



KANSAS CORPORATION COMMISSION 1048622
OIL & GAS CONSERVATION DIVISION

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 # 31240
Name: Enterprise Inc
Address 1: 2708 BARCLAY DR
Address 2: _____
City: HAYS State: KS Zip: 67601 + 2125
Contact Person: steve weilert
Phone: (785) 650-1952
CONTRACTOR: License # 34233
Name: Maverick Drilling LLC
Wellsite Geologist: Jerry Green
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
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____
12/02/2010 12/07/2010 12/07/2010
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-167-23678-00-00
Spot Description: _____
SW SW NE Sec. 8 Twp. 14 S. R. 11 East West
2,310 Feet from North / South Line of Section
2,310 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Russell
Lease Name: VETERANS Well #: 1
Field Name: _____
Producing Formation: None
Elevation: Ground: 1732 Kelly Bushing: 1740
Total Depth: 3225 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 474 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: 5000 ppm Fluid volume: 1520 bbls
Dewatering method used: Hauled to Disposal
Location of fluid disposal if hauled offsite:
Operator Name: V. Francis Weigel Family Partnership, LLC
Lease Name: Mermis B SWD License #: 33996
Quarter S2 Sec. 08 Twp. 13 S. R. 15 East West
County: RUSSELL Permit #: 15-167-21973

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

Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanna Garrison Date: 01/24/2011



1048622

Operator Name: Enterprise Inc Lease Name: VETERANS Well #: 1
 Sec. 8 Twp. 14 S. R. 11 East West County: Russell

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>GRAND HAVEN</td> <td>2164</td> <td>-424</td> </tr> <tr> <td>TOPEKA</td> <td>2482</td> <td>-742</td> </tr> <tr> <td>HEEBNER</td> <td>2758</td> <td>-1018</td> </tr> <tr> <td>TORONTO</td> <td>2777</td> <td>-1037</td> </tr> <tr> <td>BROWN LMS</td> <td>2848</td> <td>-1108</td> </tr> <tr> <td>LKC</td> <td>2860</td> <td>-1120</td> </tr> <tr> <td>BKC</td> <td>3133</td> <td>-1393</td> </tr> </tbody> </table>	Name	Top	Datum	GRAND HAVEN	2164	-424	TOPEKA	2482	-742	HEEBNER	2758	-1018	TORONTO	2777	-1037	BROWN LMS	2848	-1108	LKC	2860	-1120	BKC	3133	-1393
Name	Top	Datum																							
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LKC	2860	-1120																							
BKC	3133	-1393																							

CASING RECORD <input checked="" 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	12.25	8.625	23	462	60/40	250	3%CL 2% GEL

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 <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
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 (Explain) _____
Estimated Production Per 24 Hours	Oil Bb/s. _____ Gas Mcf _____	Water Bb/s. _____ 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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
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ALLIED CEMENTING CO., LLC. 034052

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: Russell

DATE <u>12-2-10</u>	SEC <u>8</u>	TWP. <u>14</u>	RANGE <u>11</u>	CALLED OUT	ON LOCATION	JOB START <u>12.15 P.M.</u>	JOB FINISH <u>10:45 A.M.</u>
LEASE <u>Veterans</u> WELL # <u>1</u>		LOCATION <u>Dorrance + E-70 1/4 S</u>			COUNTY <u>Russell</u>	STATE <u>Ks</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)		<u>3/4 E N-1</u>					

CONTRACTOR Maurick Drilling 108 OWNER _____

TYPE OF JOB Surface Sob

HOLE SIZE 12 1/2 T.D. 474' CEMENT AMOUNT ORDERED 250 6 3/4 32 CC 286

CASING SIZE 8 5/8 DEPTH 474.31'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15'

PERFS. _____

DISPLACEMENT 29.25 - 261

EQUIPMENT _____

PUMP TRUCK CEMENTER Shane

412 HELPER Heath

BULK TRUCK _____

325 DRIVER Ron B. Johnny

BULK TRUCK _____

_____ DRIVER _____

HANDLING 250 @ 2.25 562.50

MILEAGE 110 1/2 @ _____ 375.00

TOTAL 937.50

REMARKS:

Ron 11 yrs. + Candy St.
Est Circulation
mixed 250 lbs
Cement Circulated!

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____ 996.00

EXTRA FOOTAGE @ _____

MILEAGE 15 @ 7.00 105.00

MANIFOLD @ _____

TOTAL 1096.00

CHARGE TO: Enterprise INC.

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

_____ @ _____

8 5/8 W x 1 1/2 @ 5.00

_____ @ _____

_____ @ _____

TOTAL 5.00

Thanks!

