



KANSAS CORPORATION COMMISSION 1087648
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 # 33778
Name: Shoreline Energy Partners, LLC
Address 1: 453 S WEBB RD # 100
Address 2: _____
City: WICHITA State: KS Zip: 67207 + 1310
Contact Person: Hi Lewis
Phone: (316) 214-1738
CONTRACTOR: License # 34082
Name: Alliance Well Service Inc.
Wellsite Geologist: none
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: CITIES SERVICE OIL COMPANY
Well Name: VEEH 8
Original Comp. Date: 10/07/1940 Original Total Depth: 3609
 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 #: _____
06/23/2011 06/28/2011 07/03/2012
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-147-00916-00-01
Spot Description: _____
NE SE NW Sec. 31 Twp. 5 S. R. 20 East West
3630 Feet from North / South Line of Section
2970 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Phillips
Lease Name: VEEH Well #: 8
Field Name: RAY
Producing Formation: REAGAN SAND
Elevation: Ground: 2175 Kelly Bushing: 2177
Total Depth: 3609 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 265 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 #: _____

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 Gerritt Date: 07/25/2012



1087648

Operator Name: Shoreline Energy Partners, LLC Lease Name: VEEH Well #: 8
 Sec. 31 Twp. 5 S. R. 20 East West County: Phillips

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	LANSING	3358	-1181
Electric Log Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	REAGAN	3602	-1425
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No			

List All E. Logs Run:

CASING RECORD New 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
Liner	5.5	4.5	10.5	3568	12.2#, 60-40 Poz	100	60-40 poz

ADDITIONAL CEMENTING / SQUEEZE RECORD

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

PERFORATION RECORD - Bridge Plugs Set/Type
Specify Footage of Each Interval Perforated

Shots Per Foot	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: 2 3/8" Set At: 3471 Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. 07/03/2012 Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	10	0	175		30

DISPOSITION OF GAS:

Vented Sold Used on Lease
(If vented, Submit ACO-18.)

METHOD OF COMPLETION:

Open Hole Perf. Dually Comp. Commingled
(Submit ACO-5) *(Submit ACO-4)*
 Other (Specify) _____

PRODUCTION INTERVAL:

Reagan Sand