



KANSAS CORPORATION COMMISSION 1082532
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 # 34439
Name: BOP West, LLC
Address 1: PO BOX 129
Address 2: _____
City: WOOSTER State: OH Zip: 44691 + _____
Contact Person: Steve Sigler
Phone: (330) 264-8847
CONTRACTOR: License # 32701
Name: C & G Drilling, Inc.
Wellsite Geologist: Frank Mize
Purchaser: None

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 #: _____

5/17/2012 5/22/2012 6/15/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-169-20338-00-00

Spot Description: _____
SE NW SE NW Sec. 16 Twp. 16 S. R. 1 East West
1780 Feet from North / South Line of Section
1880 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Saline

Lease Name: R. Redden Well #: 16-1

Field Name: _____

Producing Formation: Mississippi

Elevation: Ground: 1305 Kelly Bushing: 1314

Total Depth: 2750 Plug Back Total Depth: 2682

Amount of Surface Pipe Set and Cemented at: 218 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: 1000 ppm Fluid volume: 400 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 Gamso Date: 07/16/2012



1082532

Operator Name: BOP West, LLC Lease Name: R. Redden Well #: 16-1
 Sec. 16 Twp. 16 S. R. 1 East West County: Saline

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 <i>(Attach Additional Sheets)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name Attached	Top Attached	Datum Attached
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 <i>(If no, Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

List All E. Logs Run:

Dual Compensated Porosity
Dual Induction
Borehole Compensated Sonic

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	218	Class A	140	3% CaCl, 2%gel, .25# Flocele
Production	7.875	5.5	14	2745	Thick Set	100	5# Kol-Seal

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
4	2678-2681		
		Cast Iron Bridge Plug	2682
4	2683-2685		

TUBING RECORD:	Size: 0	Set At: 0	Packer At: 0	Liner Run: <input type="checkbox"/> Yes <input checked="" 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. 0	Gas Mcf 0	Water Bbls. 0	Gas-Oil Ratio 0 Gravity 0

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 checked="" 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: <u>2678-2681</u>
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Form	ACO1 - Well Completion
Operator	BOP West, LLC
Well Name	R. Redden 16-1
Doc ID	1082532

Tops

Formation	Top	Bottom
Heebner	1835	-521
Douglas	1862	-548
Brown Lime	1985	-671
Lansing	2044	-730
Stark	2296	-982
Hushpuckney	2329	-1015
BKC	2370	-1056
Marmaton	2382	-1068
Cherokee	2556	-1242
Mississippian	2669	-1355
RTD	2750	-1436

DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	BOP WEST LLC	Job Number	M327
Well Name	R REDDEN #16-1	Representative	MIKE COCHRAN
Unique Well ID	DST#1 2554-2680 MISSISSIPPI	Well Operator	BOP WEST LLC
Surface Location	SEC.16-16S-1W SALINE CO.KS.	Report Date	2012/05/21
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	FRANK MIZE
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#1 2554-2680 MISSISSIPPI		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/05/21	Start Test Time	13:52:00
Final Test Date	2012/05/21	Final Test Time	21:44:00
		Well Fluid Type	01 Oil
Gauge Name	30037		
Gauge Serial Number			

