



KANSAS CORPORATION COMMISSION 1089458
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 # 34117
Name: Eternity Exploration, LLC
Address 1: 338 Spyglass Dr
Address 2: _____
City: Coppell State: TX Zip: 75019 + 5430
Contact Person: Carlo A. Ugolini
Phone: (469) 464-3849
CONTRACTOR: License # 33575
Name: WW Drilling, LLC
Wellsite Geologist: W. Scott Alberg
Purchaser: _____

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 #: _____
12/02/2011 12/13/2011 12/13/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-193-20829-00-00
Spot Description: _____
NE SW SW NE Sec. 36 Twp. 10 S. R. 32 East West
2250 Feet from North / South Line of Section
2160 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Thomas
Lease Name: Verna Marie Well #: 2
Field Name: _____
Producing Formation: Mississippi
Elevation: Ground: 3016 Kelly Bushing: 3021
Total Depth: 4739 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 259 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: 8900 ppm Fluid volume: 1000 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: 09/26/2012
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: NAOMI JAMES Date: 09/27/2012



1089458

Operator Name: Eternity Exploration, LLC Lease Name: Verna Marie Well #: 2
 Sec. 36 Twp. 10 S. R. 32 East West County: Thomas

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 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: <small>Dual Induction Compensated Density/Neutron Micro</small>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Attached Attached Attached
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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 Casing	12.25	8.625	20	259	Common	185	3% cc; 2% gel

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

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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Form	ACO1 - Well Completion
Operator	Eternity Exploration, LLC
Well Name	Verna Marie 2
Doc ID	1089458

Tops

Anhydrite	2542	+479
Heebner	3986	-965
Toronto	4013	-992
Lansing	4024	1003
Stark	4247	-1226
B/KC	4307	-1286
Lenapah	4336	-1315
Pawnee	4432	-1411
Fort Scott	4496	-1475
Cherokee Johnson	4559	-1538
Mississippi	4616	-1595



PO Box 884, Chanute, KS 68720
620-431-9210 or 800-467-8678

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 33743
LOCATION Dahlcv MS
FOREMAN Fuzzy McCallister
77115 Shaw

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-13-11	2717	Vera Marie #2	36	16s	32	Thomas MS
CUSTOMER Eternity Exploration			1 1/2" W 1 1/2" W 2 1/2" W only			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			463	Scott		
STATE			839	Derek		
ZIP CODE						

JOB TYPE PTA HOLE SIZE 7 7/8 HOLE DEPTH 4740 CASING SIZE & WEIGHT
CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 14.1 SLURRY VOL 1.4 WATER gal/hr 6.7 CEMENT LEFT in CASING _____
DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting + Rig up WW #8
1st plug @ 2560' + 25 SKS
2nd plug @ 1716' + 100 SKS
3rd plug @ 36' + 40 SKS
4th plug @ 80' + 10 SKS
But hole 32 SKS

205 SKS total of 60/40 Per cement with addition Thanks M.J. + Fuzzy + Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
3405A		PUMP CHARGE	1250	1250.00
5406	5 miles	MILEAGE	5.00	25.00
5407	8.9 hours min	Fun mileage delivery min	40.00	410.00
1131	205 SKS	60/40 Per cement with addition	14.25	2941.75
118B	705 #	Bambite	.24	169.20
1107	51 #	Fluorol	2.66	135.66
4432	1	8 3/4 plug Warden	96.00	96.00
		subtotal		5027.61
		less discount		502.76
		total		4524.85
		SALES TAX		219.61
		ESTIMATED TOTAL		4744.46
		DATE	12/13/11	

Form 3177 AUTHORIZED: [Signature] TITLE Todpushee
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.

REMIT TO
RR 1 BOX 90 D
HOXIE KS 67140

SCHIPPERS OIL FIELD SERVICE L.L.C.

548

DATE	SFC.	RANGE/TWP.	CALLER OCT.	CON LOCATION	JOB START	JOB FINISH
1/17	36	11 25				
LEASE	Verr. Main		WELL#	7		
				COUNTY	TH STATE KS	

CONTRACTOR	W/W R		OWNER	Eterna		
TYPE OF JOB						
HOLE SIZE	12 1/4	T.D.	260	CEMENT		
CASING SIZE	8 1/2	DEPTH		AMOUNT ORDERED		
TUBING SIZE		DEPTH				
DRILL PIPE	4 1/2	DEPTH				
TOOL		DEPTH				
PRES. MAX		MINIMUM		COMMON	185	200
DISPLACEMENT	1.00	SHOE JOINT		POZMIX		
CEMENT LEFT IN CSG.				GEL	20	20
PERES				CHLORIDE	26	26
				ASC		
EQUIPMENT						
PUMP TRUCK						
#						
BULK TRUCK						
#						
BULK TRUCK						
#						
				HANDLING	15	200
				MILEAGE	23	1900
				TOTAL		

REMARKS	SERVICE	5.00	
Aug Down @ 8:30 PM	DEPT OF JOB		
	PUMP TRUCK CHARGE		9.00
	EXTRA FOOTAGE		
	MILEAGE	4.22	8.45
	MANIFOLD		
Oil cement left			1.00
	TOTAL		

CHARGE TO:	
STREET	STATE
CITY	ZIP

To: Schippers Oil Field Service L.L.C.
You are hereby requested to rent cementing equipment and furnish staff 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 & understand the "TERMS AND CONDITIONS" listed on the reverse side.

PLUG & FLOAT EQUIPMENT	
TOTAL	
TAX	
TOTAL CHARGE	
DISCOUNT (IF PAID IN 20 DAYS)	

SIGNATURE

PRINTED NAME

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
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

September 26, 2012

Carlo A. Ugolini
Eternity Exploration, LLC
338 Spyglass Dr
Coppell, TX 75019-5430

Re: ACO1
API 15-193-20829-00-00
Verna Marie 2
NE/4 Sec.36-10S-32W
Thomas 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,
Carlo A. Ugolini

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
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

September 27, 2012

Carlo A. Ugolini
Eternity Exploration, LLC
338 Spyglass Dr
Coppell, TX 75019-5430

Re: ACO-1
API 15-193-20829-00-00
Verna Marie 2
NE/4 Sec.36-10S-32W
Thomas County, Kansas

Dear Carlo A. Ugolini:

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 12/02/2011 and the ACO-1 was received on September 26, 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