



KANSAS CORPORATION COMMISSION 1074988  
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 # 34110  
Name: Caerus Kansas LLC  
Address 1: 600 17TH ST, STE 1600 N  
Address 2: \_\_\_\_\_  
City: DENVER State: CO Zip: 80202 + \_\_\_\_\_  
Contact Person: Amy Lay  
Phone: ( 303 ) 565-4600  
CONTRACTOR: License # 34233  
Name: Maverick Drilling LLC  
Wellsite Geologist: Herb Dines  
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: \_\_\_\_\_  
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>6/16/2011</u>	<u>6/23/2011</u>	<u>6/24/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-185-23679-00-00  
Spot Description: \_\_\_\_\_  
SW NE SE NE Sec. 30 Twp. 24 S. R. 14  East  West  
1651 Feet from  North /  South Line of Section  
441 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW  
County: Stafford  
Lease Name: Waters Well #: 30-42  
Field Name: \_\_\_\_\_  
Producing Formation: N/A  
Elevation: Ground: 1990 Kelly Bushing: 1996  
Total Depth: 4450 Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at: 265 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: 0 ppm Fluid volume: 320 bbls  
Dewatering method used: Hauled to Disposal  
Location of fluid disposal if hauled offsite: \_\_\_\_\_  
Operator Name: Paul's Oilfield Services  
Lease Name: James Trust #2A License #: 31085  
Quarter NW Sec. 21 Twp. 23 S. R. 16  East  West  
County: Pawnee Permit #: 28849

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: 02/23/2012
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: Deanna Gombor Date: 03/05/2012



1074988

Operator Name: Caerus Kansas LLC Lease Name: Waters Well #: 30-42  
 Sec. 30 Twp. 24 S. R. 14  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 <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:  Dual, Micro, Porosity, Sonic	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input 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>Stone Corral</td> <td>948</td> <td></td> </tr> <tr> <td>Wood Siding</td> <td>2817</td> <td></td> </tr> <tr> <td>Base Kansas City</td> <td>3981</td> <td></td> </tr> <tr> <td>Arbuckle</td> <td>4360</td> <td></td> </tr> </tbody> </table>	Name	Top	Datum	Stone Corral	948		Wood Siding	2817		Base Kansas City	3981		Arbuckle	4360	
Name	Top	Datum														
Stone Corral	948															
Wood Siding	2817															
Base Kansas City	3981															
Arbuckle	4360															

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	12.25	8.625	24	265	Class A 3% CC	180	2% 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

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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.	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> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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# ALLIED CEMENTING CO., LLC. 038764

REMIT TO P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT:  
Coccat-Bond/KCS  
6-24-11

DATE <u>6-23-11</u>	SEC <u>30</u>	TWP <u>24</u>	RANGE <u>121</u>	CALLED OUT	ON LOCATION	JOB START <u>1230am</u>	JOB FINISH <u>130am</u>
LEASE <u>Winters</u>		WELL # <u>30-42</u>		LOCATION <u>west Macksville KS / 281+50</u>		COUNTY <u>Harold</u>	STATE <u>KCS</u>
OLD OR NEW (Circle one) <u>NEW</u>				Tunnel west to SW 80rd 1/4 SW 1/4			

CONTRACTOR Coccat-Bond/KCS OWNER →

TYPE OF JOB Rotary plug

HOLE SIZE <u>7 7/8</u>	I.D. <u>4450</u>
CASING SIZE	DEPTH
TUBING SIZE	DEPTH
DRILL PIPE <u>4 1/2</u>	DEPTH <u>4385</u>
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG. <u>all</u>	
PERFS.	
DISPLACEMENT <u>Fresh water / Reg mud</u>	

EQUIPMENT

PUMP TRUCK # <u>306</u>	CEMENTER <u>Bobby Roberts</u>
BULK TRUCK # <u>341</u>	HELPER <u>Greg</u>
BULK TRUCK #	DRIVER <u>M. H. M.</u>
BULK TRUCK #	DRIVER

