



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1242971
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: _____



1242971

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: 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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
--	---	---

HPL-15-051-26745-00-00
 COMPANY: Michael DeLuca/BLLB
 HAYS, KS
 WELL: Furchmyer #6
 FIELD: Irwin

LOCATION: 4840'ESL E 3205'FEL
 SEC: 5 TWP: 14S RGE: 19W
 COUNTY: Ellis STATE: Kansas

OPERATOR: White Knight Drilling
 CONTRACTOR: White Knight Drilling
 COORDINATOR: Roger M. Moses
 DATE: 8/26/2010
 TOTAL DEPTH METERS: 3935'

PRODUCTION: 0.11
 ELEVATION: 2228
 WELL: Furchmyer #6
 FIELD: Irwin

FORMATION TOPS AND STRUCTURAL POSITIONS	DEPTH (FEET)	STRAIN	POSITION
Base/Anhydrite	1598	+726	
Topeka	3269	+98	
Heebner	3529	+1251	
Taranto	3589	+1281	
Lansing	3589	+1281	
Arbuckle	3878	+1605	
Base/Kansas City	3878	+1605	

DATE	TIME	TO	FROM	TIME	TIME	TIME	TIME	TIME	TIME
12-19-14	8:00	1	12:14	2:09	2:09	3:12			
12-20-14	8:00	2	7:28	39:60	37:43	38			
12-21-14	8:00								
12-22-14	8:00								
12-23-14	8:00								
12-24-14	8:00								

FORMATION	DEPTH (FEET)	LOG	STRAIN	POSITION
Base/Anhydrite	1598		+726	
Topeka	3269		+98	
Heebner	3529		+1251	
Taranto	3589		+1281	
Lansing	3589		+1281	
Arbuckle	3878		+1605	
Base/Kansas City	3878		+1605	

REFERENCE WELL FOR STRUCTURE: Murchin Drilling Company
 Krammer-Georgis-110-7-133-140-54-180-FEL
 Section 39-13S-19W-ELLIS County, Kansas

DATE	TIME	TO	FROM	TIME	TIME	TIME	TIME	TIME	TIME
12-19-14	8:00	1	12:14	2:09	2:09	3:12			
12-20-14	8:00	2	7:28	39:60	37:43	38			
12-21-14	8:00								
12-22-14	8:00								
12-23-14	8:00								
12-24-14	8:00								

FORMATION	DEPTH (FEET)	LOG	STRAIN	POSITION
Base/Anhydrite	1598		+726	
Topeka	3269		+98	
Heebner	3529		+1251	
Taranto	3589		+1281	
Lansing	3589		+1281	
Arbuckle	3878		+1605	
Base/Kansas City	3878		+1605	

REFERENCE WELL FOR STRUCTURE: Murchin Drilling Company
 Krammer-Georgis-110-7-133-140-54-180-FEL
 Section 39-13S-19W-ELLIS County, Kansas

LEGEND

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

DEPTH	LITHOLOGY	REMARKS
1550		Pipe strap @ 3935' 2.33' Short
1600		
3200	LS: wld, tan, por intxn	
3250	SH: grey, med, pty	
3300	LS: tan, grey, med	
3350	SH: grey, med	VIS 55 WT 8.5 LCM 2
3400	LS: tan, grey, med	VIS 60 WT 8.7 LCM 2
3450	SH: grey, med	
3500	LS: tan, grey, med	VIS 60 WT 8.7 LCM 2
3550	SH: grey, med	
3600	LS: tan, grey, med	VIS 69 WT 9.1 LCM 1
3650	SH: grey, med	
3700	LS: tan, grey, med	VIS 50 WT 9.1 LCM 1
3750	SH: grey, med	
3800	LS: tan, grey, med	VIS 50 WT 9.3 LCM 2
3850	SH: grey, med	
3900	LS: tan, grey, med	VIS 47 WT 9.5 LCM 2
3950	SH: grey, med	
4000	LS: tan, grey, med	VIS 52 WT 9.4 LCM 6
4050	SH: grey, med	

CONTRACTOR: White Knight Drilling LLC
 LEASE: Furchmyer IP Oil
 ELEVATION: 2278 KB RTD: 3960'
 LOCATION: 4840'ESL E 3205'FEL
 SEC: 5 TWP: 14S RGE: 19W
 COUNTY: Ellis STATE: Kansas

GLOBAL CEMENTING, L.L.C.

