



KANSAS CORPORATION COMMISSION 1074316  
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 # 5798  
Name: Weilert, Michael D. dba Michael D. Weilert Oil Company  
Address 1: 866 230TH AVE  
Address 2: \_\_\_\_\_  
City: HAYS State: KS Zip: 67601 + 9605  
Contact Person: curtis weilert  
Phone: ( 785 ) 625-6327  
CONTRACTOR: License # 34519  
Name: Double Drum Well Service LLC  
Wellsite Geologist: roger mooses  
Purchaser: \_\_\_\_\_

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: FRONTIER OIL; CO

Well Name: KINDERKNECHT "B" #8

Original Comp. Date: 05/02/1979 Original Total Depth: 3861

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 #: \_\_\_\_\_

10/11/2011	10/17/2011	10/29/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-051-21678-00-01

Spot Description: \_\_\_\_\_  
SW NW NE Sec. 8 Twp. 14 S. R. 19  East  West  
990 Feet from  North /  South Line of Section  
2310 Feet from  East /  West Line of Section

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

County: Ellis

Lease Name: WEILERT Well #: 1

Field Name: \_\_\_\_\_

Producing Formation: ARBUCKLE

Elevation: Ground: 2216 Kelly Bushing: 2221

Total Depth: 3861 Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: 261 Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: 1524 Feet

If Alternate II completion, cement circulated from: 1524  
feet depth to: 0 w/ 200 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: Deanna Garba Date: 02/27/2012



1074316

Operator Name: Weilert, Michael D. dba Michael D. Weilert Oil Company Lease Name: WEILERT Well #: 1  
 Sec. 8 Twp. 14 S. R. 19  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 <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 checked="" type="checkbox"/> Sample  <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>ANH</td> <td>1498</td> <td>+723</td> </tr> <tr> <td>TOP</td> <td>3231</td> <td>-827</td> </tr> <tr> <td>HEEB</td> <td>3474</td> <td>-1253</td> </tr> <tr> <td>TOR</td> <td>3500</td> <td>-1279</td> </tr> <tr> <td>LKC</td> <td>3519</td> <td>-1298</td> </tr> <tr> <td>B KC</td> <td>3765</td> <td>-1544</td> </tr> <tr> <td>ARB</td> <td>3848</td> <td>-1627</td> </tr> </tbody> </table>	Name	Top	Datum	ANH	1498	+723	TOP	3231	-827	HEEB	3474	-1253	TOR	3500	-1279	LKC	3519	-1298	B KC	3765	-1544	ARB	3848	-1627
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CASING RECORD <input type="checkbox"/> New <input checked="" 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	28	260.78	COMMON	165	2% GEL 3% CC
PRODUCTION	7.875	4.5	9.5	3849	COMMON	750	10% SALT 6% GEL

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
	OPEN HOLE	ACID 1500 28%	3849-3861

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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. <u>0</u>	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 checked="" type="checkbox"/> Open Hole <input 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>3849</u> <u>3861</u>
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