



KANSAS CORPORATION COMMISSION 1071954
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 # 30717
Name: Downing-Nelson Oil Co Inc
Address 1: PO BOX 1019
Address 2: _____
City: HAYS State: KS Zip: 67601 + _____
Contact Person: Ron Nelson
Phone: (785) 621-2610
CONTRACTOR: License # 31548
Name: Discovery Drilling
Wellsite Geologist: Ron Nelson
Purchaser: Coffeyville Resources

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 #: _____

<u>12/06/2011</u>	<u>01/05/2012</u>	<u>01/06/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-051-26084-00-00

Spot Description: _____
NW SE SW NE Sec. 3 Twp. 13 S. R. 17 East West
2235 Feet from North / South Line of Section
1830 Feet from East / West Line of Section

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

County: Ellis
Lease Name: Schmidt 'B' Well #: 8
Field Name: Catharine

Producing Formation: Arbuckle
Elevation: Ground: 2021 Kelly Bushing: 2029
Total Depth: 3065 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 222 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 1168 Feet
If Alternate II completion, cement circulated from: 1168
feet depth to: 0 w/ 105 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

Chloride content: 17000 ppm Fluid volume: 320 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: Deanna Garrison Date: 01/27/2012



1071954

Operator Name: Downing-Nelson Oil Co Inc Lease Name: Schmidt 'B' Well #: 8
 Sec. 3 Twp. 13 S. R. 17 East West County: Ellis

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name Attached	Top Attached	Datum Attached
Cores Taken	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				
Micro Dual Induction Compensated Density/Neutron				

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 Pipe	12.25	8.0625	23	222.27	Common	150	2% Gel & 3% CC
Production Casing	7.0875	5.5	14	3631.55	EA/2	150	

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
4	3538' to 3541'		

TUBING RECORD:	Size: <u>2.3750</u>	Set At: <u>3545</u>	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>01/24/2012</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
Estimated Production Per 24 Hours	Oil Bbls. <u>40</u>	Gas Mcf <u>0</u>	Water Bbls. <u>0</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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Downing-Nelson Oil Co Inc
Well Name	Schmidt 'B' 8
Doc ID	1071954

Tops

Top Anhydrite	1205'	+824
Base Anhydrite	1244'	+785
Topeka	2990'	-961
Heebner	3233'	-1204
Toronto	3250'	-1221
LKC	3278'	-1249
BKC	3514'	-1485
Arbuckle	3535'	-1505

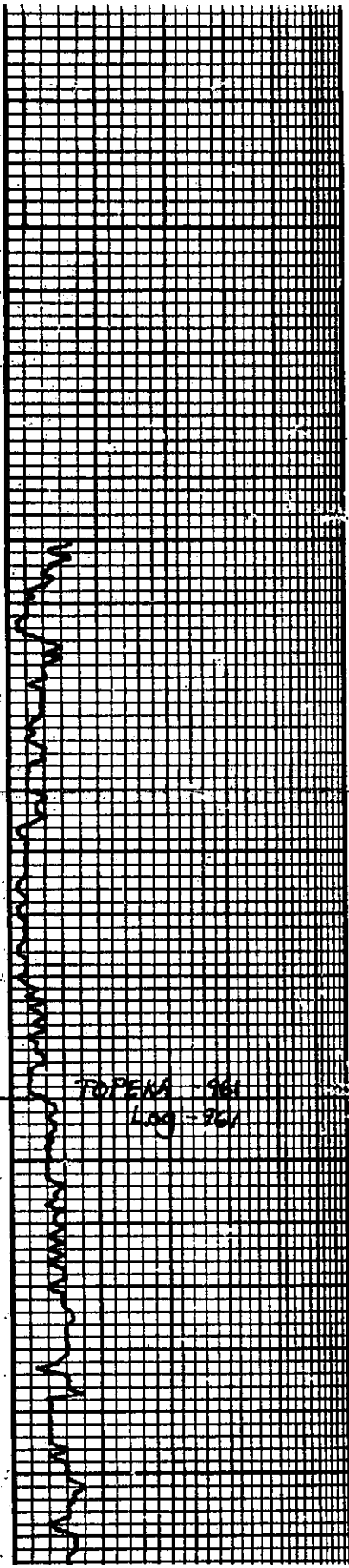
QUALITY OILWELL CEMENTING, INC.