CEMENT	AMOUNT ORDERED <u>230 gal (60/40 49 gal)</u>
COMMON <u>138</u>	@ <u>16.25</u> <u>2,242.<sup>50</sup></u>
POZMIX <u>97</u>	@ <u>8.50</u> <u>782.<sup>00</sup></u>
GEL <u>8</u>	@ <u>21.25</u> <u>170.<sup>00</sup></u>
CHLORIDE	@
ASC	@
HANDLING <u>238</u>	@ <u>2.25</u> <u>535.<sup>50</sup></u>
MILEAGE <u>238 x 208.11</u>	<u>523.<sup>00</sup></u>
TOTAL <u>4253.<sup>00</sup></u>	

REMARKS:

1st plug at 4385ft mix 50% cement  
2nd plug at 900ft mix 50% cement  
3rd plug at 300ft mix 60% cement  
4th plug at 60ft mix 20% cement  
Redbale mix 30%  
Waste hole mix 20%

SERVICE

DEPTH OF JOB <u>4385</u>	
PUMP TRUCK CHARGE	<u>1250.<sup>00</sup></u>
EXTRA FOOTAGE	@
MILEAGE <u>7.24</u> <u>70</u>	@ <u>700</u> <u>280.<sup>00</sup></u>
MANIFOLD	@
	@

TOTAL 1530.<sup>00</sup>

CHARGE TO: Coccat-Bond/KCS

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PLUG & FLOAT EQUIPMENT

@ \_\_\_\_\_

# ALLIED CEMENTING CO., LLC. 037235

REMIT TO P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT:  
Grand Bend KS

DATE <u>6-16-11</u>	SEC. <u>30</u>	TWP. <u>24</u>	RANGE <u>14</u>	CALLED OUT	ON LOCATION	JOB START <u>9:00</u>	JOB FINISH <u>9:30PM</u>
LEASE <u>water</u>		WELL # <u>30-42</u>		LOCATION <u>Macville KS 4 East</u>		COUNTY <u>Stoddard</u>	STATE <u>KS</u>
OLD OR <u>NEW</u> (Circle one)				<u>1 1/2 South west 1-10</u>			

CONTRACTOR Maurian OWNER Cacrus Kansas

TYPE OF JOB Surface

HOLE SIZE <u>12 1/4</u>	T.D. <u>266</u>
CASING SIZE <u>8 3/4</u>	DEPTH <u>265</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG. <u>15</u>	
PERFS.	
DISPLACEMENT <u>15.95 BBLs</u>	

CEMENT

AMOUNT ORDERED 180.51 Class A + 3.8  
+ 2.92 601

EQUIPMENT

PUMP TRUCK	CEMENTER <u>Wm Xue</u>
# <u>366</u>	HELPER <u>Gues</u>
BULK TRUCK	
# <u>349</u>	DRIVER <u>Mike</u>
BULK TRUCK	
#	DRIVER

COMMON <u>180</u>	@ <u>16.25</u>	<u>2,925.00</u>
POZMIX	@	
GEL <u>3</u>	@ <u>21.25</u>	<u>63.75</u>
CHLORIDE <u>6</u>	@ <u>58.20</u>	<u>349.20</u>
ASC	@	
	@	
	@	
	@	
	@	
	@	
	@	
HANDLING <u>189</u>	@ <u>2.25</u>	<u>425.25</u>
MILEAGE <u>189 x 40 x .11</u>		<u>831.60</u>
TOTAL		<u>4,594.20</u>

REMARKS:

Pipe on Bottom Break circulation  
with Rig mud  
Run 5 BBLs water - Ahead  
Mix 5x Class A + 3.8oz + 2.92 601  
Shut Down Release Plus  
Displace 15.95 BBLs fresh water  
Shut in Cement & did circulate  
Rig Down circulated 105x to bit

