



KANSAS CORPORATION COMMISSION 1082347
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 # 34506
Name: Empire Energy E&P, LLC
Address 1: 380 SOUTHPOINTE BLVD #130
Address 2: _____
City: CANONSBURG State: PA Zip: 15917 + 0561
Contact Person: Rob Kramer
Phone: (316) 313-4395
CONTRACTOR: License # 34541
Name: Ninnescah Drilling LLC
Wellsite Geologist: James Musgrove
Purchaser: _____

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 #: _____

<u>10/24/2011</u>	<u>10/29/2011</u>	<u>10/29/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-185-23701-00-00

Spot Description: _____
NE SE SW NW Sec. 12 Twp. 22 S. R. 12 East West
2300 Feet from North / South Line of Section
1300 Feet from East / West Line of Section

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

County: Stafford
Lease Name: WOKATY Well #: 7

Field Name: _____
Producing Formation: Arbuckle

Elevation: Ground: 1822 Kelly Bushing: 1835

Total Depth: 3702 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 609 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: 12000 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 Garrison Date: 05/24/2012



1082347

Operator Name: Empire Energy E&P, LLC Lease Name: WOKATY Well #: 7
 Sec. 12 Twp. 22 S. R. 12 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 type="checkbox"/> Yes <input checked="" 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: Attached	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Attached Attached Attached
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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	23	609	common	350	3% CC, 2% gel, 1/4#/sk flocc

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
		50 sks. 60/40 poz, 4% gel	3600
		50 sks. 60/40 poz, 4% gel	630
		50 sks. 60/40 poz, 4% gel	300
		50 sks. 60/40 poz, 4% gel	60

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

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

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Empire Energy E&P, LLC
Well Name	WOKATY 7
Doc ID	1082347

All Electric Logs Run

Dual Induction
Micro
Sonic
Compensated Density
Neutron Prosimy

Form	ACO1 - Well Completion
Operator	Empire Energy E&P, LLC
Well Name	WOKATY 7
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Tops

Anhydrite	602	1231
base Anhydrite	624	1209
Heebner	3100	-1267
Toronto	3118	-1285
Lansing	3251	-1418
Viola	3513	-1680
Simpson Sand	3550	-1717
Arbuckle	3600	-1767

QUALITY OILWELL CEMENTING, INC.

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67669

No. 154

Date	10-25-11	Sec.	12	Twp.	22	Range	12	County	Stafford	State	Ks	On Location	7:00 AM	Finish	12:00 PM
Lease	Wokaty		Well No.	# 7		Location Ike & Joe's - 8 S, E 15									
Contractor	Ninnescah Rig #101					Owner To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.									
Type Job	Surface					Charge To Empire Energy									
Hole Size	12 1/4"		T.D.	600' 610'		Street									
Csg.	8 5/8"		Depth	609'		City									
Tbg. Size			Depth			State									
Tool			Depth			The above was done to satisfaction and supervision of owner agent or contractor.									
Cement Left in Csg.	40.22'		Shoe Joint	40.22'		Cement Amount Ordered 350 sx Common 3% CC									
Meas Line			Displace	280 81.5		2% Gel 1/4 Flowseal									
EQUIPMENT						36									
Pumptrk	1	No.	Cementar	Cisco		Common 350									
Bulktrk	13	No.	Driver	Doug		Poz. Mix									
Bulktrk	14	No.	Driver	Rick		Gel. 7									
JOB SERVICES & REMARKS						Calcium 13									
Remarks	Cement did Circulate.					Hulls									
Rat Hole						Salt									
Mouse Hole						Flowseal 87A									
Centralizers						Kol-Seal									
Baskets						Mud CLR 48									
DV or Port Collar						CFL-117 or CD110 CAF 38									
Start mixing Cement @ 11:30 A.M.						Sand									
Done at 12:00 PM						Handling 370									
						Mileage									
						FLOAT EQUIPMENT									
						Guide Shoe									
						Centralizer									
						Baskets									
						AFU Inserts									
						Float Shoe									
						Latch Down									
						1 - Rubber plug									
						1 - Baffle plate									
						Pumptrk Charge Long Surface									
						Mileage 23									
						Tax									
						Discount									
						Total Charge									
Signature <i>Richard A. Sawyer</i>															



