



KANSAS CORPORATION COMMISSION 1077490
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 # 34038
Name: Flatirons Resources LLC
Address 1: 303 E 17TH AVE STE 940
Address 2: _____
City: DENVER State: CO Zip: 80203 + _____
Contact Person: John Marvin
Phone: (303) 292-3902
CONTRACTOR: License # 33645
Name: H2 Plains, LLC
Wellsite Geologist: Clayton Erickson
Purchaser: Texon/sunoco

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: Flatirons Resources LLC

Well Name: Woodall 31-35
Original Comp. Date: 11/8/2010 Original Total Depth: 3982
 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>3/02/2011</u>	<u>3/14/2011</u>
Spud Date or Recompletion Date	Completion Date or Recompletion Date

API No. 15 - 15-065-23685-00-01

Spot Description: _____
SW NE NA NE Sec. 35 Twp. 10 S. R. 22 East West
630 Feet from North / South Line of Section
1730 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Graham
Lease Name: Woodall Well #: 31-35

Field Name: _____
Producing Formation: Arbuckle
Elevation: Ground: 2220 Kelly Bushing: 2225
Total Depth: 3982 Plug Back Total Depth: 3946
Amount of Surface Pipe Set and Cemented at: 226 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 1624 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: _____ 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: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: NAOMI JAMES Date: 04/05/2012



1077490

Operator Name: Flatirons Resources LLC Lease Name: Woodall Well #: 31-35
 Sec. 35 Twp. 10 S. R. 22 East West County: Graham

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 <i>(Attach Additional Sheets)</i> 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 <i>(If no, Submit Copy)</i> List All E. Logs Run: Borehole Compensated Sonic, Dual Induction, compensated Neutron PEL Density, Micro	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">Name Attached</td> <td style="width:33%; border: none;">Top Attached</td> <td style="width:33%; border: none;">Datum Attached</td> </tr> </table>	Name Attached	Top Attached	Datum Attached
Name Attached	Top Attached	Datum Attached		

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

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing	-			
___ Plug Back TD				
___ 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	3863-3871	400 gal MCA/250 gal 15% NEw/2%musol	
	3863-3871	retreat w/250 gal 28%Nw/2%musol	
2	3869	jet w/1100gal 12%acid@ 225 & 345 deg	
1	3891	jet w/1300gal 12%acid @345 & 210 deg	
1	3891	jet w/ 700gal 12% acid @180 & 60 deg	

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. 3/16/2011 Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	5	0	0		

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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>3863-3891</u>
---	---	--

Form	ACO1 - Well Completion
Operator	Flatirons Resources LLC
Well Name	Woodall 31-35
Doc ID	1077490

Tops

Anhydrite - top	1712	513
Anhydrite - base	1760	465
Topeka	3247	-1022
Hebner	3458	-1233
Lansing	3495	-1270
Stark Shale	3686	-1461
Base Kansas City	3731	-1506
Pawnee	3802	-1577
Arbuckle	3862	-1637
TD	3975	-1750