SERVICE

DEPTH OF JOB <u>265</u>		
PUMP TRUCK CHARGE	<u>1125.00</u>	
EXTRA FOOTAGE	@	
MILEAGE <u>Truck 90</u>	@ <u>7.00</u> <u>280.00</u>	
MANIFOLD	@	
<u>Light Truck 40</u>	@ <u>4.00</u> <u>160.00</u>	
	@	
TOTAL		<u>1565.00</u>

CHARGE TO: Cacrus Kansas LLC

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PLUG & FLOAT EQUIPMENT

<u>Wash Pipe</u>	@ <u>94.00</u>	<u>94.00</u>
	@	
	@	
	@	
TOTAL		<u>94.00</u>

To Allied Cementing Co., LLC.  
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) 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 and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any) \_\_\_\_\_

TOTAL CHARGES 4,594.20

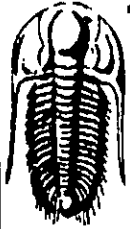
DISCOUNT 0.00 IF PAID IN 30 DAYS

PRINTED NAME Jeremy Stuckey

SIGNATURE [Signature]







**TRILOBITE  
TESTING, INC**

**DRILL STEM TEST REPORT**

**FLUID SUMMARY**

Caerus Kansas LLC

**Waters #30-42**

PO Box 1378  
Hays KS 67601

**30-24s-14w**

Job Ticket: 37495

**DST#: 1**

ATTN: Brian Karlin

Test Start: 2011.06.23 @ 07:09:17

**Mud and Cushion Information**

Mud Type: Gel Chem  
Mud Weight: 10.00 lb/gal  
Viscosity: 54.00 sec/qt  
Water Loss: 10.19 in<sup>3</sup>  
Resistivity: 0.00 ohm.m  
Salinity: 4000.00 ppm  
Filter Cake: 0.02 inches

Cushion Type:  
Cushion Length: ft  
Cushion Volume: bbl  
Gas Cushion Type:  
Gas Cushion Pressure: psig

Oil API: deg API  
Water Salinity: ppm

**Recovery Information**

Recovery Table

Length ft	Description	Volume bbl
1380.00	G M W OIL Spots 2% oil 30% mud 68% w ater	18.820
960.00	w m 10% mud 90% w ater	13.466

