

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

4/29/11

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5798
Name: WEILERT, MICHAEL D dba MICHAEL D WEILERT OIL CO
Address 1: 866 230TH AVE
Address 2: _____
City: HAYS State: KS Zip: 67601 +
Contact Person: CURTIS WEILERT
Phone: (785) 656-3540
CONTRACTOR: License # 33575
Name: WW DRILLING, LLC
Wellsite Geologist: ROGER MOSES
Purchaser: COFFEYVILLE RESOURCES

KCC
APR 29 2010
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Designate Type of Completion:
 New Well _____ Re-Entry _____ Workover
 Oil _____ SWD _____ SIOW
_____ Gas _____ ENHR _____ SIGW
_____ CM (Coal Bed Methane) _____ Temp. Abd.
_____ Dry _____ Other _____
(Core, WSW, Expl., Cathodic, 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: _____ Plug Back Total Depth
_____ Commingled _____ Docket No.: _____
_____ Dual Completion _____ Docket No.: _____
_____ Other (SWD or Enhr.?) _____ Docket No.: _____
2-02-10 2-7-10 3-16-10
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 051-25953-00-00
Spot Description: C NW SE NW
C NW SE NW Sec. 32 Twp. 12 S. R. X0 East West
1650 Feet from North / South Line of Section
1650 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: ELLIS
Lease Name: WEILERT-PFEIFER #1 Well #: 1
Field Name: ELLIS
Producing Formation: ARBUCKLE
Elevation: Ground: 2198 Kelly Bushing: 2203
Total Depth: 3867 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 200 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 1567 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: 6,800 ppm Fluid volume: 250 bbls
Dewatering method used: NO FREE WATER- AIR DRY AND COVER
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: Michael D Weibert
Title: Operator Date: 4-23-10
Subscribed and sworn to before me this 23 day of April
2010
Notary Public: Roberta Angell
Date Commission Expires: 10-24-12

ROBERTA ANGELL
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 10-24-12

KCC Office Use ONLY
 Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
_____ Geologist Report Received
_____ UIC Distribution

RECEIVED
KANSAS CORPORATION COMMISSION
APR 26 2010

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