Test Results

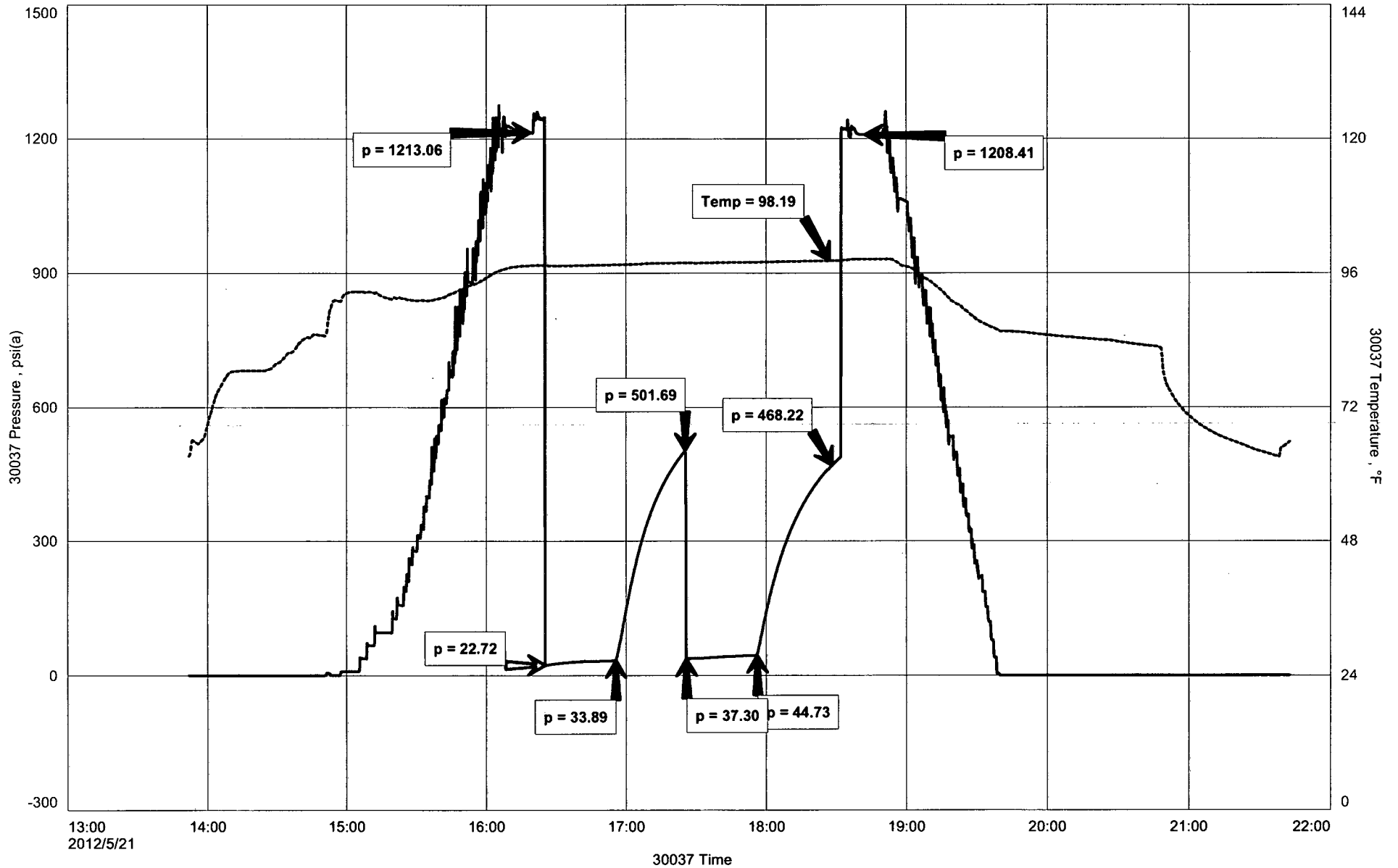
Remarks RECOVERED:
65' DM 100% MUD
65' TOTAL FLUID

TOOL SAMPLE: 100% DM W/ A THICK SCUM OF OIL

BOP WEST LLC
DST#1 2554-2680 MISSISSIPPI
Start Test Date: 2012/05/21
Final Test Date: 2012/05/21

R REDDEN #16-1
Formation: DST#1 2554-2680 MISSISSIPPI
Pool: WILDCAT
Job Number: M327

R REDDEN #16-1





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: RRDDN16-1DST1

TIME ON: 1352
TIME OFF: 2144

Company BOP WEST LLC Lease & Well No. R REDDEN #16-1
Contractor C&G RIG 2 Charge to BOP WEST LLC
Elevation 1305 GL Formation MISSISSIPPI Effective Pay _____ Ft. Ticket No. M327
Date 5/21/2012 Sec. 16 Twp. 16 S Range _____ 1 W County SALINE State KANSAS
Test Approved By FRANK MIZE Diamond Representative MIKE COCHRAN

Formation Test No. 1 Interval Tested from 2554 ft. to 2680 ft. Total Depth 2680 ft.
Packer Depth 2549 ft. Size 6 3/4 in. Packer depth NA ft. Size 6 3/4 in.
Packer Depth 2554 ft. Size 6 3/4 in. Packer depth NA ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 2555 ft. Recorder Number 30037 Cap. 6,000 P.S.I.
Bottom Recorder Depth (Outside) 2677 ft. Recorder Number 13386 Cap. 3,875 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Mud Type CHEM Viscosity 45 Drill Collar Length 250 ft. I.D. 2 1/4 in.
Weight 9.2 Water Loss 10.2 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
Chlorides 1,000 P.P.M. Drill Pipe Length 2277 ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number 1 Test Tool Length 27 ft. Tool Size 3 1/2-IF in.
Did Well Flow? NO Reversed Out NO Anchor Length 126 ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. (95' D.P.) Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: A FEW BUBBLES ON TOOL OPEN THEN A VVW INTERMITTENT SB (NO BB)
2nd Open: FEWER BUBBLES ON TOOL OPEN THEN NO BLOW (NO BB)

Recovered 65 ft. of DM 100% MUD
Recovered 65 ft. of TOTAL FLUID
Recovered _____ ft. of _____
Recovered _____ ft. of _____

Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: <u>TOOL SLID 5' TO BTM</u>	Insurance
<u>TOOL SAMPLE: 100% DM W/ A THICK SCUM OF OIL SLIGHT ODOR</u>	Total

Time Set Packer(s) 4:30 P.M. ^{A.M.}/_{P.M.} Time Started Off Bottom 6:30 P.M. ^{A.M.}/_{P.M.} Maximum Temperature 98

Initial Hydrostatic Pressure..... (A) 1213 P.S.I.
Initial Flow Period..... Minutes 30 (B) 23 P.S.I. to (C) 34 P.S.I.
Initial Closed In Period..... Minutes 30 (D) 502 P.S.I.
Final Flow Period..... Minutes 30 (E) 37 P.S.I. to (F) 45 P.S.I.
Final Closed In Period..... Minutes 30 (G) 468 P.S.I.
Final Hydrostatic Pressure..... (H) 1208 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.

DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	BOP WEST LLC	Job Number	M328
Well Name	R REDDEN #16-1	Representative	MIKE COCHRAN
Unique Well ID	DST#2 2680-2688 MISSISSIPPI	Well Operator	BOP WEST LLC
Surface Location	SEC.16-16S-1W SALINE CO.KS.	Report Date	2012/05/22
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	FRANK MIZE
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#2 2680-2688 MISSISSIPPI		
Test Purpose (AEUB)	Initial Test		
Start Test Date	2012/05/22	Start Test Time	03:10:00
Final Test Date	2012/05/22	Final Test Time	11:45:00
		Well Fluid Type	01 Oil
Gauge Name	30037		
Gauge Serial Number			

Test Results

Remarks RECOVERED:

15' CO 100% OIL
242' SOCMW 5% OIL, 77% WTR, 18% MUD
257' TOTAL FLUID

CHLOR: 25,000 PPM
PH:7.0
RW: .22 @ 92 DEG

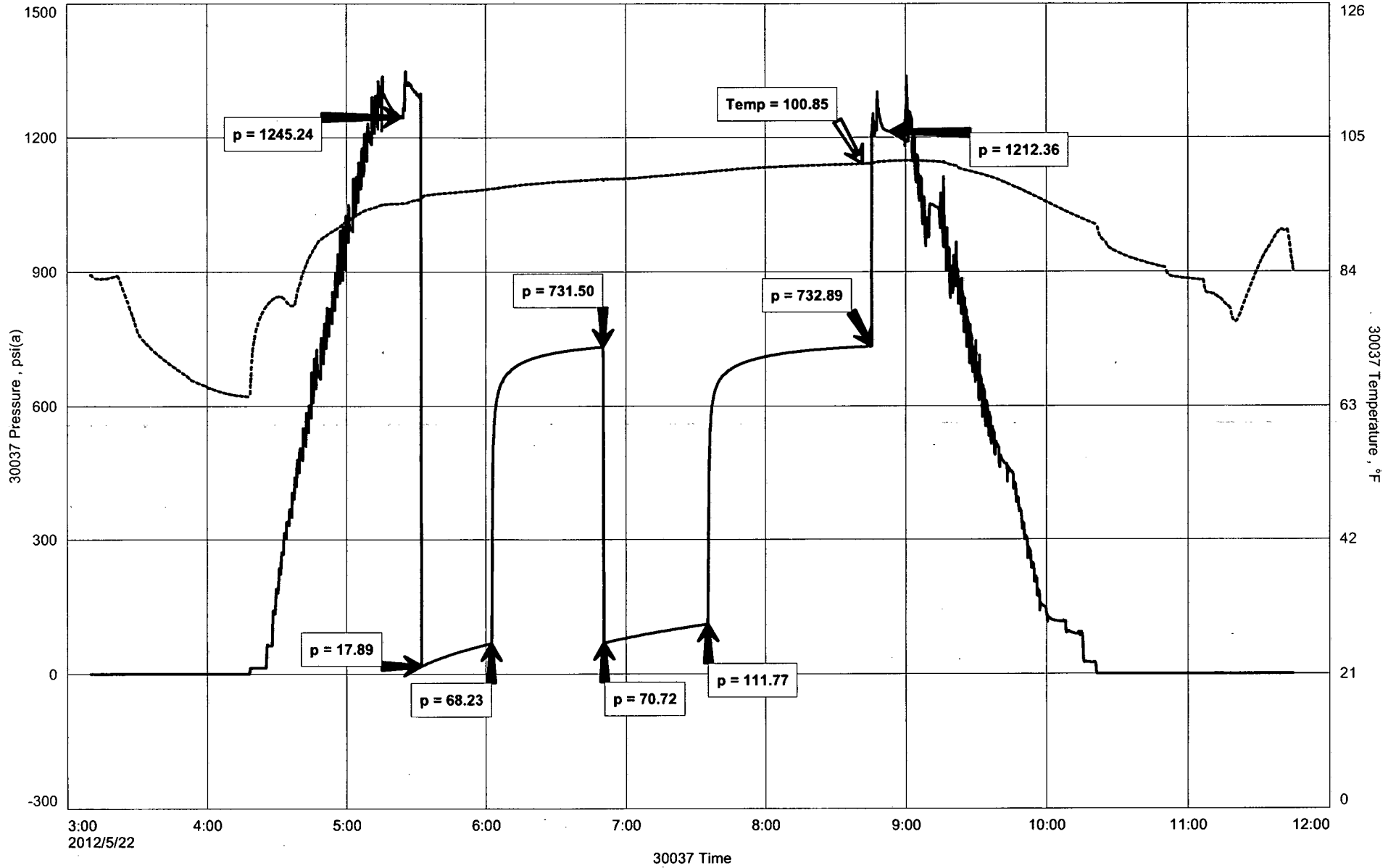
GRAVITY: 24.0 @ 60

TOOL SAMPLE: 2% GAS, 45% OIL, 23% WTR, 30% MUD

BOP WEST LLC
DST#2 2680-2688 MISSISSIPPI
Start Test Date: 2012/05/22
Final Test Date: 2012/05/22

R REDDEN #16-1
Formation: DST#2 2680-2688 MISSISSIPPI
Pool: WILDCAT
Job Number: M328

R REDDEN #16-1





DIAMOND TESTING
 P.O. Box 157
 HOISINGTON, KANSAS 67544
 (800) 542-7313
DRILL-STEM TEST TICKET
 FILE: RRDDN16-1DST2

TIME ON: 0310
 TIME OFF: 1145

Company BOP WEST LLC Lease & Well No. R REDDEN #16-1
 Contractor C&G RIG 2 Charge to BOP WEST LLC
 Elevation 1305 GL Formation MISSISSIPPI Effective Pay _____ Ft. Ticket No. M328
 Date 5/22/2012 Sec. 16 Twp. _____ 16 S Range _____ 1 W County SALINE State KANSAS
 Test Approved By FRANK MIZE Diamond Representative MIKE COCHRAN