BASIC
ENERGY SERVICES

PRESSURE PUMPING & WIRELINE

10244 NE Hwy. 61
P.O. Box 8613
Pratt, Kansas 67124
Phone 620-672-1201

FIELD SERVICE TICKET
1718 05100 A

DATE _____ TICKET NO. _____

DATE OF JOB: 10-29-11		DISTRICT: Pratt, KS		NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/>		PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/>		CUSTOMER ORDER NO.:	
CUSTOMER: EMPIRE-ENERGY E.P. LLC				LEASE: WOKATT		7 WELL NO.			
ADDRESS:				COUNTY: STAFFORD		STATE: KS			
CITY:				STATE:		SERVICE CREW: Sullivan, Malcom, Orlando			
AUTHORIZED BY:				JOB TYPE: ITA					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	ARR	TIME
33705-20770	35						10-29-11	AM	6:00
19960-19912	25							ARR	8:00
37900								AM	10:45
								AM	1:40
								AM	2:00
						MILES FROM STATION TO WELL: 45			

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED: Terry J. [Signature]
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 103	A2 cont	SK	200		2,400.00
PC 200	cont gel	lb	344		86.00
P 100	padding volume	mi	45		191.05
P 101	Heavy gel	mi	70		630.00
P 113	Bulk Adm	TM	397		619.20
CE 204	Depth charge 3000-4000	SD	1		2,160.00
CE 240	Bleeding mixture	SK	200		280.00
S 003	Servant Separator	SD	1		175.00

CHEMICAL / ACID DATA:			

SUB TOTAL		DLS	5,167.25
SERVICE & EQUIPMENT	%TAX ON \$		
MATERIALS	%TAX ON \$		
TOTAL			

SERVICE REPRESENTATIVE: Robert [Signature]

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: Terry J. [Signature]

FIELD SERVICE ORDER NO. _____

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

BASIC

energy services, L.P.

TREATMENT REPORT

Customer EMPIRE ENERGY L.P. Lease No. _____ Date 10-29-11
 Lease WOKATI Well # 7
 Field Order # _____ Station PRATT KS Casing D.P. Depth 3600 County STAFFORD State KS
 Type Job CRW P.T.A Formation _____ Legal Description 12-22-12

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
<u>D.P.</u>								
Depth	Depth	From	To	Pre Pad	Max			5 Min.
Volume	Volume	From	To	Pad	Min			10 Min.
Max Press	Max Press	From	To	Frac	Avg			15 Min.
Well Connection	Annulus Vol.	From	To		HHP Used			Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush	Gas Volume			Total Load

Customer Representative _____ Station Manager MAUR SCOTT Treater Robert Williams

Service Units	3700	33708	20920	19900	19918				
Driver Names	<u>Sullivan</u>	<u>ma/bo</u>	<u>OR/and</u>						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
					<u>on loc. set, using</u>
					<u>P.T.A.</u>
<u>1030</u>			<u>10</u>		<u>Set Bottom Plug 3600'</u>
<u>9</u>	<u>200</u>		<u>12</u>	<u>3</u>	<u>SPDC</u>
<u>1045</u>			<u>40</u>	<u>1</u>	<u>cut 50 sk</u>
					<u>Disp' and shut down</u>
<u>1245</u>			<u>5</u>	<u>1</u>	<u>Set Plug @ 630' 50sk</u>
			<u>12</u>		<u>SPDC</u>
			<u>6</u>		<u>cut</u>
					<u>Disp' and shut down</u>
<u>110</u>			<u>5</u>		<u>Set Plug @ 300' 50sk</u>
			<u>10</u>		<u>SPDC</u>
<u>116</u>			<u>1</u>		<u>cut</u>
					<u>Disp' shut down</u>
<u>130</u>			<u>5</u>		<u>Plug TOP 60' 20sk</u>
			<u>5</u>		<u>plug RT</u>
<u>140</u>			<u>4</u>		<u>plug RT</u>
					<u>50B complete</u>
					<u>Handy</u>