



KANSAS CORPORATION COMMISSION 1081362
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 # 31714
Name: Novy Oil & Gas, Inc.
Address 1: PO BOX 559
Address 2: _____
City: GODDARD State: KS Zip: 67052 + 0559
Contact Person: Michael Novy
Phone: (316) 794-7200
CONTRACTOR: License # 33905
Name: Royal Drilling Inc
Wellsite Geologist: Macklin Armstrong
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 #: _____
03/30/2012 04/04/2012 04/30/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-163-24005-00-00
Spot Description: _____
SE NW SE Sec. 28 Twp. 8 S. R. 19 East West
1650 Feet from North / South Line of Section
1650 Feet from East / West Line of Section
Footages Calculated from NEAREST Outside Section Corner:
 NE NW SE SW
County: Rooks
Lease Name: Stice Well #: 8
Field Name: _____
Producing Formation: Arbuckle
Elevation: Ground: 2015 Kelly Bushing: 2020
Total Depth: 3463 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 211 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 1941 Feet
If Alternate II completion, cement circulated from: 1941
feet depth to: 1941 w/ 260 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 49000 ppm Fluid volume: 800 bbls
Dewatering method used: Evaporated
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 Garbar Date: 05/18/2012



1081362

Operator Name: Novy Oil & Gas, Inc. Lease Name: Stice Well #: 8
 Sec. 28 Twp. 8 S. R. 19 East West County: Rooks

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: DIL, CNL, CDL, GR MEL, GR	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> Log</td> <td>Formation (Top), Depth and Datum</td> <td><input type="checkbox"/> Sample</td> </tr> <tr> <td>Name</td> <td>Top</td> <td>Datum</td> </tr> <tr> <td>anhydrite</td> <td>1438</td> <td>+582</td> </tr> <tr> <td>Heebner</td> <td>3176</td> <td>-1156</td> </tr> <tr> <td>lansing</td> <td>3216</td> <td>-1196</td> </tr> <tr> <td>BKC</td> <td>3431</td> <td>-1411</td> </tr> <tr> <td>Arbuckle</td> <td>3459</td> <td>-1439</td> </tr> </table>	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample	Name	Top	Datum	anhydrite	1438	+582	Heebner	3176	-1156	lansing	3216	-1196	BKC	3431	-1411	Arbuckle	3459	-1439
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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	211	class A	170	3%cc, 2%gel
production	5.5	7.875	15	3458	60/40	175	.25 cel, 5%gil
production	5.5	7.875	15	3458	class A	485	3% salt

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 (Amount and Kind of Material Used)	Depth

TUBING RECORD: Size: <u>2.875</u> Set At: <u>3450</u> Packer At: _____ Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>05/01/2012</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____
Estimated Production Per 24 Hours	Oil Bbls. <u>5</u> Gas Mcf _____ Water Bbls. <u>750</u> 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)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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ASIC

Energy services, L.P. PG. # 1 OF # 2 BOTTOM STAGE

TREATMENT REPORT

Customer: **NEWY OIL & GAS INC.** Lease No. _____ Date: **4-5-2012**
 Lease: **STICE** Well #: **8**
 Field Order #: **05194** Station: **PRATT, KS.** Casing: **5 1/2"** Depth: _____ County: **ROOKS** State: **KS.**
 Type Job: **CNW-5 1/2" 2-STAGE** Formation: **TD-3463'** Legal Description: **28-8-19**

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 5 1/2 x 15.5	Tubing Size 3	Shots/Ft CMT -	Acid 175 SKS A-CON	Pre Pad @ 2.12 CUFT	Max 51 = 42'	RATE	PRESS	ISIP
Depth 3458'	Depth	From	To	Pad 175 SKS. W/40 BBL	Min			5 Min.
Volume 22 BBL	Volume	From	To	Frag @ 1.41 CUFT	Avg			10 Min.
Max Press 1500	Max Press	From	To	Flush 44 H₂O / 38 MUD	HHP Used			15 Min.
Well Connection P.C.	Annulus Vol.	From	To	Gas Volume 81 BBL				Annulus Pressure
Plug Depth 3416	Packer Depth	From	To					Total Load