Formation Test No. 2 Interval Tested from 2680 ft. to 2688 ft. Total Depth 2688 ft.
 Packer Depth 2675 ft. Size 6 3/4 in. Packer depth NA ft. Size 6 3/4 in.
 Packer Depth 2680 ft. Size 6 3/4 in. Packer depth NA ft. Size 6 3/4 in.

Depth of Selective Zone Set _____
 Top Recorder Depth (Inside) 2681 ft. Recorder Number 30037 Cap. 6,000 P.S.I.
 Bottom Recorder Depth (Outside) 2685 ft. Recorder Number 13386 Cap. 3,875 P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.
 Mud Type CHEM Viscosity 50 Drill Collar Length 304 ft. I.D. 2 1/4 in.
 Weight 9.1 Water Loss 10.2 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
 Chlorides 1,000 P.P.M. Drill Pipe Length 2653 ft. I.D. 3 1/2 in.
 Jars: Make STERLING Serial Number 1 Test Tool Length 27 ft. Tool Size 3 1/2-IF in.
 Did Well Flow? NO Reversed Out NO Anchor Length 8 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, INC. TO 5 1/2" (NO BB)
 2nd Open: A VWSB THAT BUILT TO 4 1/2" (NO BB)

Recovered <u>15</u> ft. of <u>CO 100% OIL</u>	GRAVITY: <u>24.0 @ 60°</u>
Recovered <u>242</u> ft. of <u>SOCMW 5% OIL, 77% WTR, 18% MUD</u>	
Recovered <u>257</u> ft. of <u>TOTAL FLUID</u>	
Recovered _____ ft. of _____	
Recovered _____ ft. of <u>CHLOR: 25,000 PPM</u>	Price Job
Recovered _____ ft. of <u>PH:7.0</u>	Other Charges
Remarks: <u>RW: .22 @ 92°</u>	Insurance
<u>TOOL SAMPLE: 2% GAS, 45% OIL, 23% WTR, 30% MUD</u>	Total

Time Set Packer(s) 5:30 A.M. P.M. Time Started Off Bottom 8:30 A.M. P.M. Maximum Temperature 101
 Initial Hydrostatic Pressure..... (A) 1245 P.S.I.
 Initial Flow Period..... Minutes 30 (B) 18 P.S.I. to (C) 68 P.S.I.
 Initial Closed In Period..... Minutes 45 (D) 732 P.S.I.
 Final Flow Period..... Minutes 45 (E) 71 P.S.I. to (F) 112 P.S.I.
 Final Closed In Period..... Minutes 60 (G) 733 P.S.I.
 Final Hydrostatic Pressure..... (H) 1212 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.



CONSOLIDATED
Oil Field Services, LLC

TICKET NUMBER 36431

LOCATION Eureka KS

FOREMAN Shannon Feck

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT API # N/A

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-18-12	1754	R Reddon 16-1	16	16S	1W	Saline
CUSTOMER <u>Bop West LLC</u>			C46			
MAILING ADDRESS <u>P.O. Box 129</u>			DRLG			
CITY <u>Wooster</u>	STATE <u>OH</u>	ZIP CODE <u>44691</u>	TRUCK # <u>520</u>	DRIVER <u>John S.</u>	TRUCK #	DRIVER
			<u>515</u>	<u>Calin H.</u>		

JOB TYPE Surface 0 HOLE SIZE 12 1/4 HOLE DEPTH 219' CASING SIZE & WEIGHT 8 5/8"
 CASING DEPTH 219 K.B. DRILL PIPE --- TUBING --- OTHER ---
 SLURRY WEIGHT 14.5-15# SLURRY VOL 30 Bbl WATER gal/sk 6.5 CEMENT LEFT in CASING 20'
 DISPLACEMENT --- DISPLACEMENT PSI --- MIX PSI --- RATE 58BPM

REMARKS: Safety Meeting rig up to 8 5/8" casing, Break Circulation with 5 Bbl water, mixed 140 SKS Class "A" cement with 3% calcium 2% gel, & 1/4# Flocele/sk @ 14.5-15#/gal. Displace with 12 1/2 Bbl water & shut well in good circulation @ 911 times, 8 Bbl slurry to pit. Job Complete.

