

**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 # 334315

Name: Kansas Oil Resources LLC

Address 1: 11944 West 95th st. Suite 222

Address 2: _____

City: Shawnee Mission State: KS Zip: 66215 + _____

Contact Person: Don Kirk

Phone: (816) 210 8926

CONTRACTOR: License # 34233

Name: Maverick Drilling LLC

Wellsite Geologist: Steve Angel

Purchaser: _____

Designate Type of Completion:

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> New Well | <input type="checkbox"/> Re-Entry | <input type="checkbox"/> Workover |
| <input type="checkbox"/> Oil | <input type="checkbox"/> WSW | <input type="checkbox"/> SWD |
| <input type="checkbox"/> Gas | <input checked="" type="checkbox"/> D&A | <input type="checkbox"/> ENHR |
| <input type="checkbox"/> OG | <input type="checkbox"/> GSW | <input type="checkbox"/> Temp. Abd. |
| <input type="checkbox"/> CM (Coal Bed Methane) | | |
| <input type="checkbox"/> Cathodic | <input type="checkbox"/> Other (Core, Expl., etc.): _____ | |

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- | | | | |
|---|-----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Deepening | <input type="checkbox"/> Re-perf. | <input type="checkbox"/> Conv. to ENHR | <input type="checkbox"/> Conv. to SWD |
| | | <input type="checkbox"/> Conv. to GSW | |
| <input type="checkbox"/> Plug Back: _____ | Plug Back Total Depth _____ | | |
| <input type="checkbox"/> Commingled | Permit #: _____ | | |
| <input type="checkbox"/> Dual Completion | Permit #: _____ | | |
| <input type="checkbox"/> SWD | Permit #: _____ | | |
| <input type="checkbox"/> ENHR | Permit #: _____ | | |
| <input type="checkbox"/> GSW | Permit #: _____ | | |

<u>3-11-11</u>	<u>3-19-11</u>	<u>3-19-11</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 051-26112-00-00

Spot Description: _____

se _sw _nw _nw Sec. 14 Twp. 13 S. R. 19 East West

1,153 Feet from North / South Line of Section

370 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Ellis

Lease Name: Pfeifer Well #: 1

Field Name: I-70

Producing Formation: arbutckle

Elevation: Ground: 2077 Kelly Bushing: 2087

Total Depth: 3800 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 225' 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: _____ 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 #: _____

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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: John Burt

Title: skid rep Date: 5-28-12

KCC Office Use ONLY

- | | |
|--|--|
| <input type="checkbox"/> Letter of Confidentiality Received | Date: _____ |
| <input type="checkbox"/> Confidential Release Date: _____ | |
| <input type="checkbox"/> Wireline Log Received | |
| <input type="checkbox"/> Geologist Report Received | |
| <input type="checkbox"/> UIC Distribution | |
| ALT <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III | Approved by: <u>Dlg</u> Date: <u>6/15/12</u> |

Operator Name: Kansas Oil Resources LLC Lease Name: Pfeifer Well #: 1
 Sec. 14 Twp. 13 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 checked="" 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 type="checkbox"/> Yes <input 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 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
<u>Surf</u>		<u>8.625</u>		<u>223</u>		<u>245</u>	

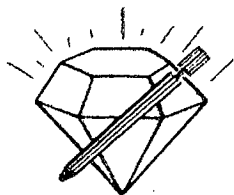
ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

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

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input 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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: PIFR1DST1

TIME ON: 1535
TIME OFF: 2315

Company KANSAS OIL RESOURCES Lease & Well No. PFIEFER #1
Contractor MUSTANG RIG 108 Charge to KANSAS OIL RESOURCES
Elevation 2075 GL Formation B/TOPEKA, TORONTO, UPPER KC Effective Pay _____ Ft. Ticket No. M118
Date 03/15/11 Sec. 14 Twp. _____ 13 S Range _____ 19 W County ELLIS State KANSAS
Test Approved By STEVE ANGLE Diamond Representative MIKE COCHRAN

Formation Test No. 1 Interval Tested from 3303 ft. to 3450 ft. Total Depth 3450 ft.
Packer Depth 3298 ft. Size 6 3/4 in. Packer depth NA ft. Size 6 3/4 in.
Packer Depth 3303 ft. Size 6 3/4 in. Packer depth NA ft. Size 6 3/4 in.