Customer Representative: **KURT** Station Manager: **D. SCOTT** Treater: **K. LESLEY**

Service Units	37586	19889	19843	19832	21010	14354	19578			
Driver Names	LESLEY	MARQUEZ	PERSON			LIBERAL	BULK TRK			

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
10:00 AM					ON LOCATION - SAFETY MEETING
10:30 AM					RUN 5 1/2" x 15.5" CSG.
					TURBO. - 2, 12, 42, 46, 48, 49
					BASK - 11, 41
					DV TOOL - #47 (1,941')
12:00 AM					CSG. ON BOTTOM
12:05 AM					HOOK UP TO CSG. / BREAK CIRC. W/ RIG
1:05 AM					SET PACKER SHOE
1:15 AM	347		12	6	MUD FLUSH
2:16 AM	322		5	6	H ₂ O SPACER
2:27 AM	250		66	6	MIX 175 SKS. A-CON @ 12.6 PPG
2:34 AM	200		44	6	MIX 175 SKS. @ 14.3 PPG
2:40 AM					CLEAR PUMP & LINE / DROP L.D. PLUG
2:45 AM	0		0	7	START DISPLACEMENT - H ₂ O
2:52 AM	300		44	6	SWITCH TO MUD
2:54 AM	500		50	5	LIFT PRESSURE
2:58 AM	700		70	4	SLOW RATE
3:00 AM	1500		31	4	PLUG DOWN - HELD
3:15 AM					DROP D.V. OPEN PLUG
3:30 AM					OPEN D.V. TOOL
					CIRC. W/ RIG PLMP

10244 NE Hiway 61 • P.O. Box 8613 • Pratt, KS 67124-8613 • (620) 672-1201 • Fax (620) 672-5383



Energy services, L.P. Pg. # 2 OF 2 TOP STAGE

TREATMENT REPORT

Customer: NOUVOIL & GAS	Lease No.:	Date: 4-5-2012
Lease: STICE	Well #: 8	
Field Order #: 05994	Station: PRATT, KS.	Casing: 5 1/2"
Type Job: CNW - 5 1/2" 2-STAGE	Formation: TD-3463'	Depth:
		County: ROOKS
		State: KS.
		Legal Description: 28-8-19

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size: 5 1/2"	Tubing Size: 5"	Shots/Ft: CMT-	Acid: 260 SKS. A-CON	Pre Pad: @ 2.12 CUFT³	RATE:	PRESS:	ISIP:
Depth:	Depth:	From:	To:	Pad:	Max:		5 Min.
Volume:	Volume:	From:	To:	Frac:	Min:		10 Min.
Max Press: 1500	Max Press:	From:	To:	Flush: 46 BBL H₂O	Avg:		15 Min.
Well Connection: P.C.	Annulus Vol.:	From:	To:	Gas Volume:	HHP Used:		Annulus Pressure
Plug Depth: 1741'	Packer Depth:	From:	To:	Total Load:			

Customer Representative: KURT	Station Manager: D. SCOTT	Treater: K. LESLEY
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Service Units: 37526 19889 19843 19832 21010 14354 19578	Driver Names: LESLEY MARQUEZ - PIERSON - LIBERAL BLK TRK.
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Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
4:10 AM	200		98	7	MIX 260 SKS. A-CON @ 12.6 PPG.
4:15 AM					CLEAR PUMP & LINE - DROP DV CLOSE PLUG
4:27 AM	0		0	5	START DISPLACEMENT
4:35 AM	100		35	3	SLOW RATE
4:45 AM	1700		416	3	PLUG DOWN - CLOSED D.V. TOOL
					CIRC. THRU JOBS
					CIRC. 5 BBL CMT TO PIT
					PLUG R.H. & M.H.
					JOB COMPLETE,
					THANKS -
					KEVEN LESLEY



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Novy Oil & Gas Inc.

