



KANSAS CORPORATION COMMISSION 1052983
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 # 33588
Name: Sharp, Robert L. & Cindy
Address 1: 206 E WATER ST
Address 2: _____
City: SEVERY State: KS Zip: 67137 + 9418
Contact Person: Tammi Wilson
Phone: (316) 374-0493
CONTRACTOR: License # 33588
Name: Sharp, Robert L. &/or Cindy
Wellsite Geologist: Robert Sharp
Purchaser: Pacer Energy

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: Robert L. Sharp
Well Name: Arnold-Harvey #2

Original Comp. Date: 10/18/1982 Original Total Depth: 1947

- 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 #: _____

<u>2/19/2011</u>	<u>03/23/2011</u>	<u>05/02/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-073-22396-00-01

Spot Description: _____
SE SW NW SE Sec. 8 Twp. 28 S. R. 11 East West
1348 Feet from North / South Line of Section
2210 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Greenwood

Lease Name: Arnold-Harvey Well #: 2

Field Name: Severy

Producing Formation: Kansas City

Elevation: Ground: 1097 Kelly Bushing: 1200

Total Depth: 1247 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 75 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 0

feet depth to: 1247 w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: Hauled to Disposal

Location of fluid disposal if hauled offsite: _____

Operator Name: Robert Sharp

Lease Name: Arnold-Harvey License #: 33588

Quarter SE Sec. 8 Twp. 28 S. R. 11 East West

County: Greenwood Permit #: D-21,687

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: 05/27/2011



1052983

Operator Name: Sharp, Robert L. & Cindy Lease Name: Arnold-Harvey Well #: 2
 Sec. 8 Twp. 28 S. R. 11 East West County: Greenwood

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 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 border="1" 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>Cement and Chat</td> <td>0</td> <td>16</td> </tr> <tr> <td>Chat & Rock</td> <td>16</td> <td>374</td> </tr> <tr> <td>Open Hole</td> <td>374</td> <td>1111</td> </tr> <tr> <td>Gray Sand mixed w/Chat</td> <td>1111</td> <td>1143</td> </tr> <tr> <td>Frac Sand</td> <td>1143</td> <td>1229</td> </tr> <tr> <td>Black Sandy Shale/Sand</td> <td>1229</td> <td>1247</td> </tr> </tbody> </table>	Name	Top	Datum	Cement and Chat	0	16	Chat & Rock	16	374	Open Hole	374	1111	Gray Sand mixed w/Chat	1111	1143	Frac Sand	1143	1229	Black Sandy Shale/Sand	1229	1247
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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
Surface	12	7.875	0	75	Portland	0	NA
Production	7	4.500	9	1247	Portland	0	NA

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
2	3	3 1/2" Alum Shots	1199 to 1202
2	3	3 1/2" Alum Shots	1211 to 1214
2	4	3 1/2 Alum Shots	1224 to 1226
2	3	3 1/2 Alum	1232 to 1235

TUBING RECORD:	Size: <u>1"</u>	Set At: <u>1200</u>	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>05/02/2011</u>		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain) <u>Submersible Pump</u>		
Estimated Production Per 24 Hours	Oil Bbls. <u>3</u>	Gas Mcf <u>0</u>	Water Bbls. <u>173</u>	Gas-Oil Ratio <u>32</u>

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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