

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1240915
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: _____

1240915

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> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

11610 802749
1561 Invoice #

TICKET NUMBER 47847
LOCATION Oalley Kr.
FOREMAN Cory Davis
Jerry Y

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12/21/14	5734	Tucker 3-24	34	30S	41W	Stanton
CUSTOMER Norstar						
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			731	Jeremy R		
STATE			528	Larry H		
ZIP CODE			460	Robert S		

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 1600 CASING SIZE & WEIGHT 8 5/8 24#
 CASING DEPTH 1600 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 12.5/14.8 SLURRY VOL 1.59/1.24 WATER gal/sk _____ CEMENT LEFT in CASING 42'
 DISPLACEMENT 99.5 DISPLACEMENT PSI 500 MIX PSI _____ RATE 6.83 min

REMARKS: Safety meeting rig up on Tom Kat run casing break circulation with rig pump
Hook up to pump trucks mix 550 sks 65/35 poz mix 6% gel 3% cc 1/4 Flowseal followed by
150 sks com - 3% cc 2% gel stop reads plug displace 99.5 BBL of water
Rig down
Centralizers on joint 5, 8, 11
1 ft 500 PSI
and 1000 PSI

4 P/oz 30 BBL to P/T

Thanks Cory Davis & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401 S		PUMP CHARGE	1,785.00	1,785.00
5406	85	MILEAGE	5.25	392.75
5407 A	30.98	Ten mileage Delivery	1.75	4,066.50
1127 A	550 sks	65/35 Poz mix	16.00	8500.00
1118 B	3,156 #	Bentonite (gel)	.27	852.12
1102	1,860 #	Calcium Chloride	.94	1,748.40
1107	138	Flowseal	2.97	409.86
1104 S	150 sks	class A cement	18.55	2,782.50
4229	1	1 AFU insert 8 5/8	313.00	313.00
4132	3	8 5/8 centralizers	86.00	258.00
4411	1	Rubber plug	141.75	141.75
		sub total		21550.88
		10% less		2155.08
		sub total		19395.80
		SALES TAX		984.92
		ESTIMATED TOTAL		20380.72

Ravin 3737

AUTHORIZATION Melvin Sanchez TITLE tool person 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.



BASICSM
ENERGY SERVICES
Liberal, Kansas

Cement Report

Customer CH TODD			Lease No. Tucker 3-34		Date 1-1-15	
Lease Tucker			Well # 3-34		Service Receipt 1717-05505 A	
Casing DP 4 1/2"		Depth 1650'-540'-60'		County STANTON		State KS
Job Type PTA		Formation		Legal Description		
Pipe Data				Perforating Data		Cement Data
Casing size DP 4 1/2"		Tubing Size		Shots/Ft		Lead 170 sks
Depth 1650'		Depth		From	To	60/40 for 490 gal
Volume		Volume		From	To	
Max Press		Max Press		From	To	
Well Connection		Annulus Vol.		From	To	Tail in
Plug Depth 1650'		Packer Depth		From	To	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log	
1600					Called Out	
2100					DN Location	
2115					Safety Meeting	
					Set up	
					1st Plug 1650'	
2205			5	3	Pump 5 BBLs H ₂ O	
2210			13		Mix and Pump Cement	
					50 sks - 13 BBLs slurry 13.5 gpg	
2245			22	4	Displace 22 BBLs	
					Released	
					POH to 650'	
0040					2nd Plug 1-2-15	
					Pump 5 BBLs H ₂ O	
0050			13	3	Mix & Pump 50 sks	
					13 BBLs slurry	
0120			7	2	Displace	
					Pnk pipe - Lay down	
0140			5	1 1/2	Pump 20 sks surface	
0202			725	1 1/2	Pump 30 sks at hole 20 sks MH	
					Cement to surface Job completed Thanks	
Service Units	89315	70897 19540	33021 14284			
Driver Names	Roger	SAM	Hector			

Myself S.