Depth of Selective Zone Set _____
Top Recorder Depth (Inside) 3285 ft. Recorder Number 30044 Cap. 5,000 P.S.I.
Bottom Recorder Depth (Outside) 3447 ft. Recorder Number 13386 Cap. 3,875 P.S.I.
Below Straddle Recorder Depth NA ft. Recorder Number NA Cap. NA P.S.I.
Mud Type CHEMICAL Viscosity 55 Drill Collar Length 0 ft. I.D. 2 1/4 in.
Weight 9.1 Water Loss 7.2 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
Chlorides 4100 P.P.M. Drill Pipe Length 3271 ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number 1 Test Tool Length 32 ft. Tool Size 3 1/2-IF in.
Did Well Flow? NO Reversed Out NO Anchor Length 147 ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: GSB, BOB 14 MIN (NO BB)
2nd Open: WSB, BOB 40 MIN (NO BB)

Recovered 2 INCHES ft. of CO
Recovered 470 ft. of MW 85% WTR, 15% MUD, LIGHT SCUM OF OIL
Recovered 470 ft. of TOTAL FLUID

Recovered _____ ft. of _____	CHLOR: 59,000	Price Job	RECEIVED MAY 31 2012 KCC WICHITA
Recovered _____ ft. of _____	RW: .14@ 68 DEG	Other Charges	
Recovered _____ ft. of _____	PH: 7.5	Insurance	
Remarks: _____		Total	

TOOL SAMPLE: 67% WTR, 33% MUD, HEAVIER SCUM OF OIL

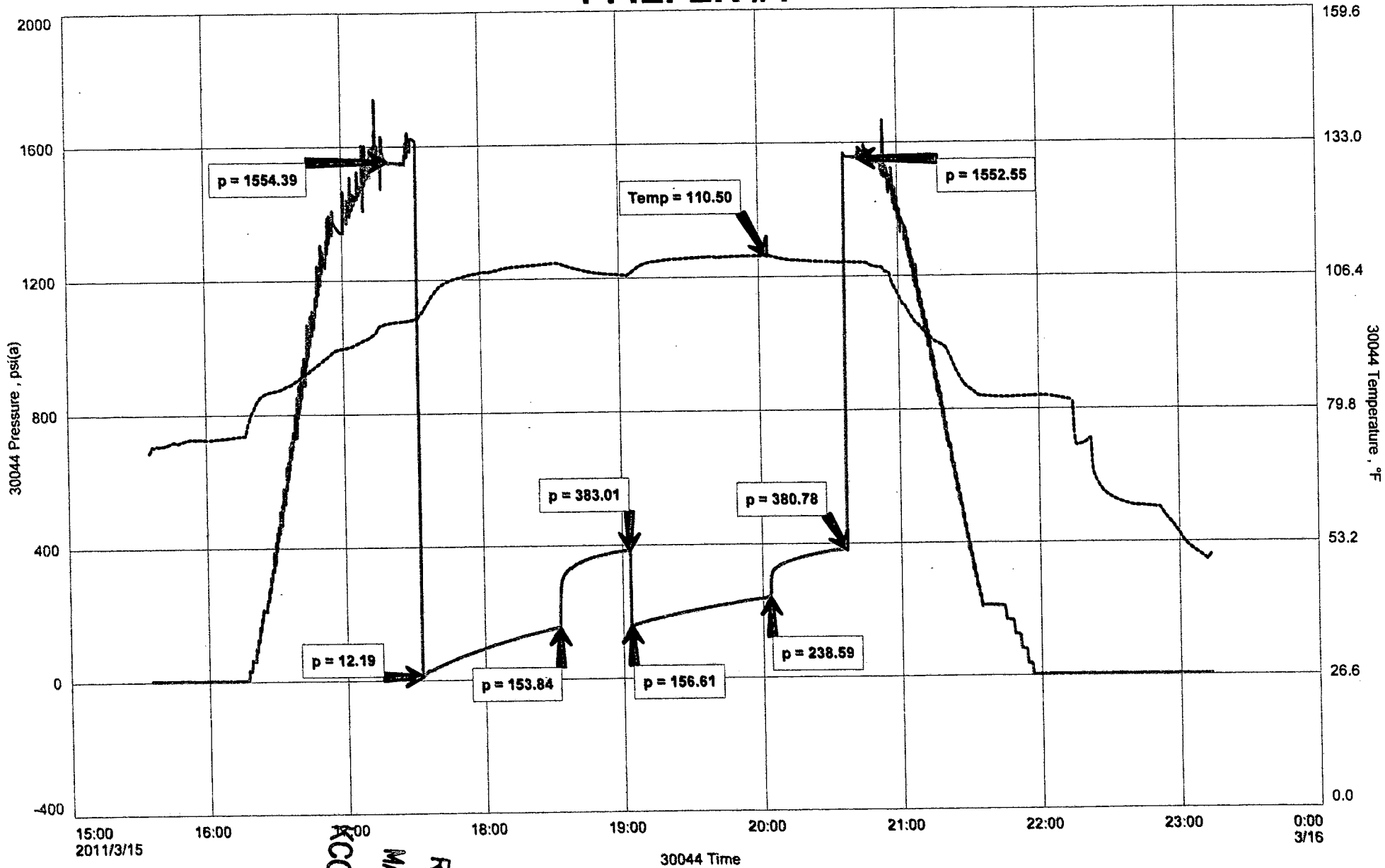
Time Set Packer(s) 5:30 P.M. A.M. _____ P.M. _____ Time Started Off Bottom 8:30 P.M. A.M. _____ P.M. _____ Maximum Temperature 111
Initial Hydrostatic Pressure..... (A) 1554 P.S.I.
Initial Flow Period..... Minutes 60 (B) 12 P.S.I. to (C) 154 P.S.I.
Initial Closed In Period..... Minutes 30 (D) 383 P.S.I.
Final Flow Period..... Minutes 60 (E) 157 P.S.I. to (F) 239 P.S.I.
Final Closed In Period..... Minutes 30 (G) 381 P.S.I.
Final Hydrostatic Pressure..... (H) 1553 P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

