



KANSAS CORPORATION COMMISSION 1059294
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 # 34225
Name: Buffalo Resources LLC
Address 1: 301 COMMERCE, STE 1380
Address 2: _____
City: FT WORTH State: TX Zip: 76102 + _____
Contact Person: Matthew Flanery
Phone: (817) 870-2707
CONTRACTOR: License # 5929
Name: Duke Drilling Co., Inc.
Wellsite Geologist: Dave Barker
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 (Cora, 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 #: _____

6/8/2011	6/12/2011	6/12/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-167-23712-00-00
Spot Description: _____
NW NE NE SE Sec. 20 Twp. 14 S. R. 11 East West
2570 Feet from North / South Line of Section
350 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Russell
Lease Name: Whitmer Unit Well #: 1-20
Field Name: _____
Producing Formation: N/A
Elevation: Ground: 1667 Kelly Bushing: 8
Total Depth: 3010 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 352 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: 59000 ppm Fluid volume: 1100 bbls
Dewatering method used: Evaporated
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

- Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanne Gerrico Date: 08/02/2011



1059294

Operator Name: Buffalo Resources LLC Lease Name: Whitmer Unit Well #: 1-20
 Sec. 20 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 (Attach Additional Sheets) 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If no, Submit Copy) List All E. Logs Run: Attached	<input 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>Anhydrite</td> <td>535</td> <td>+1136</td> </tr> <tr> <td>Topeka</td> <td>2460</td> <td>-789</td> </tr> <tr> <td>Heebner</td> <td>2702</td> <td>-1031</td> </tr> <tr> <td>Brown Lm</td> <td>2790</td> <td>-1119</td> </tr> <tr> <td>Lansing</td> <td>2806</td> <td>-1135</td> </tr> <tr> <td>Arbuckle</td> <td>DNP</td> <td>DNP</td> </tr> </table>	Name	Top	Datum	Anhydrite	535	+1136	Topeka	2460	-789	Heebner	2702	-1031	Brown Lm	2790	-1119	Lansing	2806	-1135	Arbuckle	DNP	DNP
Name	Top	Datum																				
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Lansing	2806	-1135																				
Arbuckle	DNP	DNP																				

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	23.0	352	60/40 poz	180	3%CC 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 (Amount and Kind of Material Used)	Depth

TUBING RECORD: Size: _____ Sel 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 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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Buffalo Resources LLC
Well Name	Whitmer Unit 1-20
Doc ID	1059294

All Electric Logs Run

Micro
Dual Induction
Compensated Neutron
Micro

QUALITY OILWELL CEMENTING, INC.

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 4958

Date 6-8-17 Sec. 20 Twp. 14 Range 11 County Russell State Ks On Location _____ Finish 9:15 PM

Lease Whitmes Well No. #1-20 Location Dorrance, KS - 2W, 13S, W1/4

Contractor Duke #2 Owner _____

Type Job Surface To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.

Hole Size 12 1/4" T.D. 353' Charge To Buffalo Resources, LLC

Csg. 8 5/8" Depth 352' Street _____

Tbg. Size _____ Depth _____ City _____ State _____

Tool _____ Depth _____ Cement Left in Csg. 42.75' Shoe Joint 42.75' The above was done to satisfaction and supervision of owner agent or contractor.

Meas Line _____ Displace 21 BLS Cement Amount Ordered 180 sz 60/40 3% CL, 2% Gel

EQUIPMENT

Pumptrk <u>5</u> No. <u>5</u> Cementer <u>Cisco</u>	Common <u>180 108</u>
Bulktrk <u>10</u> No. <u>10</u> Helper <u>Machb</u>	Poz. Mix <u>72</u>
Bulktrk <u>pn</u> No. <u>pn</u> Driver <u>Rick</u>	Gel. <u>3</u>
	Calcium <u>6</u>

JOB SERVICES & REMARKS

Remarks: Cement did Circulate.

