

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

**ORIGINAL**

Form ACO-1  
June 2009

Form Must Be Typed  
Form must be Signed  
All blanks must be Filled

**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License # 6227  
Name: Kraft Oil LLC  
Address 1: 434 Iris Rd Sw  
Address 2: \_\_\_\_\_  
City: Gridley State: KS Zip: 66852 + \_\_\_\_\_  
Contact Person: Thomas A. Kraft  
Phone: ( 620 ) 836-2091  
CONTRACTOR: License # 33557  
Name: Skyy Drilling  
Wellsite Geologist: Owner  
Purchaser: High Sierra Crude Purchasing

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**KCC WICHITA**

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  
 Conv. to GSW  
 Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_  
 Commingled    Permit #: \_\_\_\_\_  
 Dual Completion    Permit #: \_\_\_\_\_  
 SWD    Permit #: \_\_\_\_\_  
 ENHR    Permit #: \_\_\_\_\_  
 GSW    Permit #: \_\_\_\_\_

09/20/2010    09/24/2010    11/15/2010  
Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date       Recompletion Date

API No. 15 - 207-27693-0000

Spot Description: \_\_\_\_\_  
NE\_NW\_SE\_SE Sec. 31 Twp. 23 S. R. 15  East  West  
1,260 Feet from  North /  South Line of Section  
950 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE     NW     SE     SW

County: Woodson

Lease Name: Weide Well #: 17

Field Name: Winterschied

Producing Formation: Mississippi

Elevation: Ground: 1109 Kelly Bushing: \_\_\_\_\_

Total Depth: 1608 Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: 40' Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from: 1608

feet depth to: Surface w/ 210 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 #: \_\_\_\_\_

**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.

**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.

Signature: Thomas A. Kraft

Title: Operator Date: 11/21/2010

**KCC Office Use ONLY**

Letter of Confidentiality Received  
Date: \_\_\_\_\_

Confidential Release Date: \_\_\_\_\_

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT  I  II  III Approved by: Dg Date: 11/30/10

Operator Name: Kraft Oil LLC Lease Name: Weide Well #: 17  
 Sec. 31 Twp. 23 S. R. 15  East  West County: Woodson

**INSTRUCTIONS:** Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run: Cornish- Gamma Ray/ Neutron <del>Log</del>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Squirrel sand</td> <td>1164-1172</td> <td></td> </tr> <tr> <td>Mississippi</td> <td>1542-1574</td> <td></td> </tr> </table>	Name	Top	Datum	Squirrel sand	1164-1172		Mississippi	1542-1574	
Name	Top	Datum								
Squirrel sand	1164-1172									
Mississippi	1542-1574									

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
Surface	12"	8 5/8"		40'	Portland	35	
Long String	6 3/4"	4.5"		1607'	Poz-Mix	175	

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				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
1	9 shots (1566-1574), 9 shots (1552-1560)	Acid (1000 gal & 80 bbl water)	

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TUBING RECORD: Size: <u>2 3/8"</u> Set At: <u>1255 1550</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>11/15/2010</u>		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbls. <u>2</u>	Gas Mcf	Water Bbls. <u>30</u>
			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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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**CONSOLIDATED**  
Oil Well Services, LLC

**ENTERED**

TICKET NUMBER 29161

LOCATION Eureka

FOREMAN Troy Strickler

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
9-24-10	4418	Weide # 17				Woodson
CUSTOMER Kraft Oil LLC / Arnold Kraft						
MAILING ADDRESS 434 Iris Rd. SW						
CITY Gridley		STATE Ks	ZIP CODE 66852			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			485	Alan		
			479	Justin		

JOB TYPE L/S '0' HOLE SIZE 6 3/4" HOLE DEPTH 1608' CASING SIZE & WEIGHT 4 1/2"  
 CASING DEPTH 1607' R.B. DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.8" SLURRY VOL 55.384 WATER gal/sk 70 CEMENT LEFT IN CASING 0'  
 DISPLACEMENT 25.584 DISPLACEMENT PSI 600 MIX PSI 1200 Byp P2 RATE \_\_\_\_\_

REMARKS: Safety Meeting: Rig up to 4 1/2" casing. Break circulation w/ 10861 water. Mixed 210stk 60/40 Poz-mix Cement @/ 5" Kol-seal 1sk, 4% Gel, 1% Coalc, + 1/2" Phenoseal 1sk @ 13.8" gal. Washout Pump + liner Release Plug. Displace w/ 25.584 gal water. Final Pumping Pressure 600 PSI. Pump PLY to 1200 PSI. Wait 2min. Release Pressure. Fluid Hold Good Cement to surface = 6 Rbl Slug to pt.

*Job Complete*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	925.00	925.00
5406	30	MILEAGE	3.65	109.50
1131	210stk	60/40 Poz-mix	11.35	2383.50
1110A	1050 #	5" Kol-seal	.42 #	441.00
1118A	725 #	4% Gel	.20 #	145.00
1102	180 #	1% Coalc	.75 #	135.00
1107A	105 #	1/2" Phenoseal 1sk	1.15	120.75
5407	9.03 Ton	Ton-mileage		315.00
4404	1	4 1/2" Top Rubber PLY	45.00	45.00
Thank You!			Sub Total	4619.75
			7.32 SALES TAX	238.74
			ESTIMATED TOTAL	4858.49

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Revin 3737

036804

AUTHORIZATION Arnold C Kraft TITLE owner 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.



**CONSOLIDATED**  
Oil Well Services, LLC

**ENTERED**

TICKET NUMBER 29147

LOCATION Eureka

FOREMAN Steve Mead

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
9-22-10	4418	Weide #17	31	235	15E	Woodson
CUSTOMER			TRUCK #			
Kraft Oil LLC			485	Driver	TRUCK #	DRIVER
MAILING ADDRESS			479	John	AM	IS
434 Iris Rd. SW						
CITY						
Gridley						
STATE						
KS						
ZIP CODE						
66857						

JOB TYPE Surface  HOLE SIZE 12 1/4 HOLE DEPTH 43' CASING SIZE & WEIGHT 8 5/8  
 CASING DEPTH 42' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 15# SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 5'  
 DISPLACEMENT 2 bbls DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety Meeting. Rig up to 8 5/8 casing. Break circulation with fresh water. Mix 35 sks Class A Cement w/ 2% CaCl2, 2% Gel AT 15#/pergal. Displace with 2 bbls fresh water. Shut casing in. Good cement returns to pit 2 bbls slurry. Job complete Rig down

*Thank you*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405	1	PUMP CHARGE	725.00	725.00
5406	30	MILEAGE	3.65	109.50
11045	35 sks	Class A Cement	13.50	472.50
1102	65#	CaCl2 2%	.75	48.75
1118B	65#	Gel 2%	.20	13.00
5407		Tan Mileage Bulk Truck	MIC	315.00
			RECEIVED	
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			Sub Total	1683.75
			SALES TAX	39.00
			ESTIMATED TOTAL	1722.75

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AUTHORIZATION *[Signature]*

TITLE Driller

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.