



KANSAS CORPORATION COMMISSION 1086066
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 # 3180
Name: Deutsch, Kent A. dba Deutsch Oil Company
Address 1: 8100 E 22ND ST N
Address 2: _____
City: WICHITA State: KS Zip: 67226 + _____
Contact Person: Kent Deutsch
Phone: (316) 681-3567
CONTRACTOR: License # 34233
Name: Maverick Drilling LLC
Wellsite Geologist: Kent Deutsch
Purchaser: _____

API No. 15 - 15-083-21744-00-00
Spot Description: _____
SW SW NE SW Sec. 31 Twp. 23 S. R. 23 East West
1600 Feet from North / South Line of Section
1530 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Hodgeman
Lease Name: STALLINGS Well #: 1-31
Field Name: _____
Producing Formation: Cherokee Sand
Elevation: Ground: 2454 Kelly Bushing: 2464
Total Depth: 4870 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 268 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 1607 Feet
If Alternate II completion, cement circulated from: _____
feet depth to: _____ w/ _____ sx cmt.

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 #: _____
01/06/2012 01/15/2012 01/16/2012
Spud Date or Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 14000 ppm Fluid volume: 180 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: 06/28/2012

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: NACMI JAMES Date: 07/10/2012



1086066

Operator Name: Deutsch, Kent A. dba Deutsch Oil Company Lease Name: STALLINGS Well #: 1-31
 Sec. 31 Twp. 23 S. R. 23 East West County: Hodgeman

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 Wireline 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: Dual Induction, Comp. Neutron/Density, Sonic, Micro | <input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Attached Attached Attached |
|---|--|

| 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 | 268 | Class A | 175 | 3%cc., 2% GEL. |
| | | | | | | | |
| | | | | | | | |

| ADDITIONAL CEMENTING / SQUEEZE RECORD | | | | |
|--|------------------|----------------|--------------|----------------------------|
| Purpose: | Depth Top Bottom | Type of Cement | # Sacks Used | Type and Percent Additives |
| <input checked="" type="checkbox"/> Perforate | 4734-4738 | Class A | 75 | 3%cc., 2% gel |
| <input checked="" type="checkbox"/> Protect Casing | | | | |
| <input type="checkbox"/> Plug Back TD | 1607- | 60/40 POZ | 225 | 8% gel, 1/4#/sx. floeal |
| <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 <i>(Amount and Kind of Material Used)</i> | Depth |
|----------------|---|--|-------|
| 4 | 4734-4738 | | |
| | | | |
| | | | |
| | | | |

| | |
|---|--|
| TUBING RECORD: Size: <u>2.875</u> Set At: <u>4800</u> Packer At: _____ Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Date of First, Resumed Production, SWD or ENHR. <u>03/06/2012</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>20</u> Gas Mcf <u>0</u> Water Bbls. <u>15</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 type="checkbox"/> Open Hole <input checked="" 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: <u>4734-4738</u> |
|---|--|--|

| | |
|-----------|--|
| Form | ACO1 - Well Completion |
| Operator | Deutsch, Kent A. dba Deutsch Oil Company |
| Well Name | STALLINGS 1-31 |
| Doc ID | 1086066 |

Tops

| Name | Top | Datum |
|---------------|------|-------|
| Heebner Sh. | 4028 | 1564 |
| Lansing | 4086 | 1622 |
| Base K.C. | 4504 | 2040 |
| Marmaton | 4516 | 2052 |
| Pawnee | 4588 | 2124 |
| Ft. Scott | 4616 | 2152 |
| Cherokee Sand | 4734 | 2270 |
| Mississippi | 4802 | 2338 |

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

June 28, 2012

Kent Deutsch
Deutsch, Kent A. dba Deutsch Oil Company
8100 E 22ND ST N
WICHITA, KS 67226

Re: ACO1
API 15-083-21744-00-00
STALLINGS 1-31
SW/4 Sec.31-23S-23W
Hodgeman County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Kent Deutsch

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

July 02, 2012

Kent Deutsch
Deutsch, Kent A. dba Deutsch Oil Company
8100 E 22ND ST N
WICHITA, KS 67226

Re: ACO-1
API 15-083-21744-00-00
STALLINGS 1-31
SW/4 Sec.31-23S-23W
Hodgeman County, Kansas

Dear Kent Deutsch:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 01/06/2012 and the ACO-1 was received on June 28, 2012 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department

