

KANSAS CORPORATION COMMISSION
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

ORIGINAL

OPERATOR: License # 32325
Name: POPP OPERATING, INC
Address 1: PO BOX 187
Address 2: _____
City: HOISINGTON State: KS Zip: 67544 + 0187
Contact Person: RICKEY POPP
Phone: (620) 786-5514
CONTRACTOR: License # 5929
Name: DUKE DRILLING CO., INC.
Wellsite Geologist: JOSH AUSTIN
Purchaser: NCRA

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 #: _____

09-21-2011 09-26-2011 9-26-11
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 185-23,696-00-00
Spot Description: SE/4
SW NW NE SE Sec. 20 Twp. 23 S. R. 13 East West
2,266 Feet from North / South Line of Section
1,228 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: STAFFORD
Lease Name: SCHULZ TRUST Well #: 1
Field Name: ST JOHN NORTHWEST
Producing Formation: _____
Elevation: Ground: 1891 Kelly Bushing: 1899
Total Depth: 3943 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 322 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: 7,000 ppm Fluid volume: 80 bbls
Dewatering method used: HAUL FREE FLUIDS
Location of fluid disposal if hauled offsite: _____
Operator Name: POPP OPERATING, INC
Lease Name: WARD License #: 32325
Quarter NE Sec. 15 Twp. 23 S. R. 13 East West
County: STAFFORD Permit #: D-28,756

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: Rickey Popp
Title: PRESIDENT Date: 2-19-2012

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: Dtg Date: 3/6/12

Operator Name: POPP OPERATING, INC Lease Name: SCHULZ TRUST Well #: 1
 Sec. 20 Twp. 23 S. R. 13 East West County: STAFFORD

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 Yes No
(Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No

Electric Log Submitted Electronically Yes No
(If no, Submit Copy)

<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input checked="" type="checkbox"/> Sample
Name	Top	Datum
HEEBNER	3344'	-1446
TORONTO	3363'	-1465
DOUGLAS	3381'	-1483
BROWN LIME	3481'	-1583
L-KC	3505'	-1607'
BASE L-KC	3721'	-1823
ARBUCKLE	3935'	-2037

List All E. Logs Run:

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	12-1/4"	8-5/8"	28#	322'	60/40 POZ	250	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: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift 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 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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QUALITY WELL SERVICE, INC.

5241

Home Office 190th US 56 HWY, Ellinwood, KS 67526

Todd's Cell 620-388-5422
Darin's Cell 785-445-2686

Rich's Cell 620-727-3409
Brady's Cell 620-727-6964

Date	9-21-11	Sec.	20	Twp.	23	Range	13	County	STAFFORD	State	K	On Location		Finish	7:30
Lease	Schultz Trust		Well No.	#1		Location									
St. John						K 2N		1W 1/2 N 4: N 2E							
Contractor	Duke Dicks #2							Owner							
Type Job	Surface							To Quality Well Service, 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.	322		Charge To									
Csg.	20" 20"		Depth	321.99		KOPP OPERATIONS TRC									
Tbg. Size			Depth	Street											
Tool			Depth	City											
Cement Left in Csg.			Shoe Joint	State											
The above was done to satisfaction and supervision of owner agent or contractor.															
Meas Line			Displace	19.19 Bbls		Cement Amount Ordered									
3005 60/40 POZ															
EQUIPMENT															
Pumptrk	8	No.	TODD		Common										
Bulktrk	7	No.	BEADY		150										
Bulktrk		No.			Poz. Mix										
Pickup		No.	MIKE		100										
Gel.															
4															
Calcium															
3															
JOB SERVICES & REMARKS															
Hulls															
Rat Hole	Salt														
Mouse Hole	Flowseal 63														
Centralizers	Kol-Seal														
Baskets	Mud CLR 48														
D/V or Port Collar	CFL-117 or CD110 CAF 38														
Run 7 H's 7 5/8 20" Csg															
Sand															
Handling															
MIX: Pump 5 60/40 POZ															
2-6 1/2 3 1/2 YC 1/4" CF															
14.7 # GAL 1.25 H ³															
MILEAGE 25															
376 FLOAT EQUIPMENT															
Guide Shoe															
Centralizer															
Baskets															
AFU Inserts															
Float Shoe															
Latch Down															
1 Woods Plug															
Pumptrk Charge															
Surface															
Mileage															
25															
Tax															
Discount															
Total Charge															
Signature: John J. [unclear]															

QUALITY WELL SERVICE, INC.

5303

Home Office 324 Simpson St., Pratt, KS 67124

Todd's Cell 620-388-5422
Office / Fax 620-672-3663

Rich's Cell 620-727-3409
Brady's Cell 620-727-6964

Date	Sec.	Twp.	Range	County	State	On Location	Finish
9-26-11	20	23	13	STAFFORD	Ks		7.15
Lease	Schulz trust	Well No.	#1	Location	2N of St. John Ks 1W		
Contractor	Dike Oelg #2			Owner	1/4N W into		
Type Job	PIA			To Quality Well Service, 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	7 7/8	T.D.	3943	Charge To	POPP OPERATING Inc		
Csg.		Depth		Street			
Tbg. Size		Depth		City	State		
Tool		Depth		The above was done to satisfaction and supervision of owner agent or contractor.			
Cement Left in Csg.		Shoe Joint		Cement Amount Ordered	220x 60/40		
Meas Line		Displace		4 1/2 GEL 1/4" CF			
EQUIPMENT				Common	132		
Pumptrk	3	No.	BIGDOD	Poz. Mix	83		
Bulktrk	5	No.	TOO	Gel.	9		
Bulktrk		No.		Calcium			
Pickup		No.	MACE				
JOB SERVICES & REMARKS				Hulls			
Rat Hole	30x			Salt			
Mouse Hole	20x			Flowseal	55		
Centralizers				Kol-Seal			
Baskets				Mud CLR 48			
D/V or Port Collar				CFL-117.or CD110 CAF 38			
12" Pipe 3900'				Sand			
50x 60/40 4 1/2 GEL 1/4" CF				Handling	223		
Done w/ mo				Mileage	25		
FLOAT EQUIPMENT				Guide Shoe			
2 1/2" Pipe 320'				Centralizer			
20x 60/40 4 1/2 GEL 1/4" CF				Baskets			
Done w/ H's				AFU Inserts			
3 1/2" Pipe 350'				Float Shoe			
50x 60/40 4 1/2 GEL 1/4" CF				Latch Down	1 1/2" hole PUG		
Done w/ H's							
4 1/2" Pipe 60'				Pumptrk Charge	PIA		
20x 60/40 4 1/2 GEL 1/4" CF				Mileage	25		
					Tax		
					Discount		
					Total Charge		
X Signature	John P. Dombrater						