KANSAS OIL RESOURCES
 DST#1 3303-3450 B/TOPEKA, TORONTO, UPPER KC
 Start Test Date: 2011/03/15
 Final Test Date: 2011/03/15

PFIEFER #1
 Formation: DST#1 3303-3450 B/TOPEKA, TORONTO, UPPER KC
 Pool: WILDCAT
 Job Number: M118

PFIEFER #1



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DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	KANSAS OIL RESOURCES	Job Number	M118
Well Name	PFIEFER #1	Representative	MIKE COCHRAN
Unique Well ID	DST#1 3303-3450 B/TOPEKA,TORONTO,UPPER KC	Well Operator	KANSAS OIL RESOURCES
Surface Location	SEC.14-13S-19W ELLIS CO. KS.	Report Date	2011/03/15
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	STEVE ANGLE
	Test Unit		NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#1 3303-3450 B/TOPEKA,TORONTO,UPPER KC		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2011/03/15	Start Test Time	15:35:00
Final Test Date	2011/03/15	Final Test Time	23:15:00
		Well Fluid Type	01 Oil
Gauge Name	30044		
Gauge Serial Number			

Test Results

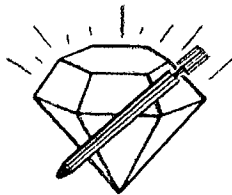
Remarks

RECOVERED:
2 INCHES OF CO
470' MW 85% WTR, 15% MUD LIGHT SCUM OF OIL
470' TOTAL FLUID

CHLOR: 59,000 PPM
RW: .14@68 DEG
PH: 7.5

TOOL SAMPLE: 67% WTR, 33% MUD HEAVIER SCUM OF OIL

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DIAMOND TESTING
 P.O. Box 157
 HOISINGTON, KANSAS 67544
 (800) 542-7313
DRILL-STEM TEST TICKET
 FILE: PIFR1DST3