Tyce Davis

Roger Brown



DRILL STEM TEST REPORT

Prepared For: **Norstar Petroleum Inc.**

88 Inverness Circ
E Unit F 104
Englewood CO 80112

ATTN: Tom Williams

Tucker #3-34

34-30s-41w Stanton,KS

Start Date: 2014.12.31 @ 03:53:00

End Date: 2014.12.31 @ 15:20:30

Job Ticket #: 56588 DST #: 1

Trilobite Testing, Inc
1515 Commerce Parkway Hays, KS 67601
ph: 785-625-4778 fax: 785-625-5620

Printed: 2015.01.02 @ 08:07:10



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Norstar Petroleum Inc.
 88 Inverness Circ
 E Unit F 104
 Englewood CO 80112
 ATTN: Tom Williams

34-30s-41w Stanton, KS

Tucker #3-34

Job Ticket: 56588 **DST#: 1**
 Test Start: 2014.12.31 @ 03:53:00

GENERAL INFORMATION:

Formation: **Keyes Sands**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 10:50:15
 Time Test Ended: 15:20:30
 Interval: **5360.00 ft (KB) To 5462.00 ft (KB) (TVD)**
 Total Depth: 5462.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Good
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Cornelio Landa III
 Unit No: 44
 Reference Elevations: 3405.00 ft (KB)
 3395.00 ft (CF)
 KB to GR/CF: 10.00 ft

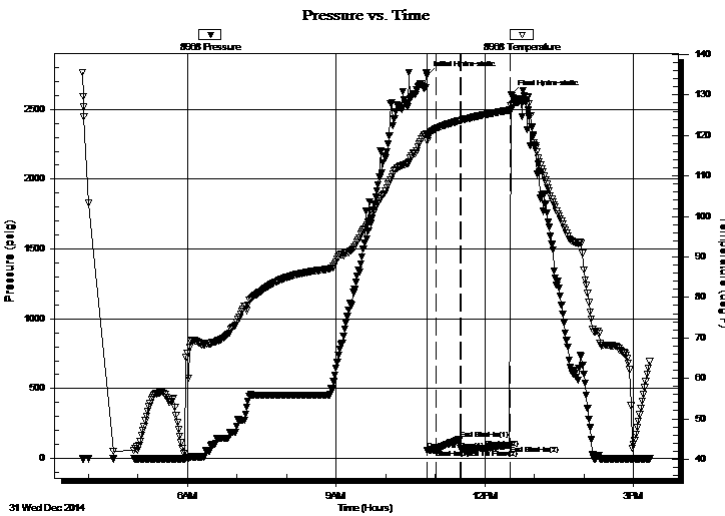
Serial #: 8968

Outside

Press@RunDepth: 71.08 psig @ 5362.00 ft (KB)
 Start Date: 2014.12.31 End Date: 2014.12.31
 Start Time: 03:53:05 End Time: 15:20:30
 Capacity: 8000.00 psig
 Last Calib.: 2014.12.31
 Time On Btm: 2014.12.31 @ 10:50:00
 Time Off Btm: 2014.12.31 @ 12:31:45

TEST COMMENT: IF: Weak surface blow -Built to 1/8" blow
 IS: No return
 FF: No blow
 FS: No return

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2741.19	120.42	Initial Hydro-static
1	57.82	118.69	Open To Flow (1)
12	62.67	121.73	Shut-In(1)
40	136.78	123.70	End Shut-In(1)
41	68.92	123.74	Open To Flow (2)
70	71.08	125.15	Shut-In(2)
101	96.24	126.27	End Shut-In(2)
102	2605.64	127.32	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
97.00	Mud 100m	0.48

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Norstar Petroleum Inc.

34-30s-41w Stanton,KS

88 Inverness Circ
E Unit F 104
Englewood CO 80112
ATTN: Tom Williams

Tucker #3-34

Job Ticket: 56588

DST#: 1

Test Start: 2014.12.31 @ 03:53:00

Tool Information

Drill Pipe:	Length: 4999.00 ft	Diameter: 3.80 inches	Volume: 70.12 bbl	Tool Weight: 2500.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 28000.00 lb
Drill Collar:	Length: 360.00 ft	Diameter: 2.25 inches	Volume: 1.77 bbl	Weight to Pull Loose: 12000.00 lb
			<u>Total Volume: 71.89 bbl</u>	Tool Chased 0.00 ft
Drill Pipe Above KB:	26.00 ft			String Weight: Initial 70000.00 lb
Depth to Top Packer:	5360.00 ft			Final 70000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	102.00 ft			
Tool Length:	129.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description