Rat Hole _____

Mouse Hole _____

Centralizers _____

Baskets _____

D/V or Port Collar _____

Sand _____

Handling 189

Mileage _____

FLOAT EQUIPMENT

Guide Shoe _____

Centralizer 2

Baskets _____

AFU inserts _____

Float Shoe _____

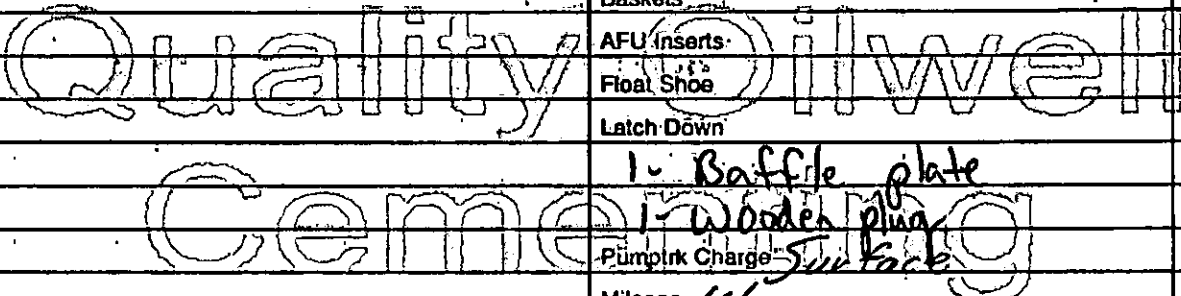
Latch Down _____

1 - Baffle plate

1 - Wooden plug

Pumptrk Charge Surface

Mileage 14



X Signature Daron Patterson

Tax _____

Discount _____

Total Charge _____

QUALITY OILWELL CEMENTING, INC.

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 3842

Date	6-13-11	Sec.	20	Twp.	14	Range	11	County	Russell	State	KS	On Location		Finish	8:00AM
Lease	Whitmer	Well No.	1-20			Location						Dorrance 1/2 E 1/2 S W into			
Contractor	Duke #2				Owner				To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.						
Type Job	PTA				Hole Size				7 7/8						
Hole Size	7 7/8				T.D.				3010'						
Csg.	4 1/2 x-hole				Depth				560'						
Tbg. Size					Depth				400'						
Tool					Depth				40'						
Cement Left in Csg.					Shoe Joint				The above was done to satisfaction and supervision of owner agent or contractor.						
Meas Line					Displace				Cement Amount Ordered 140 sk 6 1/4 4% gel 1/4 lb Flo						

EQUIPMENT

Pumptrk	5	No.	Cementer	Brandon	Common	84
Bulktrk	3	No.	Helper	Paul	Poz. Mix	56
Bulktrk	14	No.	Driver	Colt	Gel.	5

JOB SERVICES & REMARKS

Remarks:	Calcium
Rat Hole	Hulls
Mouse Hole	Salt
Centralizers	Flowseal 35
Baskets	Kol-Seal
DV or Port Collar	Mud CLR 48
1st plug @ 560' mix 25x	CFL-117 or CD110 CAF 38
2nd plug @ 400' mix 75x	Sand
3rd plug @ 40' mix 10x	Handling 145
Rat hole mix 3x	Mileage

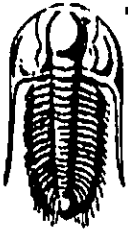
FLOAT EQUIPMENT

Guide Shoe	
Centralizer	
Baskets	
AFU Inserts	
Float Shoe	
Latch Down	
1-dry hole plug	
Bumptrk Charge	plug
Mileage	14

Thank you to
Quality Oilwell Cementing

Signature: *Dean Vasquez*

Tax
Discount
Total Charge



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Buffalo Resources LLC

301 Commerce, Ste 1380
Fl. Worth, Texas 76102

ATTN: Matthew Flanery

Whitmer Unit #1-20

20-14s-11w Russell

Job Ticket: 43607

DST#: 1

Test Start: 2011.06.11 @ 16:50:50

GENERAL INFORMATION:

Formation: LKC

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 18:17:15

Time Test Ended: 20:56:45

Test Type: Conventional Bottom Hole

Tester: Ray Schwager

Unit No: 42

Interval: 2798.00 ft (KB) To 2846.00 ft (KB) (TVD)

Total Depth: 2846.00 ft (KB) (TVD)

Hole Diameter: 7.85 inches Hole Condition: Fair

Reference Elevations: 1671.00 ft (KB)

1663.00 ft (CF)

KB to GR/CF: 8.00 ft

Serial #: 6625

Inside

Press@RunDepth: 27.62 psig @ 2808.00 ft (KB)

Start Date: 2011.06.11

End Date:

2011.06.11

Start Time: 16:50:50

End Time:

20:56:45

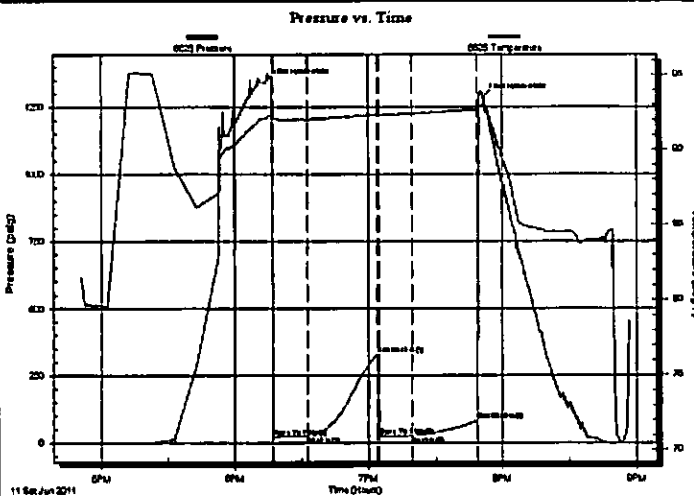
Capacity: 8000.00 psig

Last Calib.: 2011.06.11

Time On Btrr: 2011.06.11 @ 18:13:45

Time Off Btrr: 2011.06.11 @ 19:51:15

TEST COMMENT: 15-IFP-surface bl thru-out
30-ISIP-no bl bk
15-FFP-surface bl
30-FSIP-no bl



PRESSURE SUMMARY

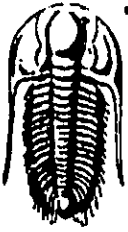
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1339.90	92.10	Initial Hydro-static
4	23.30	92.10	Open To Flow (1)
19	24.87	92.03	Shut-In(1)
50	329.57	92.35	End Shut-In(1)
51	26.01	92.30	Open To Flow (2)
66	27.62	92.41	Shut-In(2)
95	82.95	92.67	End Shut-In(2)
98	1284.11	93.02	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
10.00	Mud w/show of oil	0.14

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Buffalo Resources LLC

Whitmer Unit #1-20

301 Commerce, Ste 1380
Ft. Worth, Texas 76102

20-14s-11w Russell

Job Ticket: 43607

DST#: 1

ATTN: Matthew Flanery

Test Start: 2011.06.11 @ 16:50:50

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:	ppm
Viscosity: 44.00 sec/qt	Cushion Volume: bbl		
Water Loss: 8.79 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 5000.00 ppm			
Filter Cake: 1.00 inches			

