

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

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 # 34516
Name: Vitruvian Exploration, LLC
Address 1: 4 Waterway Sq. Pl, Ste 400
Address 2:
City: The Woodlands State: TX Zip: 77380 +
Contact Person: Blake Cantley
Phone: (832) 458-3169
CONTRACTOR: License # 33596
Name: Unit Petroleum
Wellsite Geologist: Bo Babb
Purchaser: N/A

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 #:

Spud Date or Recompletion Date: 5-31-11
Date Reached TD: 6-27-11
Completion Date or Recompletion Date: 6-27-11

API No. 15 - 191-22602-00-00

Spot Description:

SE SE SW Sec. 5 Twp. 35 S. R. 3 East West
365 Feet from North / South Line of Section
2,283 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Sumner

Lease Name: Willey Well #: 1-05SWD

Field Name: Willey

Producing Formation: Arbuckle

Elevation: Ground: 1161 Kelly Bushing: 17

Total Depth: 6100 Plug Back Total Depth: 5314

Amount of Surface Pipe Set and Cemented at: 299 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: 2811 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 #:

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: [Handwritten Signature]
Title: Completions Eng. Date: 10/15/11

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: Dg

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Date: 3/22/12

Operator Name: Vitruvian Exploration, LLC Lease Name: Willey Well #: 1-05SWD
 Sec. 5 Twp. 35 S. R. 3 East West County: Sumner

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 type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input 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:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input 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 Casing	12-1/4"	9-5/8"	36	299			
Production Casing	8-3/4"	7"	23	5314			

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
Open Hole	Open Hole	Acid, 1666 bbl; Fresh Water, 995 bbl	5314-6100
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TUBING RECORD: Size: <u>4-1/2"</u> Set At: <u>5240</u> Packer At: <u>5240</u> Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>10/10/2011 for disposal</u>	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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CEMENTING REPORT
To Accompany Completion Report

API #

OCC/OCC Operator No

OKLAHOMA CORPORATION COMMISSION
Oil & Gas Conservation Division
Post Office Box 5000
Oklahoma City, Oklahoma 73162-2000

All operators must include this form when submitting the Completion Report. (Form 1000) This statement must be that of qualified employees of the cementing company and operator to verify compliance with OAC 165:10-3-4(f). It may be advisable to take a copy of this form to location when cementing work is performed.

TYPE OR USE BLACK INK ONLY

*Field Name	OCC District
*Operator VITRUVIAN EXPLORATION	OCC/OCC Operator No
*Well Name/No. WILLEY #1-5 SWD	County SUMNER
*Location 1/4 1/4 1/4 1/4 Sec 5 Twp 35N Rge 3W	

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date				6/27/2011		
*Size of Drill Bit (Inches)						
*Estimated % wash or hole enlargement used in calculations				20		
*Size of Casing (Inches O.D.)				7		
*Top of Liner (if liner used) (ft)						
*Setting Depth of Casing (ft) from ground level				5319		
Type of Cement (API Class) in first (lead) or only slurry				H		
In second slurry				H		
In third slurry				50/50 Poz A		
Sacks of Cement Used in first (lead) or only slurry				25		
In second slurry				430		
In third slurry				825		
Vol of slurry pumped (Cu ft) (14 X15) in first (lead) or only slurry				71		
In second slurry				123		
In third slurry				314		
Calculated Annular Height of Cement behind Pipe (ft)				5249		
Cement left in pipe (ft)				70		

*Amount of Surface Casing Required (from Form 1000) _____ ft

*Was cement circulated to Ground Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	*Was Cement Staging Tool (DV Tool) used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
*Was Cement Bond Log run? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if so, Attach Copy)	*If Yes, at what depth? _____ ft

CEMENTING COMPANY AND OPERATOR MUST COMPLY WITH THE INSTRUCTIONS ON REVERSE SIDE OF FORM

* Designates items to be completed by Operator.
Items not so designated shall be completed by the Cementing Company.

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Remarks
 10% SALT (NaCl)(BWOW) + 10% GYPSUM - 60 + 0.6% SUPER FL-200 + 0.5% AIR-OUT + 6 LB/SK GILSONITE + 0.1% SUPER CR-1 (1ST STAGE) 10% SALT (NaCl)(BWOW) + 10% GYPSUM - 60 + 0.6% SUPER FL-200 + 0.5% AIR-OUT + 6 LB/SK GILSONITE + 0.1% SUPER CR-1 (1ST STAGE) 3% BENTONITE + 3% GYPSUM - 60 + 3% SUPER SIL - SP + 3 LB/SK GILSONITE

Remarks

CEMENTING COMPANY

I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that the cementing of casing in this well as shown in the report was performed by me or under my supervision, and that the cementing data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers cementing data only.

Bobby Lewis
 Signature of Cementer or Authorized Representative

OPERATOR

I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that I have knowledge of the well data and information presented in this report, and that data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers all well data and information presented herein.

Blake Cantley
 Signature of Operator or Authorized Representative

Name & Title Printed or Typed	
Bobby Lewis - Cement Supervisor	
Superior Well Services	
Address	
22096 West Hwy 73	
City	
Clinton	
State	Zip
Oklahoma	73601
Telephone (AC) Number	
580-323-0058	
Date	
June 27, 2011	

Name & Title Printed or Typed	
Blake Cantley - Completions Engineer	
Operator	
VITRUVIAN EXPLORATION	
Address	
4 Waterway Square Pl. suite 400	
City	
The Woodlands	
State	Zip
Texas	77380
Telephone (AC) Number	
832-458-3169	
Date	
6/27/11	
06/27/11	

INSTRUCTIONS

- A) This form shall be filed by the operator, at the O.C.C. office in Oklahoma City, as an attachment to the Completion Report (Form 1002A) for a producing well or a dry hole.

B) An original of this form shall be filed as an attachment to the Completion Report, (Form 1002A), for each cementing company used on a well.

C) The cementing of different casing strings on a well by one cementing company may be consolidated on one form.
- Cementing Company and Operator shall comply with the applicable portions of OAC 165:10-3-4(h).
- Set surface casing 50 feet below depth of treatable water to be protected and cement from casing shoe to ground surface or as allowed by OAC 165:10-3-4(h).
- IF SETTING ANYTHING OTHER THAN THE FULL AMOUNT OF SURFACE CASING, BE SURE TO FOLLOW CORPORATION COMMISSION RULES.

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