Length (ft) Serial No. Position Depth (ft) Accum. Lengths

Change Over Sub	1.00			5334.00	
Shut In Tool	5.00			5339.00	
Hydraulic tool	5.00			5344.00	
Jars	5.00			5349.00	
Safety Joint	2.00			5351.00	
Packer	5.00			5356.00	27.00 Bottom Of Top Packer
Packer	4.00			5360.00	
Stubb	1.00			5361.00	
Change Over Sub	1.00			5362.00	
Recorder	0.00	8969	Inside	5362.00	
Recorder	0.00	8968	Outside	5362.00	
Drill Pipe	94.00			5456.00	
Change Over Sub	1.00			5457.00	
Perforations	2.00			5459.00	
Bullnose	3.00			5462.00	102.00 Bottom Packers & Anchor

Total Tool Length: 129.00



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Norstar Petroleum Inc.

34-30s-41w Stanton,KS

88 Inverness Circ
E Unit F 104
Englewood CO 80112
ATTN: Tom Williams

Tucker #3-34

Job Ticket: 56588

DST#: 1

Test Start: 2014.12.31 @ 03:53:00

Mud and Cushion Information

Mud Type: Gel Chem

Mud Weight: 9.00 lb/gal

Viscosity: 44.00 sec/qt

Water Loss: 7.96 in³

Resistivity: 0.00 ohm.m

Salinity: 800.00 ppm

Filter Cake: 1.00 inches

Cushion Type:

Cushion Length: ft

Cushion Volume: bbl

Gas Cushion Type:

Gas Cushion Pressure: psig

Oil API:

Water Salinity: deg API

ppm

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
97.00	Mud 100m	0.477

Total Length: 97.00 ft Total Volume: 0.477 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

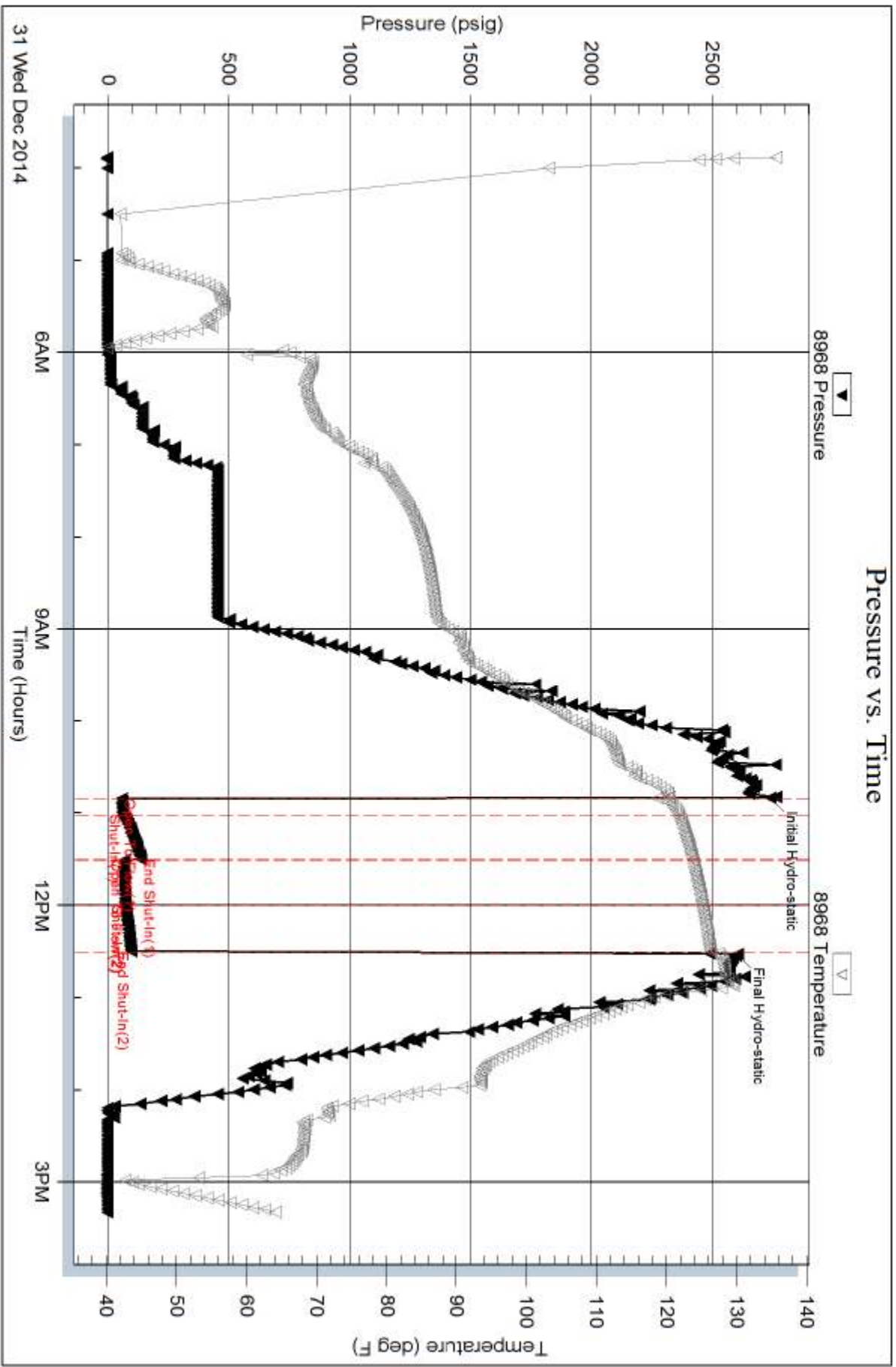
Recovery Comments:

Serial #: 8968

Outside Norstar Petroleum Inc.

Tucker #3-34

DST Test Number: 1



Trilobite Testing, Inc

Ref. No: 56588

Printed: 2015.01.02 @ 08:07:11

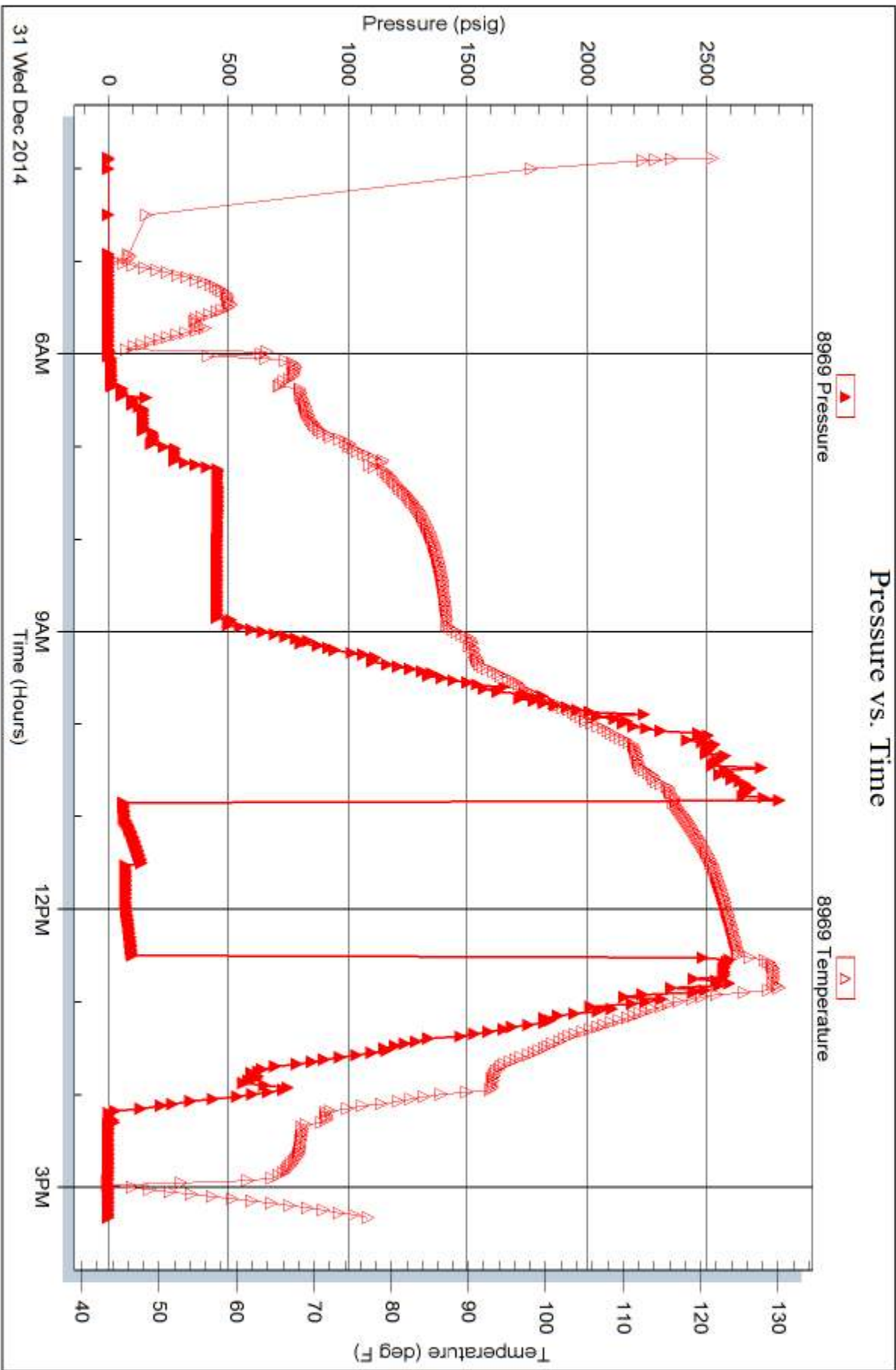
Serial #: 8969

Inside

Norstar Petroleum Inc.

Tucker #3-34

DST Test Number: 1



Trilobite Testing, Inc

Ref. No: 56588

Printed: 2015.01.02 @ 08:07:11



TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. 56588

4/10

Well Name & No. Tucker #3-34 Test No. 1 Date 12-31-14
 Company Norstar Petroleum Elevation 3405 KB 3395 GL
 Address 88 Inverness Cir E Unit F 104
 Co. Rep / Geo. Tom Williams Rig Tomcat #3
 Location: Sec. 34 Twp. 30-5 Rge. 41-W Co. Stanton State Ks

Interval Tested 5360-5462 Zone Tested Keyes Sand
 Anchor Length 102' Drill Pipe Run 4999 Mud Wt. 9.3
 Top Packer Depth 5356 Drill Collars Run 360' Vis 44
 Bottom Packer Depth 5360 Wt. Pipe Run Ø WL 8.0
 Total Depth 5462 Chlorides 800 ppm System LCM #7

Blow Description IF: Weak surface blow - Built to 1/8" Blow
ISF: No Return
FF: No Blow
FSI: No Return

Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec <u>97</u>	Feet of <u>Mud</u>	%gas	%oil	%water <u>100</u>	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud

Rec Total 97 BHT 127 Gravity — API RW — @ — °F Chlorides — ppm

(A) Initial Hydrostatic <u>2741</u>	<input checked="" type="checkbox"/> Test <u>1350</u>	T-On Location <u>3:50</u>
(B) First Initial Flow <u>58</u>	<input checked="" type="checkbox"/> Jars <u>250</u>	T-Started <u>3:53</u>