To Allied Cementing Co., LLC.
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

ALLIED CEMENTING CO., LLC. 033956

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Russell

DATE <u>12-7-2010</u>	SEC. <u>8</u>	TWP. <u>14S</u>	RANGE <u>11W</u>	CALLED OUT	ON LOCATION	JOB START <u>2:00 AM</u>	JOB FINISH <u>4:00 AM</u>
LEASE <u>Veteran</u>		WELL # <u>1</u>		LOCATION <u>Dorrance KS 1/2 E 1/4 N</u>		COUNTY <u>Russell</u>	STATE <u>KANSAS</u>
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR Maverick Drilling Rig # 108

TYPE OF JOB Rotary Plug

HOLE SIZE 7 7/8 T.D. 3225'

CASING SIZE 8 5/8 Surface DEPTH 474'

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT

OWNER _____

CEMENT AMOUNT ORDERED 175 sk / 40 4% Gel
1/4 # Flt - Seal Per sk

EQUIPMENT

PUMP TRUCK CEMENTER Glenn

398 HELPER Richard

BULK TRUCK

410 DRIVER MARK

BULK TRUCK

DRIVER

COMMON	<u>105</u>	@	<u>13.50</u>	<u>1417.50</u>
POZMIX	<u>20</u>	@	<u>2.50</u>	<u>500.00</u>
GEL	<u>6</u>	@	<u>20.25</u>	<u>121.50</u>
CHLORIDE		@		
ASC		@		
	<u>Flt Seal 43</u>	@	<u>2.45</u>	<u>105.25</u>
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>175</u>	@	<u>2.25</u>	<u>393.75</u>
MILEAGE	<u>112/112 mi</u>			<u>300.00</u>
TOTAL				<u>2866.00</u>

REMARKS:

40 SK @ 5.85

80 SK @ 3.56

10 SK @ 4.0

15 SK @ Mackchle

30 SK @ Rathle

THANKS

SERVICE

DEPTH OF JOB				
PUMP TRUCK CHARGE			<u>99.00</u>	
EXTRA FOOTAGE		@		
MILEAGE	<u>15</u>	@	<u>7.00</u> <u>105.00</u>	
MANIFOLD		@		
		@		
TOTAL				<u>1096.00</u>

CHARGE TO: ENTERPRISE INC / DBA: CUMTS WELLERT

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

_____	@	_____	
_____	@	_____	
_____	@	_____	
_____	@	_____	
_____	@	_____	
TOTAL			_____

To Allied Cementing Co., LLC.
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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Enterprise Inc.
2706 Barclay Dr.
Hays, Ks 67801
ATTN: Jerry Green

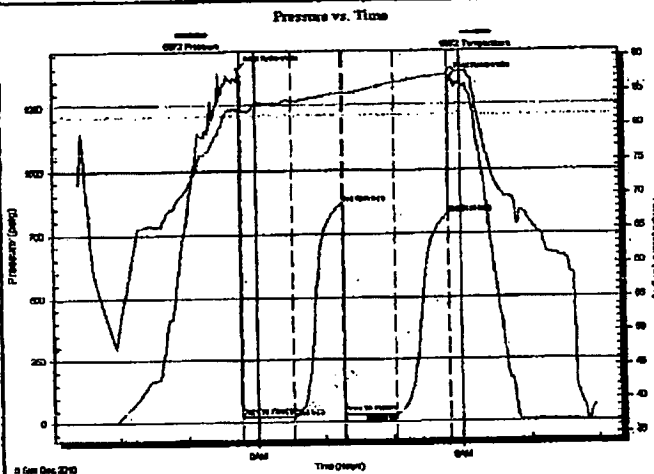
Veterans #1
8/14S/11W-Russell
Job Ticket: 41313 DST#: 1
Test Start: 2010.12.05 @ 03:24:21

GENERAL INFORMATION:

Formation: LKC "C"
Deviated: No Whipstock ft (KB)
Time Tool Opened: 05:48:21
Time Test Ended: 10:57:21
Interval: 2886.00 ft (KB) To 2893.00 ft (KB) (TVD)
Total Depth: 2893.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Poor
Test Type: Conventional Bottom Hole
Tester: Dustin Rash
Unit No: 44
Reference Elevations: 1741.00 ft (KB)
1731.00 ft (CF)
KB to GR/CF: 10.00 ft

Serial #: 6672 Inside
Press@RunDepth: 30.15 psig @ 2867.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2010.12.05 End Date: 2010.12.05 Last Calib.: 2010.12.05
Start Time: 03:24:21 End Time: 10:57:21 Time On Btm: 2010.12.05 @ 05:44:51
Time Off Btm: 2010.12.05 @ 09:50:51

TEST COMMENT: IF-Weak building blow. Built to 3 inches.
IS- No Return.
FF-Weak building blow. Built to 2.5 inches.
FS- No Return.