ALLIED CEMENTING CO., LLC. 042442

SHIP TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Eastland

| | | | | | | | |
|--------------------------------------|--------------------|--|-----------------|-------------------|-----------------------|--------------------------|---------------------------|
| DATE <u>3-1-12</u> | SEC. <u>31</u> | TWP. <u>23</u> | RANGE <u>23</u> | CALLED OUT | ON LOCATION | JOB START <u>3:30 PM</u> | JOB FINISH <u>4:30 PM</u> |
| LEASE <u>5211419</u> | WELL # <u>1-31</u> | LOCATION <u>Tomora 6 road 1/2 East</u> | | | COUNTY <u>Haskell</u> | STATE <u>Kansas</u> | |
| OLD OR (NEW) (Circle one) <u>NEW</u> | | | | <u>North 1020</u> | | | |

| | |
|---|--------------------|
| CONTRACTOR <u>Chycane well service</u> | OWNER <u>150ma</u> |
| TYPE OF JOB <u>Production Port Collar</u> | |
| HOLE SIZE _____ T.D. _____ | |
| CASING SIZE <u>5 1/2</u> DEPTH _____ | |
| TUBING SIZE <u>2 1/4</u> DEPTH <u>3732</u> | |
| DRILL PIPE _____ DEPTH _____ | |
| TOOL <u>Port Collar</u> DEPTH <u>1606 to 1608</u> | |
| PRES. MAX _____ MINIMUM _____ | |
| MEAS. LINE _____ SHOE JOINT _____ | |
| CEMENT LEFT IN CSG. _____ | |
| PERFS. _____ | |
| DISPLACEMENT <u>21.6</u> | |

EQUIPMENT

| | |
|-----------------------------|------------------------------|
| PUMP TRUCK # <u>224</u> | CEMENTER <u>where Martin</u> |
| | HELPER <u>Jan P</u> |
| BULK TRUCK # <u>492-196</u> | DRIVER <u>Karla W</u> |
| BULK TRUCK # _____ | DRIVER _____ |

REMARKS:

Set Bridge plug + 4/27 Sand
open port collar
Mix 225 sbs cement
close port collar
wash out
work sand off Bridge plug
Thank You

| | | |
|--|--|-----------------------|
| CEMENT | | |
| AMOUNT ORDERED <u>300 sbs 1/2 in</u> | | |
| <u>112-9001 345 9001 on side</u> | | |
| COMMON _____ @ _____ | | |
| POZMIX _____ @ _____ | | |
| GEL _____ @ _____ | | |
| CHLORIDE _____ @ _____ | | |
| ASC _____ @ _____ | | |
| <u>1 1/2 type 2 225 sbs</u> @ <u>14.50</u> | | <u>3262.50</u> |
| <u>Plaster 56 #</u> @ <u>2.70</u> | | <u>151.20</u> |
| <u>sand 2 #</u> @ <u>13.10</u> | | <u>26.20</u> |
| HANDLING <u>324 sbs</u> @ <u>2.25</u> | | <u>729.00</u> |
| MILEAGE <u>116 2/3 @ 3.10/mile</u> | | <u>362.38</u> |
| TOTAL | | <u>5131.18</u> |

SERVICE

| | |
|---|-----------------------|
| DEPTH OF JOB <u>3732</u> | |
| PUMP TRUCK CHARGE _____ | <u>2225.00</u> |
| EXTRA FOOTAGE _____ @ _____ | |
| MILEAGE <u>Hum 54</u> @ <u>7.00/mile</u> | <u>378.00</u> |
| MANIFOLD _____ @ _____ | |
| <u>MFLV Mileage 54</u> @ <u>4.00/mile</u> | <u>216.00</u> |
| TOTAL | <u>2819.00</u> |

PLUG & FLOAT EQUIPMENT

| | |
|---------------|--|
| _____ @ _____ | |
| _____ @ _____ | |
| _____ @ _____ | |
| _____ @ _____ | |
| TOTAL | |

CHARGE TO: Deuzsok 0:1 10
STREET _____
CITY _____ STATE _____ ZIP _____

To Allied Cementing Co., LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME x Edward G. M
SIGNATURE x David Prady
Thank You !!

