemore

Formation Test No. 1 Interval Tested from 3,010 ft. to 3,125 ft. Total Depth 3,125 ft.
Packer Depth 3,005 ft. Size 6 3/4 in. Packer Depth ft. Size in.
Packer Depth 3,010 ft. Size 6 3/4 in. Packer Depth ft. Size in.
Depth of Selective Zone Set ft.

Top Recorder Depth (Inside) 2,991 ft. Recorder Number 5513 Cap. 5,000 psi.
Bottom Recorder Depth (Outside) 2,992 ft. Recorder Number 5588 Cap. 6,000 psi.
Below Straddle Recorder Depth ft. Recorder Number Cap. psi.

Drilling Contractor Royal Drilling, Inc. - Rig 1 Drill Collar Length ft I.D. in.
Mud Type Chemical Viscosity 52 Weight Pipe Length ft I.D. in.
Weight 9.3 Water Loss 8.0 cc. Drill Pipe Length 2,982 ft I.D. 3 1/2 in.
Chlorides 3,000 P.P.M. Test Tool Length 28 ft Tool Size 3 1/2-IF in.
Jars: Make Sterling Serial Number Not Run Anchor Length 22' perf. w/93' drill pipe Size 4 1/2-FH in.
Did Well Flow? No Reversed Out No Surface Choke Size 1 in. Bottom Choke Size 5/8 in.
Main Hole Size 7 7/8 in. Tool Joint Size 4 1/2-XH in.

Blow: 1st Open: Blow increasing to 4 3/4 ins. No blow back during shut-in.
2nd Open: Strong blow increasing. Off bottom of bucket in 24 mins. No blow back during shut-in.

Recovered 240 ft. of muddy water = 3.415200 bbls. (Grind out: 60%-water; 40%-mud) Chlorides: 71,000 Ppm PH: 7.0 RW: .12 @ 50°
Recovered ft. of
Recovered ft. of
Recovered ft. of
Recovered ft. of
Recovered ft. of

Remarks

Time Set Packer(s) 11:25 A.M. Time Started off Bottom 3:00 P.M. Maximum Temperature 92°
Initial Hydrostatic Pressure.....(A) 1431 P.S.I.
Initial Flow Period.....Minutes 5 (B) 11 P.S.I. to (C) 31 P.S.I.
Initial Closed In Period.....Minutes 60 (D) 541 P.S.I.
Final Flow Period.....Minutes 60 (E) 33 P.S.I. to (F) 130 P.S.I.
Final Closed In Period.....Minutes 90 (G) 484 P.S.I.
Final Hydrostatic Pressure.....(H) 1409 P.S.I.



JASON MCLEMORE

CELL # 620-617-0527

General Information

Company Name	Fossil Energy, LLC	Steven Krug	Job Number	K212
Contact		Stielow #1-32	Representative	Jason McLemore
Well Name		DST #1 Toronto-LKC "D"	Well Operator	Fossil Energy, LLC
Unique Well ID		3010-3125	Prepared By	Jason McLemore
Surface Location		32-11s-14w-Russell	Qualified By	Randy Kilian
Field		Wildcat	Test Unit	
Well Type		Vertical		

Test Information

Test Type	Drill Stem Test	Representative	Jason McLemore
Formation	Toronto-LKC "D"	Well Operator	Fossil Energy, LLC
Well Fluid Type	01 Oil	Report Date	2014/12/12
Test Purpose (AEUB)	Initial Test	Prepared By	Jason McLemore

Start Test Date	2014/12/12	Start Test Time	10:02:00
Final Test Date	2014/12/12	Final Test Time	16:36:00

Test Results

RECOVERED:

240 Muddy Water, 60% Water, 40% Mud
 240 TOTAL FLUID

CHLORIDES: 71,000
 PH: 7
 RW: .120 @ 50

Fossil Energy, LLC
 DST #1 Toronto-LKC "D" 3010-3125
 Start Test Date: 2014/12/12
 Final Test Date: 2014/12/12

Stielow #1-32
 Formation: Toronto-LKC "D"
 Job Number: K212

Stielow #1-32