Recovery Information

Recovery Table

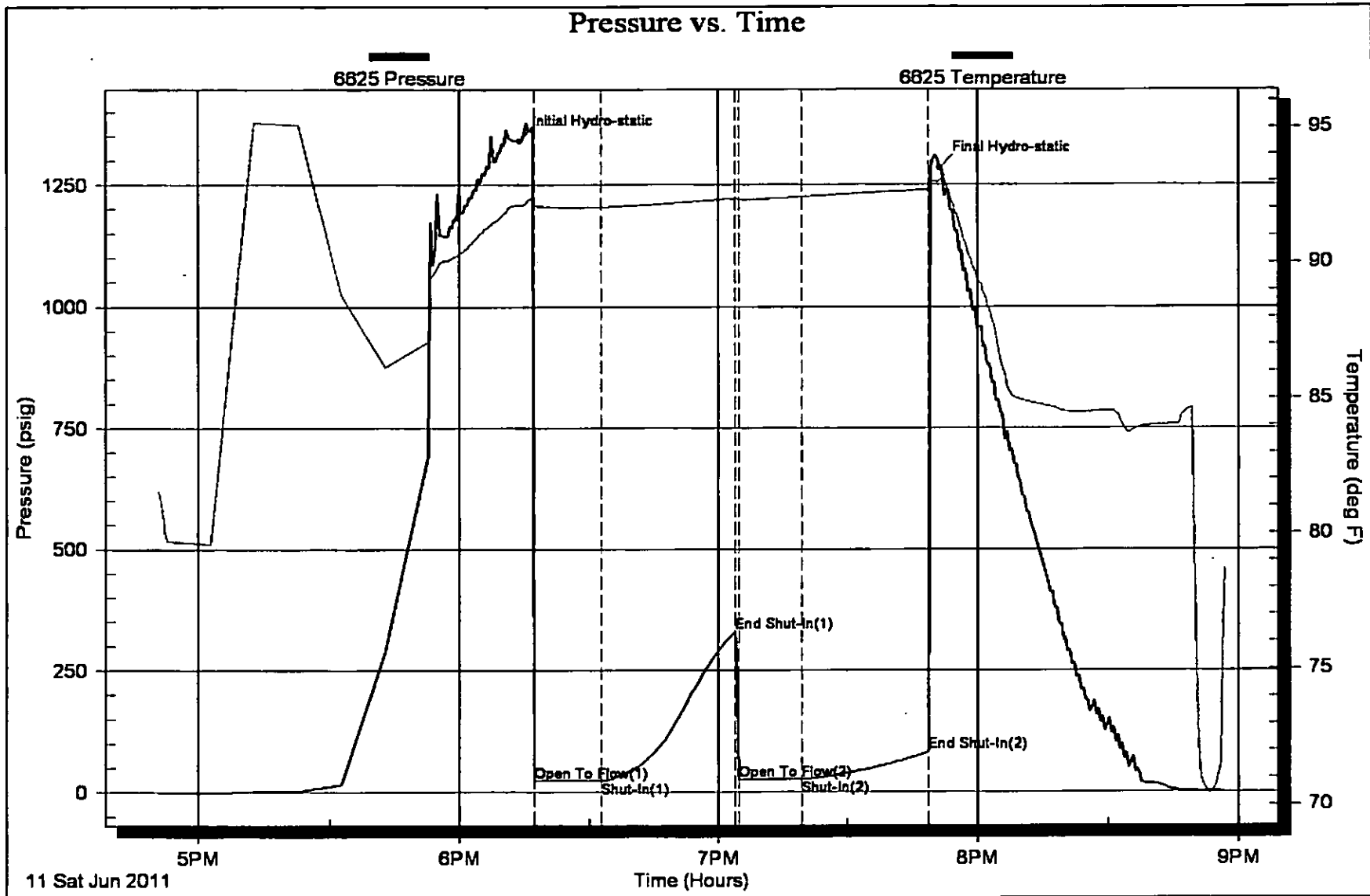
Length ft	Description	Volume bbl
10.00	Mud w/show of oil	0.140

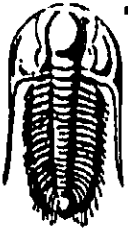
Total Length: 10.00 ft Total Volume: 0.140 bbl

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

Laboratory Name: Laboratory Location:

Recovery Comments:





**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Buffalo Resources LLC

Whitmer Unit #1-20

301 Commerce, Ste 1380
Ft. Worth, Texas 76102

20-14s-11w Russell

Job Ticket: 43864

DST#: 2

ATTN: Matthew Flanery

Test Start: 2011.06.12 @ 05:52:25

GENERAL INFORMATION:

Formation: **Lancing "F"**

Deviated: **No Whipstock:** ft (KB)