TIME ON: 0735
 TIME OFF: 1447

Company KANSAS OIL RESOURCES Lease & Well No. PFEIFER #1
 Contractor MUSTANG RIG 108 Charge to KANSAS OIL RESOURCES
 Elevation 2075 GL Formation CONGL. Effective Pay _____ Ft. Ticket No. M120
 Date 03/18/11 Sec. 14 Twp. 13 S Range 19 W County ELLIS State KANSAS
 Test Approved By STEVE ANGLE Diamond Representative MIKE COCHRAN

Formation Test No. 3 Interval Tested from 3644 ft. to 3686 ft. Total Depth 3800 ft.
 Packer Depth 3639 ft. Size 6 3/4 in. Packer depth 3687 ft. Size 6 3/4 in.
 Packer Depth 3644 ft. Size 6 3/4 in. Packer depth NA ft. Size 6 3/4 in.

Depth of Selective Zone Set

Top Recorder Depth (Inside) 3626 ft. Recorder Number 30044 Cap. 5,000 P.S.I.
 Bottom Recorder Depth (Outside) 3678 ft. Recorder Number 13386 Cap. 3,875 P.S.I.
 Below Straddle Recorder Depth 3797 ft. Recorder Number 13299 Cap. 6,275 P.S.I.

Mud Type CHEMICAL Viscosity 60 Drill Collar Length 0 ft. I.D. 2 1/4 in.
 Weight 9.2 Water Loss 8.0 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
 Chlorides 6,100 P.P.M. Drill Pipe Length 3612 ft. I.D. 3 1/2 in.
 Jars: Make STERLING Serial Number 1 Test Tool Length 32 ft. Tool Size 3 1/2-IF in.
 Did Well Flow? NO Reversed Out NO Anchor Length 156 ft. Size 4 1/2-FH in.
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: WSB, BUILT TO 1/2" IN 26 MIN, THEN DIMINISHED TO A WEAK INTERMITTENT SB (NO BB)
 2nd Open: WSB, THEN NOTHING, FLUSH TOOL@ 10 MIN, THEN MAINTAINED A VWSB THAT DIED AFTER 26 MIN (NO BB)

Recovered 10 ft. of GM 1% GAS, 99% MUD
 Recovered 10 ft. of TOTAL FLUID
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

Remarks: _____
 Price Job RECEIVED
 Other Charges MAY 31 2012
 Insurance _____
 Total KCC WICHITA

TOOL SAMPLE: DM W/ SPOTS OF LIGHT OIL

Time Set Packer(s) 9:45 A.M. A.M. P.M. Time Started Off Bottom 12:15 P.M. A.M. P.M. Maximum Temperature 107