"Thanks Shannon & Crew"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	825.00	825.00
5406	100	MILEAGE	4.00	400.00
11045	140 SKS	Class "A" cement	14.95	2093.00
1102	395 #	Calcium @ 3%	.74	292.30
1118B	264 #	gel @ 2%	.21	55.44
1107	35 #	Flocele @ 1/4#/sk	2.35	82.25
5407A	6.92 Tons	Ton-mileage bulk Truck	1.34	927.28
			Sub Total	4675.27
			7.3% SALES TAX	184.18
			ESTIMATED TOTAL	4859.45

AUTHORIZATION Duke Carter TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form



CONSOLIDATED
Oilfield Services LLC

TICKET NUMBER 34682

LOCATION EUREKA

FOREMAN KEVIN MCCOY

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-169-20358

Ks

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-23-12	1754	R. Redden 16-1	16	16S	1W	SALINE

CUSTOMER		C & G Dry. Rig 2	TRUCK #	DRIVER	TRUCK #	DRIVER
BOP West LLC			445	ALLEN B.		
MAILING ADDRESS			479	MELIC R.		
P.O. Box 129						
CITY	STATE	ZIP CODE				
wooster	OH	44691				

JOB TYPE Longstring HOLE SIZE 7 7/8 HOLE DEPTH 2750 CASING SIZE & WEIGHT 5 1/2 14" new
 CASING DEPTH 2745 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.6* SLURRY VOL 31 BBL WATER gal/sk 9.0 CEMENT LEFT in CASING 11.07
 DISPLACEMENT 66.7 BBL DISPLACEMENT PSI 500 PSI 1000 Bump Plug RATE 5 BPM

REMARKS: Safety Meeting: Rig up to 5 1/2 casing. Break circulation w/ 5 BBL fresh water. Pump 15 BBL Metasilicate Pre Flush, 5 BBL water spacer. Mixed 100 SKS Thick Set Cement w/ 5" Kol-Seal /sk @ 13.6*/gal, yield 1.75 = 31 BBL Slurry. Shut down. Wash out Pump & Lines. Release Latch down Plug. Displace Plug to seat w/ 66.7 BBL water. Final Pumping Pressure 500 PSI. Bump Plug to 1000 PSI. wait 2 mins. Release Pressure. Float & Plug Held. Good Circulation @ All times while Cementing, Job Complete. Rig down.

Note: Plug Rat Hole w/ 15 SKS
Plug Mouse Hole w/ 10 SKS

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	100	MILEAGE	4.00	400.00
1126 A	100 SKS	THICK SET Cement	19.20	1920.00
1110 A	500 "	KOL-SEAL 5" /sk	.46	230.00
1126 A	25 SKS	THICK SET Cement (15SKS RAT Hole, 10SKS MH)	19.20	480.00
1111 A	100 "	Metasilicate Pre Flush	2.00	200.00
5407	6.87 TONS	100 miles BULK Delv.	1.34	920.58
4454	1	5 1/2 Latch down Plug	254.00	254.00
4A03	1	5 1/2 Guide Shoe	160.00	160.00
4136	4	5 1/2 x 7 7/8 Centralizers	48.00	192.00
4A28 B	1	5 1/2 AFU INSERT FLOAT VALVE	172.00	172.00
			Sub Total	5958.58
		THANK YOU	7.3%	SALES TAX
				ESTIMATED TOTAL
				6221.96

48vin 3737

AUTHORIZATION Gary L. Reed

TITLE _____

DATE _____

acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records at our office, and conditions of service on the back of this form are in effect for services identified on this form.