PRESSURE SUMMARY

Time (Mn.)	Pressure (psig)	Temp (deg F)	Annotation
0	1388.14	82.43	Initial Hydro-static
2	26.12	82.17	Open To Flow (1)
48	23.97	83.70	Shut-In(1)
92	869.38	84.80	End Shut-In(1)
93	35.73	84.81	Open To Flow (2)
138	30.15	86.21	Shut-In(2)
184	824.88	87.30	End Shut-In(2)
186	1359.67	88.11	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
10.00	100%Mud	0.14
30.00	80%Water/20%Mud	0.42

Gas Rates

	Circle (inches)	Pressure (psig)	Gas Rate (MMc/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Enterprise Inc.

Veterans #1

2706 Barclay Dr.
Hays, Ks 67601

8/14S/11W-Russell

Job Ticket: 41313

DST#: 1

ATTN: Jerry Green

Test Start: 2010.12.05 @ 03:24:21

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

CI AP:

deg AP:

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

29000 ppm

Viscosity: 50.00 sec/qt

Cushion Volume:

bbf

Water Loss: 7.20 in²

Gas Cushion Type:

Resistivity: 0.47 ohm.m

Gas Cushion Pressure:

psig

Salinity: 3000.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbf
10.00	100%Mud	0.140
30.00	80%Water/20%Mud	0.421