Time Tool Opened: 08:00:55

Time Test Ended: 13:26:55

Test Type: **Conventional Bottom Hole**

Tester: **Cody Bloedorn**

Unit No: **39**

Interval: **2892.00 ft (KB) To 2912.00 ft (KB) (TVD)**

Reference Elevations: **1671.00 ft (KB)**

Total Depth: **2912.00 ft (KB) (TVD)**

1663.00 ft (CF)

Hole Diameter: **7.85 inches** Hole Condition: **Good**

KB to GR/CF: **8.00 ft**

Serial #: **8352** Inside

Press@RunDepth: **37.69 psig @ 2893.00 ft (KB)**

Capacity: **8000.00 psig**

Start Date: **2011.06.12**

End Date:

2011.06.12

Last Calib.:

2011.06.12

Start Time: **05:52:30**

End Time:

13:26:54

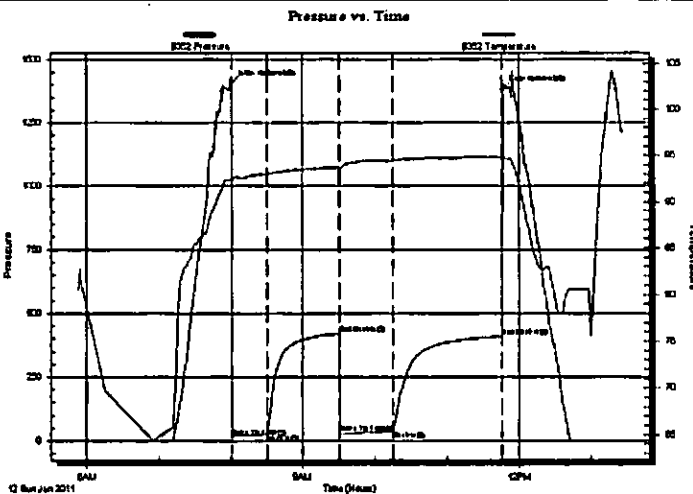
Time On Btm:

2011.06.12 @ 08:00:45

Time Off Btm:

2011.06.12 @ 11:46:15

TEST COMMENT: 30 - IF- 1 1/4" Blow
60 - IS- No blow back 35 Minutes, surface blow fading in and out, died in 11 min.
FF- 1/2" blow
FS- No blow back



PRESSURE SUMMARY

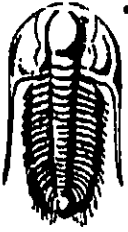
Time (Mn.)	Pressure (psig)	Temp (deg F)	Annotation
0	1407.37	92.77	Initial Hydro-static
1	14.91	91.98	Open To Flow (1)
30	26.04	93.01	Shut-in(1)
90	419.61	93.76	End Shut-in(1)
91	29.74	93.57	Open To Flow (2)
135	37.69	94.47	Shut-in(2)
226	408.58	94.88	End Shut-in(2)
226	1382.56	95.11	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
15.00	50%M, 50%W Slightly oil spotted	0.21

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Buffalo Resources LLC

Whitmer Unit #1-20

301 Commerce, Ste 1380
Ft.Worth, Texas 76102

20-14s-11w Russell

Job Ticket: 43864

DST#: 2

ATTN: Matthew Flanery

Test Start: 2011.06.12 @ 05:52:25

Mud and Cushion Information

Mud Type: Gel Chem
Mud Weight: 9.00 lb/gal
Viscosity: 44.00 sec/qt
Water Loss: 8.79 in³
Resistivity: ohm.m
Salinity: 5000.00 ppm
Filter Cake: inches

Cushion Type:
Cushion Length: ft
Cushion Volume: bbl
Gas Cushion Type:
Gas Cushion Pressure: psig

Oil API: deg API
Water Salinity: ppm

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
15.00	50%M, 50%W Slightly oil spotted	0.210

Total Length: 15.00 ft Total Volume: 0.210 bbl

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

Laboratory Name: Laboratory Location:

Recovery Comments: Water Salinity: .23@86 Degrees= 25000