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

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

No. 601

Date	Sec.	Twp.	Range	County	State	On Location	Finish
12-16-11	3	13	17	Ellis	KS		10:30pm
Lease <u>Schmidt B</u>	Well No. <u>8</u>		Location <u>Well Tech 20 1/2 E Sinto</u>				
Contractor <u>Discovery #3</u>				Owner			
Type Job <u>Surface</u>				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 <u>12 1/4</u>	T.D. <u>223</u>			Charge To <u>Downing/Wilson</u>			
Csg. <u>8 5/8</u>	Depth <u>222</u>			Street			
Tbg. Size	Depth			City			
Tool	Depth			State			
Cement Left in Csg. <u>15'</u>	Shoe Joint			The above was done to satisfaction and supervision of owner agent or contractor.			
Meas Line	Displace <u>1332</u>			Cement Amount Ordered <u>150 lbm 30/40 White</u>			
EQUIPMENT							
Pumptrk <u>5</u>	No.	Cement Helper <u>Craig</u>	Common <u>150</u>				
Bulktrk	No.	Driver <u>Dave</u>	Poz. Mix				
Bulktrk <u>8</u>	No.	Driver <u>Cory</u>	Gel. <u>3</u>				
JOB SERVICES & REMARKS				Calcium <u>5</u>			
Remarks:				Hulls			
Rat Hole				Salt			
Mouse Hole				Flowseal			
Centralizers				Kol-Seal			
Baskets				Mud CLR 48			
D/V or Port Collar				CFL-117 or CD110 CAF 38			
<u>8 5/8 on bottom ES circulation</u>				Sand			
<u>Mix 150 wt + Displace</u>				Handling <u>155</u>			
<u>Cement Circulated</u>				Mileage			
FLOAT EQUIPMENT							
				Guide Shoe			
				Centralizer			
				Baskets			
				AFU inserts			
				Float Shoe			
				Latch Down			
				Pumptrk Charge <u>Surface</u>			
				Mileage <u>12</u>			
				Tax			
				Discount			
Signature <u>John Ducker</u>				Total Charge			



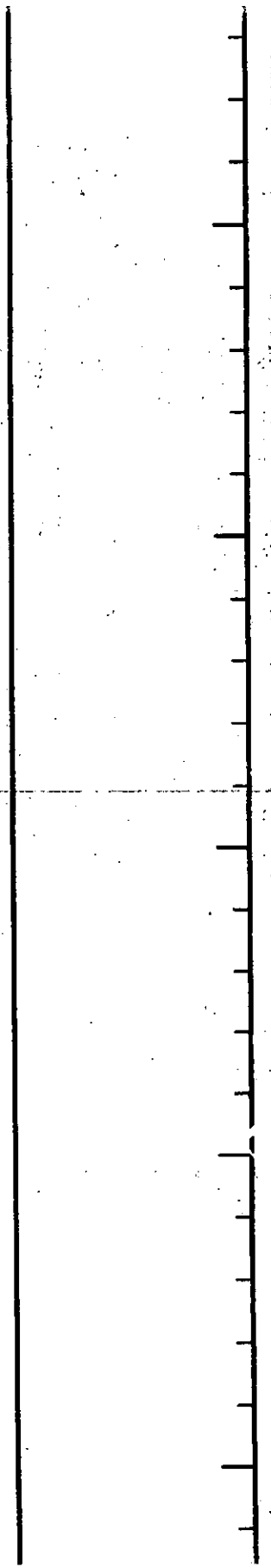
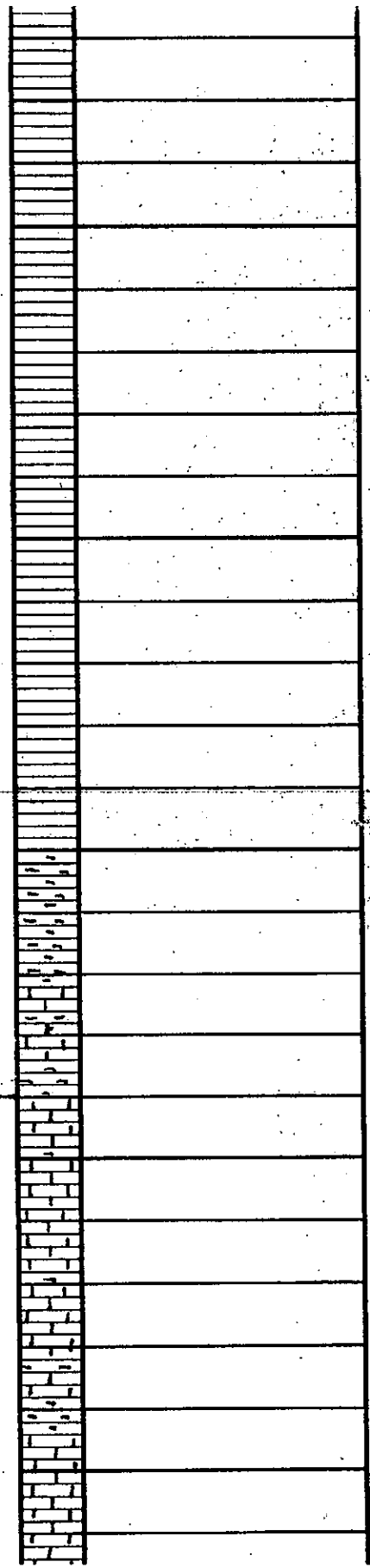
1200