Total Length: 40.00 ft Total Volume: 0.561 bbf

Num Fluid Samples: 0

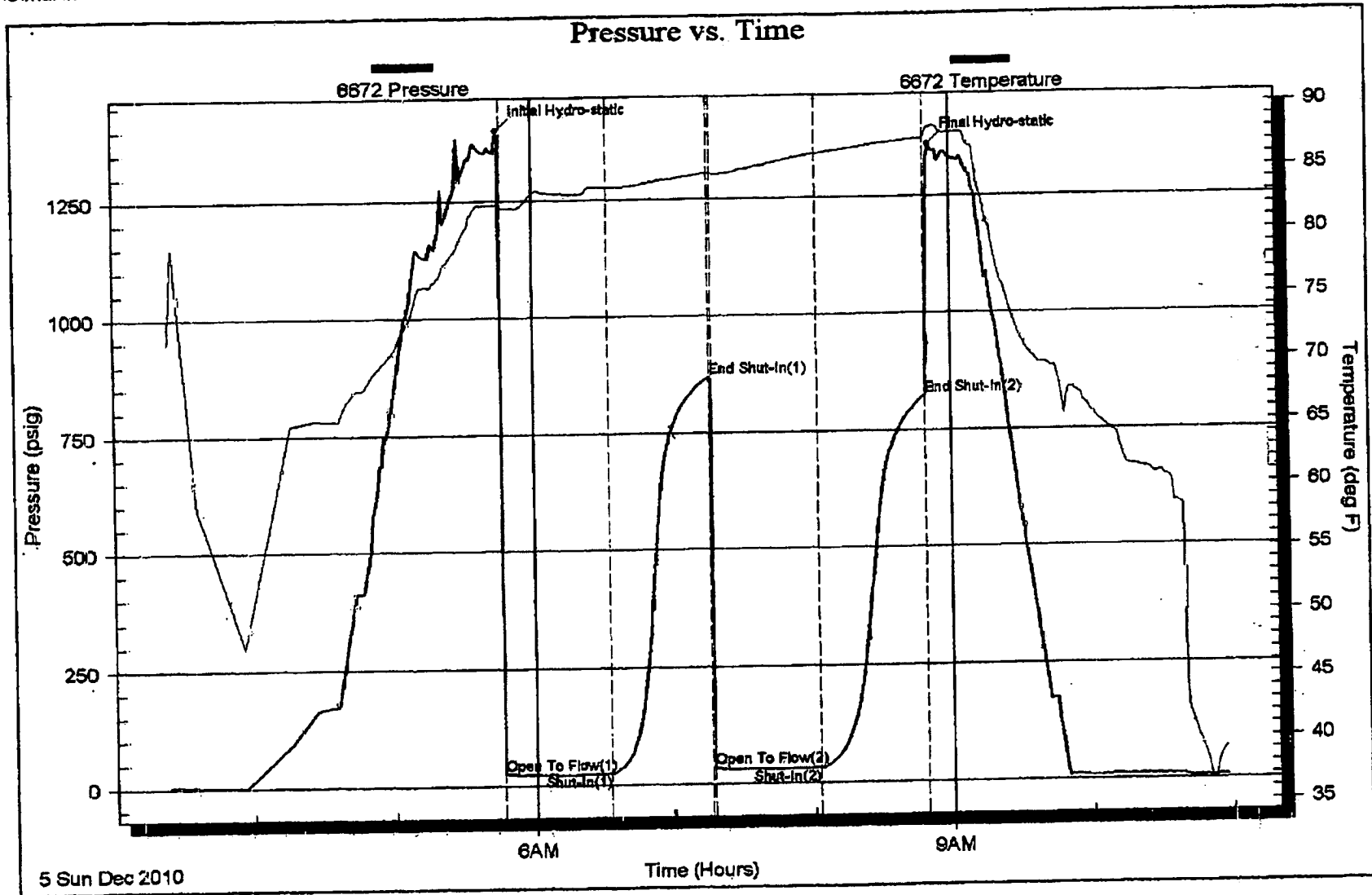
Num Gas Bombs: 0

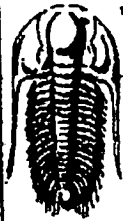
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:





**TRIOBITE
TESTING, INC.**

DRILL STEM TEST REPORT *Veteran's #1*

Enterprise Inc.
2706 Barclay Dr.
Hays, Ks 67601
ATTN: Jerry Green

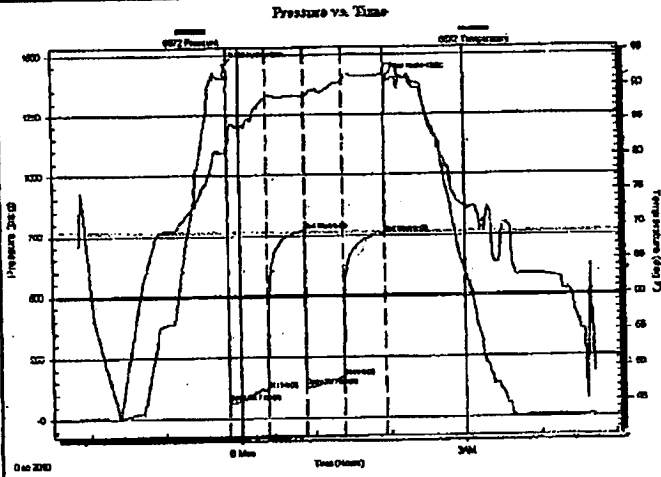
Veterans #1
8/14S/11W-Russell
Job Ticket: 41314 DST#: 2
Test Start: 2010.12.05 @ 21:51:06

GENERAL INFORMATION:

Formation: LKC
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 23:50:36
Time Test Ended: 04:42:36
Test Type: Conventional Bottom Hole
Tester: Dustin Rash
Unit No: 44
Interval: 2904.00 ft (KB) To 2984.00 ft (KB) (TVD)
Total Depth: 2984.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Poor
Reference Elevations: 1741.00 ft (KB)
1731.00 ft (CF)
KB to GR/CF: 10.00 ft

Serial #: 6672 Inside
Press@RunDepth: 168.15 psig @ 2969.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2010.12.05 End Date: 2010.12.06 Last Calib.: 2010.12.06
Start Time: 21:51:06 End Time: 04:42:36 Time On Btm: 2010.12.05 @ 23:46:36
Time Off Btm: 2010.12.06 @ 01:56:36

TEST COMMENT: IF-Strong building blow . BOB in 14 minutes.
ISI-No Return.
FF-Fair building blow . BOB in 18 minutes.
FSI-No Return.



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1457.28	80.59	Initial Hydro-static
2	70.73	80.79	Open To Flow (1)
33	120.11	88.51	Shut-in(1)
64	768.33	88.63	End Shut-in(1)
64	131.19	88.60	Open To Flow (2)
94	168.15	90.83	Shut-in(2)
127	755.63	91.66	End Shut-in(2)
128	1404.88	92.95	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
120.00	80%Water/20%Mud	1.68
120.00	100%Mud	1.68
10.00	99%Mud/1%Oil	0.14

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (bbl/hr)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Enterprise Inc.

Veterans #1

2706 Barclay Dr.
Hays, Ks 67601

8/14S/11W-Russell

Job Ticket: 41314 **DST#: 2**

ATTN: Jerry Green

Test Start: 2010.12.05 @ 21:51:06

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	85000 ppm
Viscosity: 50.00 sec/qt	Cushion Volume: bbl		
Water Loss: 7.20 in ²	Gas Cushion Type:		
Resistivity: 0.33 ohm.m	Gas Cushion Pressure: psig		
Salinity: 3000.00 ppm			
Filter Cake: inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
120.00	80%Water/20%Mud	1.683
120.00	100%Mud	1.683
10.00	99%Mud/1%Oil	0.140

Total Length: 250.00 ft Total Volume: 3.506 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

Laboratory Name: Laboratory Location:

Recovery Comments:

Serial #: 6672

Inside Enterprise Inc.

8/14S/11W-Russell

DST Test Number: 2