(C) First Final Flow <u>63</u>	<input type="checkbox"/> Safety Joint <u>75</u>	T-Open <u>10:50</u>
(D) Initial Shut-In <u>137</u>	<input checked="" type="checkbox"/> Circ Sub <u>nk</u>	T-Pulled <u>12:30</u>
(E) Second Initial Flow <u>69</u>	<input type="checkbox"/> Hourly Standby <u>.5h 50</u>	T-Out <u>15:20</u>
(F) Second Final Flow <u>71</u>	<input checked="" type="checkbox"/> Mileage <u>85 RIT</u> 131.75	Comments _____
(G) Final Shut-In <u>96</u>	<input type="checkbox"/> Sampler _____	<input type="checkbox"/> Ruined Shale Packer _____
(H) Final Hydrostatic <u>2606</u>	<input type="checkbox"/> Straddle _____	<input type="checkbox"/> Ruined Packer _____
Initial Open <u>10</u>	<input checked="" type="checkbox"/> Shale Packer <u>250</u>	<input type="checkbox"/> Extra Copies _____
Initial Shut-In <u>30</u>	<input type="checkbox"/> Extra Packer _____	Sub Total <u>0</u>
Final Flow <u>30</u>	<input type="checkbox"/> Extra Recorder _____	Total <u>2256.75</u>
Final Shut-In <u>30</u>	<input type="checkbox"/> Day Standby _____	MP/DST Disc't _____
	<input checked="" type="checkbox"/> Accessibility <u>150</u>	
	Sub Total <u>2256.75</u>	

Approved By Tom Williams Our Representative [Signature]

Trilobite Testing Inc. shall not be liable for damaged of any kind of 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 statements or opinion concerning the results 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.