SALES TAX (If Any) _____
TOTAL CHARGES 7950.18
DISCOUNT 20% 2368.17 IF PAID IN 30 DAYS
5582.01

ALLIED CEMENTING CO., LLC. 038000

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Mid-Lake US

| | | | | | | | |
|-------------------------|----------------|--------------------|------------------|---|-------------|-----------------------------|-------------------------------|
| DATE <u>1-16-12</u> | SEC. <u>31</u> | TWP. <u>23s</u> | RANGE <u>23w</u> | CALLED OUT | ON LOCATION | JOB START <u>9:30 am</u> | JOB FINISH <u>11:00 am</u> |
| LEASE <u>Stollings</u> | | WELL # <u>1-31</u> | | LOCATION <u>Jatmore US, South 1/2 E, N into</u> | | COUNTY <u>Hobbs</u> | STATE <u>KS</u> |
| OLD OR NEW (Circle one) | | | | | | | |

CONTRACTOR Maverick Rig #108 OWNER Deutsch Oil Co.

TYPE OF JOB production

HOLE SIZE 7 7/8 T.D. 4870'

CASING SIZE 5/2 DEPTH 4852'

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX 1500 psi MINIMUM

MEAS. LINE SHOE JOINT 21'

CEMENT LEFT IN CSG. 21'

PERFS.

DISPLACEMENT 117 lbs 1/2 gal

CEMENT

AMOUNT ORDERED 50 ex 60:40:4 1/2 gal

126 ex A "A" + 5" Kdsal + .3% FI-160

500 gal ASF

| | |
|--------------------------------|------------------|
| COMMON Class "A" 30 ex @ 11.25 | \$487.50 |
| POZMIX 20 ex @ 8.50 | 170.00 |
| GEL 2 ex @ 21.25 | 42.50 |
| CHLORIDE @ | |
| ASC Class A 125 ex @ 19.00 | 2375.00 |
| Kdsal 625 # @ .89 | 556.25 |
| FI-11e0 35 # @ 17.20 | 602.00 |
| ASF 500 gals @ 1.27 | 635.00 |
| | |
| | |
| | |
| | |
| | |
| | |
| HANDLING 211 @ 2.25 | 474.75 |
| MILEAGE 30 x 211 x .11 | 696.30 |
| TOTAL | \$1099.30 |

EQUIPMENT

PUMP TRUCK CEMENTER Northbrook

471/302 HELPER Ron Gilg

BULK TRUCK

421/252 DRIVER Perck Gibbar

BULK TRUCK DRIVER

REMARKS:

Art is Campbell through

pump 3 flow pump 500 gal ASF pump 3 flow

mix on pump 30 ex for Rathole

mix on pump 20 ex for mouse hole

mix on pump 135 ex for shutdown

wash pump + lines Release

discrete flow 56 blskat cement of #20

280 41 lbs mix 2800 blskat

lift of 85 lbs burndus of 117 lbs

800 psi to 1500 psi hold.

CHARGE TO: Deutsch Oil Co.

STREET _____

CITY _____ STATE _____ ZIP _____

To Allied Cementing Co., LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME David Paul

SIGNATURE [Signature]

SERVICE

| | |
|---------------------------|--------------|
| DEPTH OF JOB <u>4852'</u> | |
| PUMP TRUCK CHARGE | 2405.00 |
| EXTRA FOOTAGE @ | |
| MILEAGE 30 @ 7.00 | 210.00 |
| MANIFOLD @ | |
| LV 30 @ 4.00 | 120.00 |
| | |
| TOTAL | 2735- |

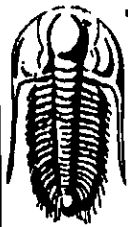
5/2 PLUG & FLOAT EQUIPMENT

| | |
|----------------------------|--------------|
| 7- carotakers @ 76.00 | 532.00 |
| 8- central: ocs. @ 49 | 392.00 |
| 1- latch down plan asst. @ | 217.00 |
| 1- ASF guide shoe @ 240- | 240- |
| 1- Port collar @ | 2100- |
| 2- baskets 337 | 674- |
| TOTAL | 4715- |

SALES TAX (If Any) _____

TOTAL CHARGES: \$13,489.30

DISCOUNT _____ IF PAID IN 30 DAYS



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Deutsch Oil Company
 8100 E 22nd Street North
 Building 600
 Wichita, KS. 67226
 ATTN: Kent Deutsch