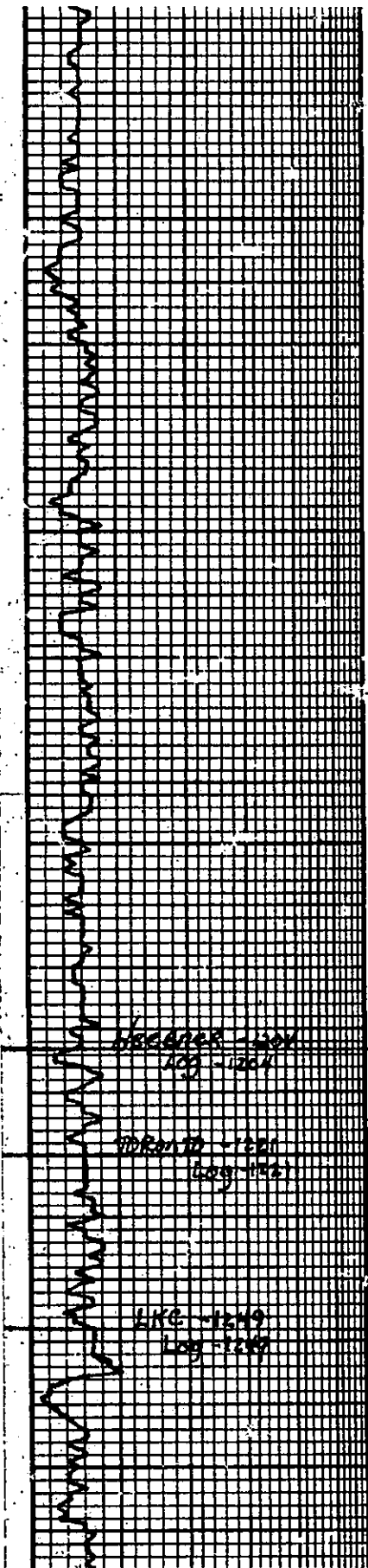
2900

50

3000

50





Wagner - 1241
Log - 1241

Wagner - 1241
Log - 1241

LKE - 1249
Log - 1249

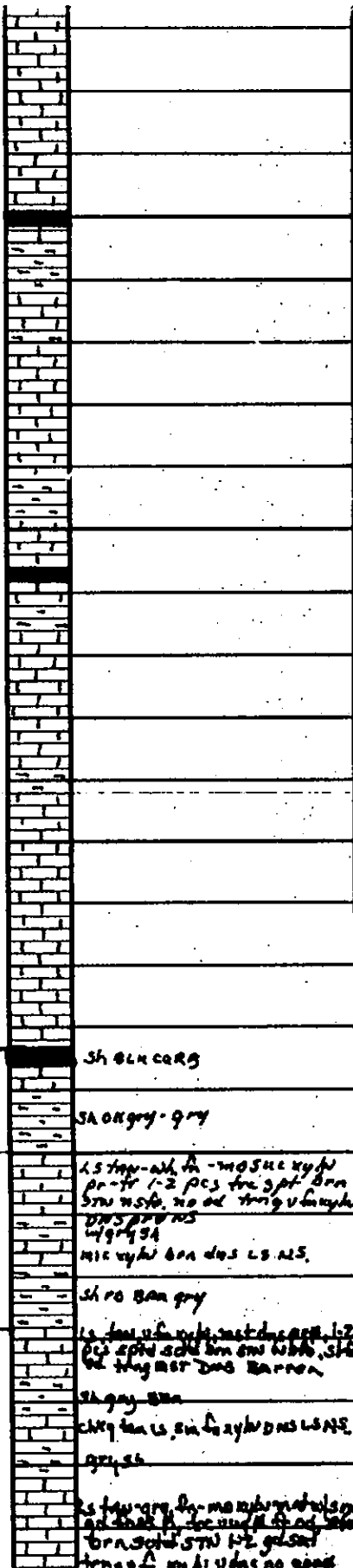
3100

50

3200

50

3300



Sh blk carb

SA on gry - gry

LS top - wh. fr - mosuc xyl
pr - fr 1-2 pcs fr 3pt' brn
stru nstr. no ad trig v. lumpy
DMS prns
149454
mic xyl brn dos LS MS.

sh ro Ban gry

ls tan v. xyl, met dnc, 1.2
pc' spid acd brn sm ltbl, sh
of trig met DMS Barron

sh gry Ban

chrq tan ls sh fr xyl DMS LMS

gry ss

ls tan gry fr - mo xyl brn nls
ad shak fr - be uncl fr ad sh
brn shak stru 1.2 grs
frnca L m li v. dnc no acd

