



KANSAS CORPORATION COMMISSION 1066603
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 # 6039
Name: L. D. Drilling, Inc.
Address 1: 7 SW 26TH AVE
Address 2: _____
City: GREAT BEND State: KS Zip: 67530 + 6525
Contact Person: L. D. DAVIS
Phone: (620) 793-3051
CONTRACTOR: License # 6039
Name: L. D. Drilling, Inc.
Wellsite Geologist: NA
Purchaser: M V PURCHASING

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SLOW
 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: THEODORE GORE

Well Name: SCHROPP #1

Original Comp. Date: 11/27/1968 Original Total Depth: 4020

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>09/10/2011</u>	<u>09/11/2011</u>	<u>09/20/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-179-20160-00-01

Spot Description: _____
NE SW SW SW Sec. 34 Twp. 8 S. R. 28 East West
530 Feet from North / South Line of Section
550 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Sheridan

Lease Name: SCHROPP OWWO Well #: 1-34

Field Name: FREDA

Producing Formation: TORONTO

Elevation: Ground: 2647 Kelly Bushing: 2650

Total Depth: 3905 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 210 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: 2299 Feet

If Alternate II completion, cement circulated from: 2299
feet depth to: 0 w/ 345 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 #: _____

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: _____
Mireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: Deanna Garrison Date: 11/18/2011



1066603

Operator Name: L. D. Drilling, Inc. Lease Name: SCHROPP OWWO Well #: 1-34
 Sec. 34 Twp. 8 S. R. 28 East West County: Sheridan

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 type="checkbox"/> Sample Name Top Datum NA
---	---

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
PRODUCTION - BOTTOM STAGE	7.875	4.5	11	3905	COMMON	175	
PRODUCTION - TOP STAGE	7.875	4.5	11	3905	COMMON	345	
PROD - TOP ST CONT	7.875	4.5	11	3905	60/40 POZMIX	230	4% 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
2	3761 - 3764'	500 gal 20% MCA Acid	

TUBING RECORD: Size: <u>2.375</u> Set At: <u>3839</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>11/16/2011</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.	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 <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: _____ _____
---	--	--

REMIT TO
RR 1 BOX 90 D
HOXIE KS 67740

SCHIPPERS OIL FIELD SERVICE L.L.C.

526

DATE <i>9/6/11</i> SEC. <i>3.4</i>	RANGE/TWP. <i>E/28</i>	CALLED OUT	OH'S LOCATION <i>m</i>	JOB START	JOB END <i>9/11/11</i>
LEASE <i>Schipp</i>	<i>QWWU</i>	WELL # <i>1-31</i>	COUNTY <i>SD</i>	STATE <i>KS</i>	

CONTRACTOR <i>L.D. Perkins</i>	OWNER <i>L.D. Dr. H. x</i>		
TYPE OF JOB <i>Bottom Stage</i>			
HOLE SIZE <i>7 7/8</i>	T.D. <i>3925</i>	CEMENT	
CASING SIZE	DEPTH	AMOUNT ORDERED	
TUBING SIZE	DEPTH		
DRILL PIPE <i>4 1/2</i>	DEPTH		
TOOL	DEPTH		
PRES. MAX	MINIMUM	COMMON	<i>175 @ 14 1/2</i>
DISPLACEMENT <i>61.82</i>	SHOE JOINT	POZMIX	<i>@</i>
CEMENT LEFT IN CSG.		GEL	<i>3 @ 76</i>
PERFS		CHLORIDE	<i>@</i>
EQUIPMENT		ASC	<i>@</i>
PUMP TRUCK		<i>Cal Seal</i>	<i>11 @ 36"</i>
#		<i>Mud Sweep</i>	<i>502.1 @ 10' 50'</i>
BULK TRUCK			<i>@</i>
#			<i>@</i>
BULK TRUCK			<i>@</i>
#			<i>@</i>
		HANDLING	<i>18.9 @ 1 1/2</i>
<i>Shoe + 6.5</i>		MILEAGE	<i>@</i>
			<i>@ 250'</i>
		TOTAL	