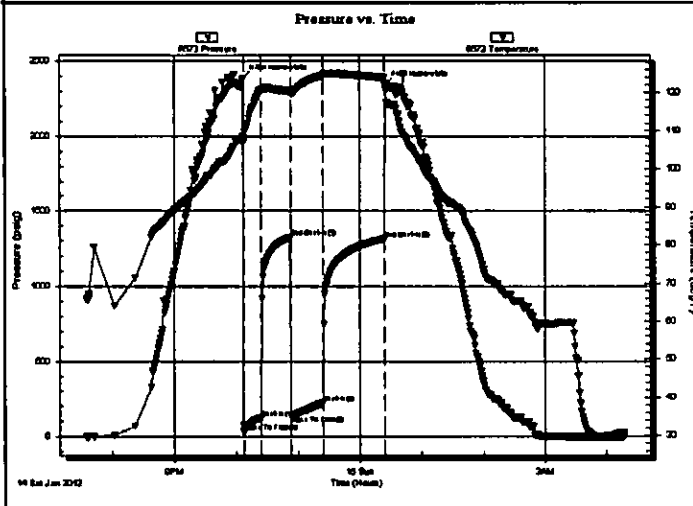
31-23s-23w-Hodgeman
Stallings #1-31
 Job Ticket: 44718 DST#: 1
 Test Start: 2012.01.14 @ 19:35:41

GENERAL INFORMATION:

Formation: **Cherokee Sand**
 Deviated: No Whipstock: 0.00 ft (KB)
 Time Tool Opened: 22:07:11
 Time Test Ended: 04:17:41
 Interval: **4724.00 ft (KB) To 4740.00 ft (KB) (TVD)**
 Total Depth: **4740.00 ft (KB) (TVD)**
 Hole Diameter: **7.80 Inches** Hole Condition: **Good**
 Test Type: **Conventional Bottom Hole (Initial)**
 Tester: **Jason McLemore**
 Unit No: **54**
 Reference Elevations: **2464.00 ft (KB)**
2451.00 ft (CF)
 KB to GR/CF: **13.00 ft**

Serial #: 8673 Inside
 Press@RunDepth: **221.07 psig @ 4727.00 ft (KB)**
 Start Date: **2012.01.14** End Date: **2012.01.15**
 Start Time: **19:35:43** End Time: **04:17:41**
 Capacity: **8000.00 psig**
 Last Calib.: **2012.01.15**
 Time On Btm: **2012.01.14 @ 22:06:41**
 Time Off Btm: **2012.01.15 @ 00:24:26**

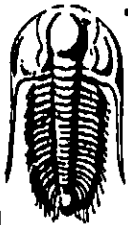
TEST COMMENT: IFF-Strong, BOB in 4-1/2 Mn.
 ISI-Blow back Built to 5"
 FFP-Strong, BOB in 5 Mn.
 FSI-Blow back Built to 7"



| PRESSURE SUMMARY | | | |
|------------------|-----------------|--------------|----------------------|
| Time (Mn.) | Pressure (psig) | Temp (deg F) | Annotation |
| 0 | 2386.88 | 108.44 | Initial Hydro-static |
| 1 | 31.10 | 107.95 | Open To Flow (1) |
| 18 | 123.57 | 120.72 | Shut-In(1) |
| 46 | 1328.04 | 120.35 | End Shut-In(1) |
| 46 | 140.30 | 119.85 | Open To Flow (2) |
| 78 | 221.07 | 124.54 | Shut-In(2) |
| 138 | 1316.54 | 123.97 | End Shut-In(2) |
| 138 | 2344.15 | 124.01 | Final Hydro-static |

| Recovery | | |
|-------------|--------------------------|--------------|
| Length (ft) | Description | Volume (bbl) |
| 240.00 | Gassy MCO-30%G-60%O-10%M | 1.20 |
| 315.00 | Free Oil | 4.42 |
| 0.00 | 465' Gas In Pipe | 0.00 |
| | | |
| | | |

| Gas Rates | | | |
|-----------|----------------|-----------------|------------------|
| | Choke (Inches) | Pressure (psig) | Gas Rate (Mcf/d) |
| | | | |
| | | | |



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Deutsch Oil Company

31-23s-23w-Hodgeman

8100 E 22nd Street North
Building 600
Wichita, KS. 67226
ATTN: Kent Deutsch

Stallings #1-31

Job Ticket: 44718

DST#: 1

Test Start: 2012.01.14 @ 19:35:41

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

36 deg API

Mud Weight: 10.00 lb/gal

Cushion Length: ft

Water Salinity: ppm

Viscosity: 51.00 sec/qt

Cushion Volume: bbl

Water Loss: 8.79 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure: psig

Salinity: 5700.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

| Length ft | Description | Volume bbl |
|--------------|--------------------------|---------------|
| 240.00 | Gassy MCO-30%G-60%O-10%M | 1.198 |
| 315.00 | Free Oil | 4.419 |
| 0.00 | 465' Gas In Pipe | 0.000 |

Total Length: 555.00 ft Total Volume: 5.617 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