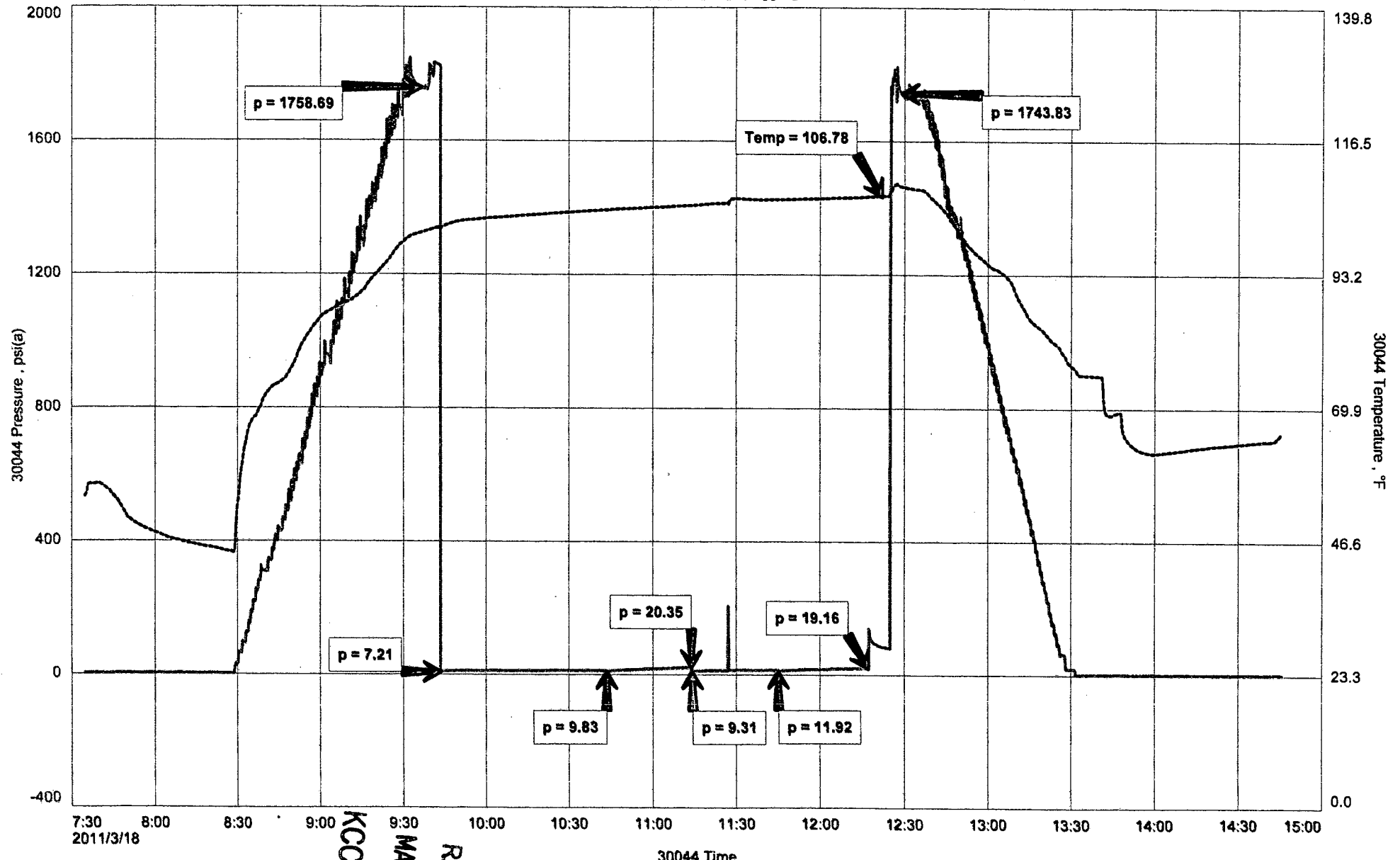
Initial Hydrostatic Pressure..... (A) 1759 P.S.I.
 Initial Flow Period..... Minutes 60 (B) 7 P.S.I. to (C) 10 P.S.I.
 Initial Closed In Period..... Minutes 30 (D) 20 P.S.I.
 Final Flow Period..... Minutes 30 (E) 9 P.S.I. to (F) 12 P.S.I.
 Final Closed In Period..... Minutes 30 (G) 19 P.S.I.
 Final Hydrostatic Pressure..... (H) 1744 P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

KANSAS OIL RESOURCES
 DST#3 3644-3686 CONGL.
 Start Test Date: 2011/03/18
 Final Test Date: 2011/03/18

PFEIFER #1
 Formation: DST#3 3644-3686 CONGL.
 Pool: WILDCAT
 Job Number: M120

PFEIFER #1



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DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	KANSAS OIL RESOURCES	Job Number	M120
Well Name	PFEIFER #1	Representative	MIKE COCHRAN
Unique Well ID	DST#3 3644-3686 CONGL.	Well Operator	KANSAS OIL RESOURCES
Surface Location	SEC.14-13S-19W ELLIS CO. KS.	Report Date	2011/03/18
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	STEVE ANGLE
	Test Unit		NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#3 3644-3686 CONGL.		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2011/03/18	Start Test Time	07:35:00
Final Test Date	2011/03/18	Final Test Time	14:47:00
		Well Fluid Type	01 Oil
Gauge Name	30044		
Gauge Serial Number			

Test Results

Remarks RECOVERED:
10' GM 1% GAS, 99% MUD
10' TOTAL FLUID

TOOL SAMPLE: DM W/ SPOTS OF LIGHT OIL

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