REMARKS	SERVICE <i>Bottom Stage</i>	
<i>DV Tool @ 2799'</i>	DEPT OF JOB	<i>@</i>
<i>Latch Plug Down 12:50 PM</i>	PUMP TRUCK CHARGE	<i>@ 18.00</i>
<i>D.P. Seal DV at 1100 PSI</i>	EXTRA FOOTAGE	<i>@</i>
<i>Open tool 10:45 AM</i>	MILEAGE <i>11</i>	<i>@ 6.00</i>
<i>Circulate 3 hr cement top stage</i>	MANIFOLD	<i>@ 100.00</i>
	TOTAL	

CHARGE TO: <i>L.D. Davis</i>	
STREET	STATE <i>KS</i>
CITY <i>Grant Park</i>	ZIP

To: Schippers Oil Field Service LLC
You are hereby requested to rent cementing equipment and furnish staff 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 & understand the "TERMS AND CONDITIONS" listed on the reverse side.

PLUG & FLOAT EQUIPMENT	
<i>DV Tool</i>	<i>@</i>
<i>Grade Sho</i>	<i>@</i>
<i>S. Cementation</i>	<i>@</i>
<i>1- Backer</i>	<i>@</i>
<i>Ant's Seal insert</i>	<i>@</i>
TOTAL	
TAX	
TOTAL CHARGE	
DISCOUNT (IF PAID IN 20 DAYS)	

SIGNATURE *Rhel Wilson*

PRINTED NAME

REMIT TO
RR 1 BOX 90 D
HOXIE KS 67740

SCHIPPERS OIL FIELD SERVICE L.L.C.

527

DATE <i>9/17/11</i>	SEC.	RANGE/TWP.	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <i>Schripp</i>		<i>OVVD</i>	WELL # <i>1-34</i>		COUNTY <i>50</i>	STATE <i>KS</i>

CONTRACTOR <i>L.D. Davis</i>	OWNER <i>L.D.</i>			
TYPE OF JOB <i>Top Stage</i>				
HOLE SIZE	T.D.	CEMENT	<i>575</i>	
CASING SIZE <i>4 1/2</i>	DEPTH	AMOUNT ORDERED		
TUBING SIZE	DEPTH			
DRILL PIPE	DEPTH		<i>60/10/4 1/2</i>	
TOOL	DEPTH			
PRES. MAX	MINIMUM	COMMON	<i>345</i>	@ <i>14.00</i>
DISPLACEMENT <i>26 W</i>	SHOE JOINT	POZMIX	<i>230</i>	@ <i>8.50</i>
CEMENT LEFT IN CSG.		GEL	<i>20</i>	@ <i>2.6</i>
PERFS		CHLORIDE		@
		ASC		@
EQUIPMENT				@
				@
PUMP TRUCK				@
#				@
BULK TRUCK				@
#				@
BULK TRUCK				@
#				@
		HANDLING	<i>595</i>	@ <i>1.5</i>
		MILEAGE		@ <i>250</i>
<i>Circ Cement 7.2</i>				TOTAL

REMARKS <i>Fit</i>	SERVICE <i>Top Stage</i>		
	DEPT OF JOB	@	
<i>30 sec Rot Hole</i>	PUMP TRUCK CHARGE	@	<i>150</i>
<i>Plug Down 3:15 PM</i>	EXTRA FOOTAGE	@	
	MILEAGE <i>4</i>	@	<i>1.50</i>
	MANIFOLD	@	
		@	
		@	
		TOTAL	

CHARGE TO: <i>L.D.</i>	
STREET	STATE
CITY	ZIP

To: Schippers Oil Field Service LLC
You are hereby requested to rent cementing equipment and furnish staff 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 & understand the "TERMS AND CONDITIONS" listed on the reverse side.

PLUG & FLOAT EQUIPMENT	
	@
	@
	@
	@
	@
	TOTAL
TAX	
TOTAL CHARGE	
DISCOUNT (IF PAID IN 20 DAYS)	

SIGNATURE *Rub W. ...*

PRINTED NAME