28-8s-19w Rooks KS

P.O. Box 559
Goddard KS, 67052

Stice #8

Job Ticket: 46304

DST#: 2

ATTN: Mack Armstrong

Test Start: 2012.04.04 @ 01:09:00

GENERAL INFORMATION:

Formation: **Arbuckle**

Deviated: **No Whipstock** ft (KB)

Time Tool Opened: 02:21:40

Time Test Ended: 08:20:00

Test Type: **Conventional Bottom Hole (Reset)**

Tester: **Cody Bloedorn**

Unit No: **38**

Interval: **3417.00 ft (KB) To 3463.00 ft (KB) (TVD)**

Total Depth: **3463.00 ft (KB) (TVD)**

Hole Diameter: **7.88 inches** Hole Condition: **Fair**

Reference Elevations: **2015.00 ft (KB)**

2010.00 ft (CF)

KB to GR/CF: **5.00 ft**

Serial #: 8520

Outside

Press@RunDepth: **171.79 psig @ 3452.00 ft (KB)**

Start Date: **2012.04.04**

End Date:

2012.04.04

Start Time: **01:19:00**

End Time:

08:20:00

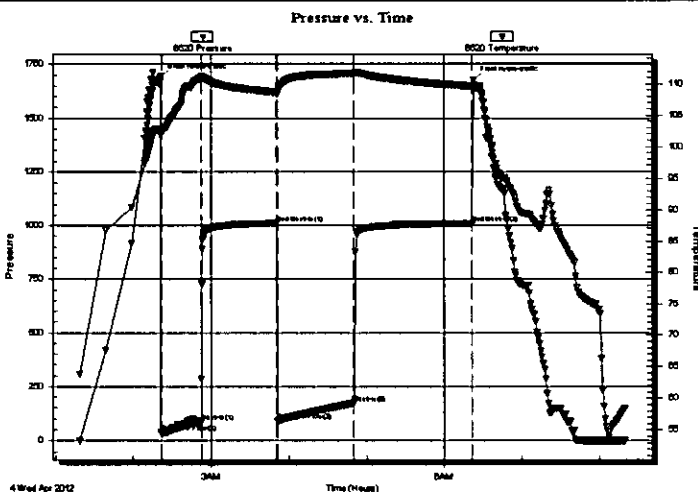
Capacity: **8000.00 psig**

Last Calib.: **2012.04.04**

Time On Btm: **2012.04.04 @ 02:21:30**

Time Off Btm: **2012.04.04 @ 06:22:30**

TEST COMMENT: 30 - IF- 5" blow
60 - IS- No blow back
60 - FF- 7" blow
90 - FS- Weak surface blow , died in 25 Min.



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1691.05	102.84	Initial Hydro-static
1	36.16	101.91	Open To Flow (1)
31	87.51	110.87	Shut-In(1)
89	1011.58	108.63	End Shut-In(1)
90	89.80	108.38	Open To Flow (2)
149	171.79	111.59	Shut-In(2)
240	1011.17	109.63	End Shut-In(2)
241	1676.60	109.75	Final Hydro-static

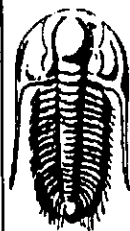
Recovery

Length (ft)	Description	Volume (bbl)
186.00	VSOCMW, 5%O, 10%M, 85%W	2.61
150.00	WM, 15%W, 85%M	2.10
5.00	Free Oil, 100%O	0.07

* Recovery from multiple tests

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Novy Oil & Gas Inc,

28-8s-19w Rooks KS

P.O. Box 559
Goddard KS, 67052

Stice #8

Job Ticket: 46304

DST#: 2

ATTN: Mack Armstrong

Test Start: 2012.04.04 @ 01:09:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 54.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 6.80 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 1900.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
186.00	VSOCMW, 5%O, 10%M, 85%W	2.609
150.00	WM, 15%W, 85%M	2.104
5.00	Free Oil, 100%O	0.070

Total Length: 341.00 ft

Total Volume: 4.783 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