1573

REMIT TO 18048 170RD
RUSSELL, KS 67665

SERVICE POINT: Russell

DATE <u>12-17-14</u>	SEC.	TWP.	RANGE	LOC.	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Enterprise</u>	WELL #. <u>6</u>			LOCATION	COUNTY <u>Ellis</u>		STATE <u>KS</u>
OLD OR NEW (CIRCLE ONE)							

CONTRACTOR Whitic Knight OWNER _____

TYPE OF JOB Long string 2-2 logs

HOLE SIZE T.D. 3960

CASING SIZE 5 7/8 DEPTH 3257

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL 2 1/2" tool DEPTH 1550

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 5.50'

PERFS _____

DISPLACEMENT 744661 EQUIPMENT 37661

PUMP TRUCK # <u>01</u>	CEMENTER <u>Hath - Brad</u>
BULK TRUCK # <u>04</u>	HELPER <u>Boel</u>
BULK TRUCK # <u>03</u>	DRIVER <u>Jason</u>
	DRIVER <u>Tim</u>

REMARKS:

For 7745 of 5' x casing back up and est-
 creater and create 45' x 1" - back up and
 pump 200 gal and check - check is bit water and
 200 gal - the down - wash pump and last
 clean - disp 7446 bbl - L. O. G. pickup @ 2000
 plug landed @ 1550' - released - plug held
 over - the tool - cut 3 hrs - no special mud
 check - 10 bbl 1120 ml - 5500 gal and release
 plug - disp 37661 1120 - plug landed @ 1550' and
 released - plug held

CHARGE TO: M Weichert Oil

STREET _____ STATE _____ ZIP _____

Global Cementing, L.L.C.,
 You are hereby requested to rent cementing equipment and
 furnish cementer and helper(s) to assist owner or contractor to
 do work as is listed. The above work was done to satisfaction
 and supervision of owner agent or contractor. I have read and
 understand the "GENERAL TERMS AND CONDITIONS"
 listed on the reverse side.

PRINTED NAME Justin White

SIGNATURE _____

Cement Did Circulate

CEMENT AMOUNT ORDERED 2000x com 10 1/2" x 14 20 gal

2 1/2" plaster

5000x multi beads

COMMON @ _____

POZMIX @ _____

GEL @ _____

CHLORIDE @ _____

ASC @ _____

HANDLING @ _____

MILEAGE @ _____

TOTAL _____

DEPTH OF JOB _____ SERVICE _____

PUMP TRUCK CHARGE @ _____

EXTRA FOOTAGE @ _____

MILEAGE @ _____

MANIFOLD @ _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

1 - Plug

2 - Buckets

6 - Coats

1 - Oil Tool

1 - 10' Plug

1 - 100 gal. mud Flush

TOTAL _____

SALES TAX (if Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS _____

GLOBAL CEMENTING, L.L.C.

1569

REMIT TO 18048 170RD
RUSSELL, KS 67665

SERVICE POINT: Russell, KS

DATE <u>12-19-14</u>	SEC.	TWP.	RANGE	LOCATED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>See through</u>	WELL # <u>Q6</u>		LOCATION	COUNTY <u>Ellis</u>	STATE <u>KS</u>		
OLD OR <input checked="" type="radio"/> NEW (CIRCLE ONE)				OWNER			

CONTRACTOR White Knight

TYPE OF JOB surveys

HOLE SIZE 12 1/4" T.D.

CASING SIZE 8 5/8" DEPTH

TUBING SIZE DEPT

DRILL PIPE DEPT

TOOL DEPT

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 201'

PERFS

DISPLACEMENT

EQUIPMENT

CEMENT AMOUNT ORDERED 150 sac con 306cc

20 gal

COMMON @

POZMIX @

GEL @

CHLORIDE @

ASC @

HANDLING @

MILEAGE @

TOTAL

PUMP TRUCK CEMENTER Mark

01 HELPER Bud

BULK TRUCK DRIVER Tim

DRIVER

REMARKS:
Run 5 hrs of 8" casing and landing it
5" casing
Have no end on 1504 and disp
CE 1120 - shut in 2000ps
Cement did concrete

DEPTH OF JOB

PUMP TRUCK CHARGE

EXTRA FOOTAGE @

MILEAGE @

MANIFOLD @

TOTAL

CHARGE TO: Michael Webster Oil

STREET

CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

Global Cementing, L.L.C.,
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

TOTAL

TOTAL

PRINTED NAME _____

SIGNATURE [Signature]

SALES TAX (if Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS