



KANSAS CORPORATION COMMISSION 1085123
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 # 34683
Name: Wildcat Exploration LLC
Address 1: 15093 COUNTY RD 1077
Address 2: _____
City: CENTERVILLE State: KS Zip: 66014 + _____
Contact Person: Greg Breuel
Phone: (913) 259-0499
CONTRACTOR: License # 4339
Name: Jackson, Dale E & Sue Ellen dba Dale E. Jackson Production Co.
Wellsite Geologist: n/a
Purchaser: n/a

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 #: _____
03/17/2012 03/18/2012 04/02/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-107-24593-00-00
Spot Description: _____
NW NW SE NE Sec. 3 Twp. 20 S. R. 24 East West
1555 Feet from North / South Line of Section
4149 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Linn
Lease Name: Aust Well #: 82
Field Name: Lacygne Cadmus
Producing Formation: Squirrel
Elevation: Ground: 810 Kelly Bushing: 810
Total Depth: 201 Plug Back Total Depth: 190
Amount of Surface Pipe Set and Cemented at: 29 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 190
feet depth to: 0 w/ 70 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 0 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 Garriss Date: 06/22/2012



1085123

Operator Name: Wildcat Exploration LLC Lease Name: Aust Well #: 82
 Sec. 3 Twp. 20 S. R. 24 East West County: Linn

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 type="checkbox"/> Yes <input checked="" 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: Gamma Ray/Neutron/CCL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Squirrel</td> <td>190</td> <td></td> </tr> </table>	Name	Top	Datum	Squirrel	190	
Name	Top	Datum					
Squirrel	190						

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	8.75	7	20	29	Portland	70	
production	5.625	2.875	20	190	Portland	70	

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
13	184.0 - 140.0		

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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Avery Lumber

P.O. BOX 66
 MOUND CITY, KS 66056
 {913} 795-2210 FAX {913} 795-2194

Customer Copy

INVOICE

THIS COPY MUST REMAIN AT
 MERCHANT AT ALL TIMES!

Page: 1

Invoice: **10039044**

Special :
 Instructions :
 Sale rep #: **MAVERY MIKE**

Acct rep code:

Time: 11:08:21
 Ship Date: 03/07/12
 Invoice Date: 03/07/12
 Due Date: 04/05/12

REPRINT

Sold To: **BREUEL FARMS**
 % **DON BREUEL**
 12211 WEST 900 ROAD
 MOUND CITY, KS 66056

Ship To: **BREUEL FARMS**
 () - % **DON BREUEL**
 12211 WEST 900 ROAD
 () - MOUND CITY, KS 66056

Customer #: 309886

Customer PO:

Order By: GREG

paping01

5TH
 T 17

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
70.00	70.00	L	BAG	CPPC	PORTLAND CEMENT	9.4400 BAG	9.4400	660.80
2.00	2.00	L	EA	CPQP	QUIKRETE PALLETS	17.0000 EA	17.0000	34.00

	FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER		Sales total	\$694.80		
	SHIP VIA LINN COUNTY								
	RECEIVED COMPLETE AND IN GOOD CONDITION					Taxable	694.80		
X						Non-taxable	0.00	Sales tax	43.77
						TOTAL	\$738.57		

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