Total Length: 2340.00 ft      Total Volume: 32.286 bbl

Num Fluid Samples: 0

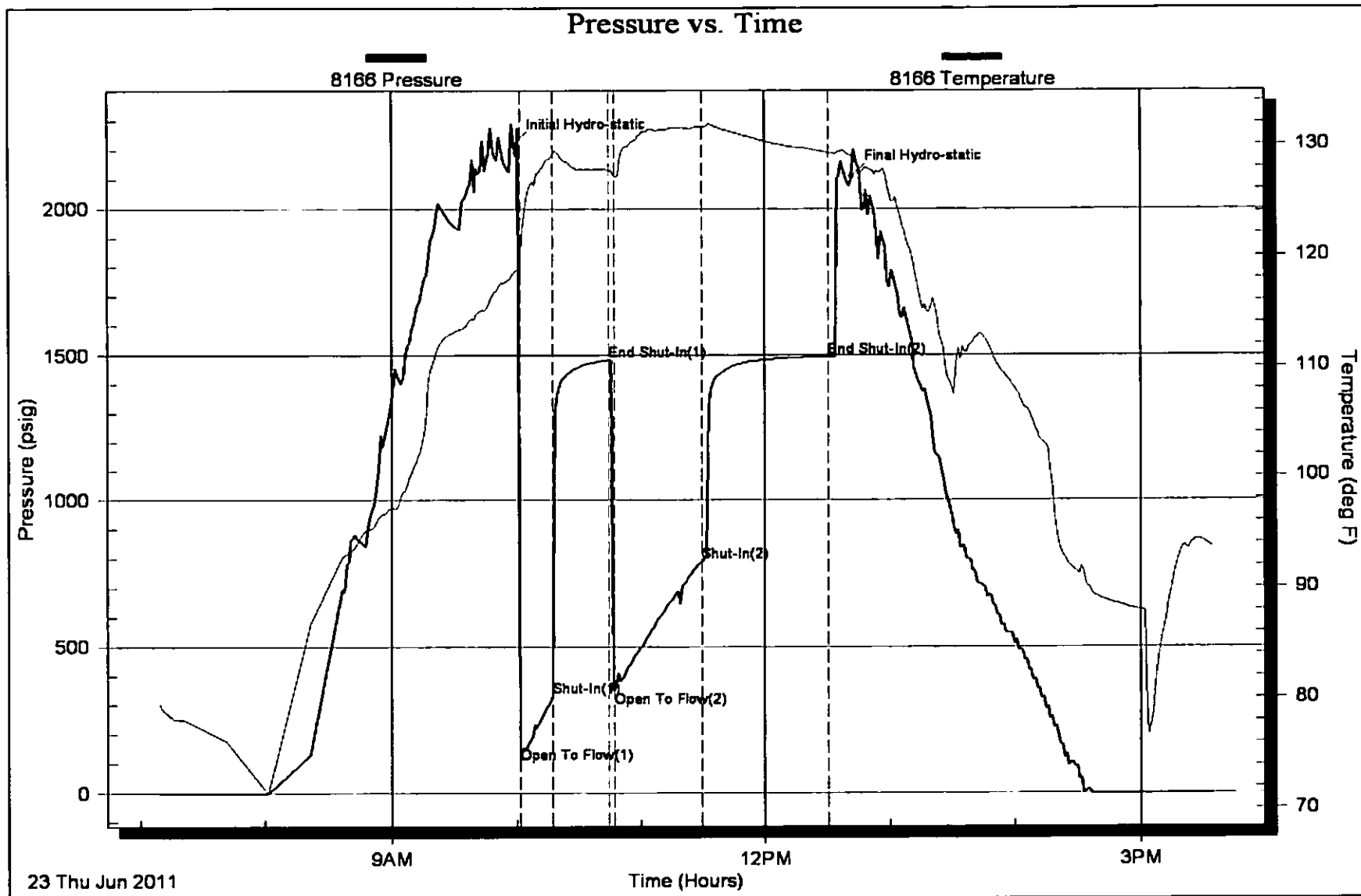
Num Gas Bombs: 0

Serial #:

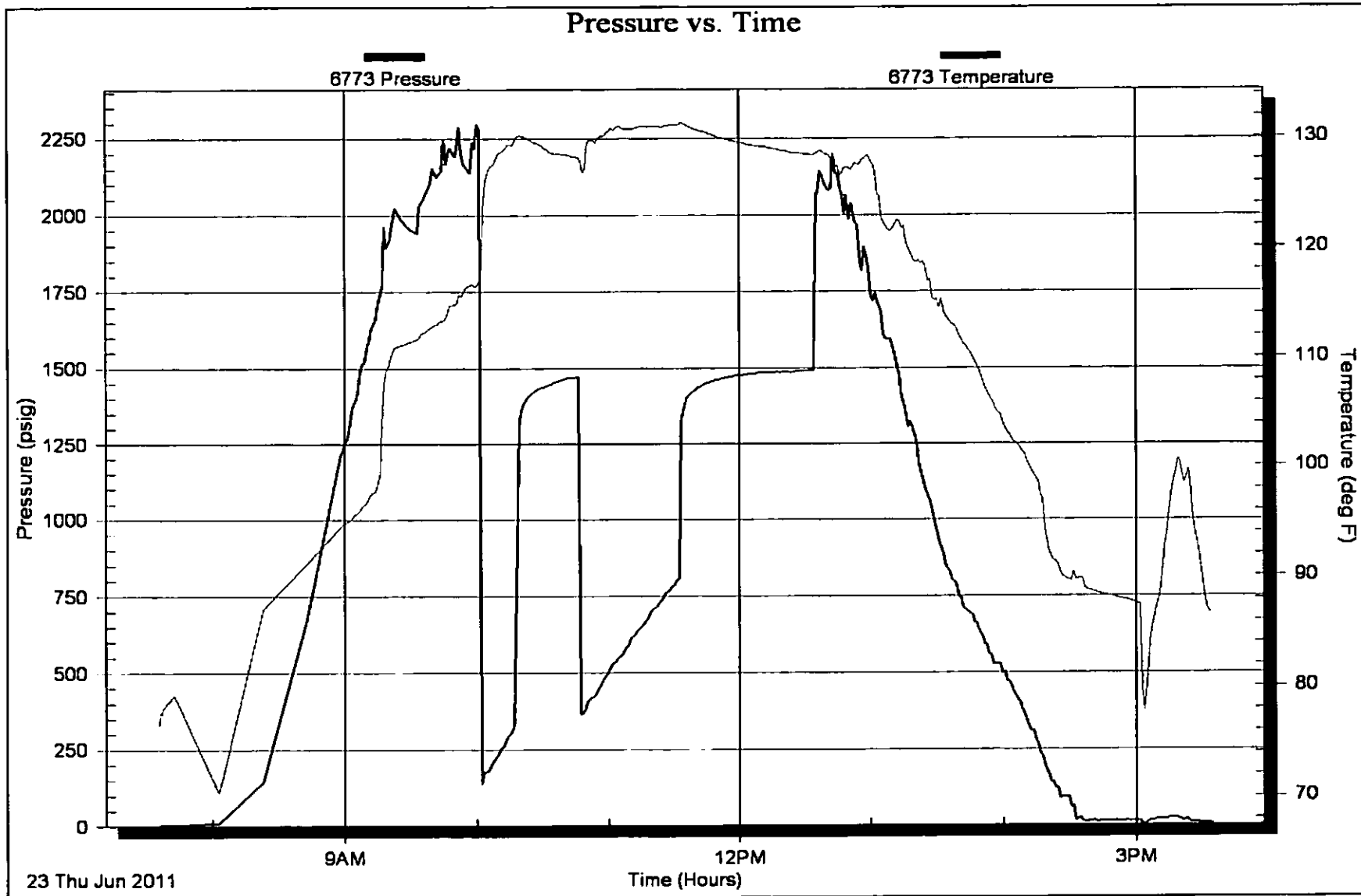
Laboratory Name:

Laboratory Location:

Recovery Comments:







Conservation Division  
Finney State Office Building  
130 S. Market, Rm. 2078  
Wichita, KS 67202-3802



Phone: 316-337-6200  
Fax: 316-337-6211  
<http://kcc.ks.gov/>

Mark Sievers, Chairman  
Ward Loyd, Commissioner  
Thomas E. Wright, Commissioner

Sam Brownback, Governor

February 23, 2012

Amy Lay  
Caerus Kansas LLC  
600 17TH ST, STE 1600 N  
DENVER, CO 80202

Re: ACO1  
API 15-185-23679-00-00  
Waters 30-42  
NE/4 Sec.30-24S-14W  
Stafford County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,  
Amy Lay

Conservation Division  
Finney State Office Building  
130 S. Market, Rm. 2078  
Wichita, KS 67202-3802



Phone: 316-337-6200  
Fax: 316-337-6211  
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Sam Brownback, Governor

February 23, 2012

Amy Lay  
Caerus Kansas LLC  
600 17TH ST, STE 1600 N  
DENVER, CO 80202

Re: ACO-1  
API 15-185-23679-00-00  
Waters 30-42  
NE/4 Sec.30-24S-14W  
Stafford County, Kansas

Dear Amy Lay:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 6/16/2011 and the ACO-1 was received on February 23, 2012 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department