



KANSAS CORPORATION COMMISSION 1089493  
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     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 #: \_\_\_\_\_  
02/22/2012    02/27/2012    02/28/2012  
Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date       Recompletion Date

API No. 15 - 15-065-23806-00-00  
Spot Description: \_\_\_\_\_  
SW SW NE SW Sec. 30 Twp. 9 S. R. 25  East  West  
1538 Feet from  North /  South Line of Section  
1606 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW  
County: Graham  
Lease Name: BH Werth Well #: 3  
Field Name: \_\_\_\_\_  
Producing Formation: Base of Kansas City  
Elevation: Ground: 2608 Kelly Bushing: 2613  
Total Depth: 4161 Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at: 231 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: 4900 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: \_\_\_\_\_  
 Confidential Release Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
ALT  I  II  III Approved by: NAOMI JAMES Date: 09/27/2012



1089493

Operator Name: Eternity Exploration, LLC Lease Name: BH Werth Well #: 3  
 Sec. 30 Twp. 9 S. R. 25  East  West County: Graham

**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 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 Attached	Top 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:			

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	231	Common	165	3% cc;2% gel

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

TUBING RECORD: Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR. \_\_\_\_\_ Producing Method:  Flowing  Pumping  Gas Lift  Other (Explain) \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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	BH Werth 3
Doc ID	1089493

Tops

Anhydrite	2287	+356
Base Anhydrite	2292	+321
Topeka	3634	-1021
Heebner	3846	-1233
Toronto	3866	-1253
Lansing	3878	-1265
Stark Shale	4070	-1457
B/KC	4110	-1497
LTD	4161	-1548

REMIT TO  
RR 1 BOX 90 D  
HOXIE KS 67740

SCHIPPERS OIL FIELD SERVICE L.L.C.

555

DATE	SEC 30	RANGE/TWP. 9-25	CALLER ID#	JOB LOCATION	JOB START	JOB FINISH
LEASE	B11	Verth	WELL# 3		6/11	STATE KS

CONTRACTOR	WLS	OWNER	Etrenco		
TYPE OF JOB	Seal Seal				
HOLE SIZE	12 1/4	I.D. 232'			
CASING SIZE	8 5/8	DEPTH 231	CEMENT	165	
TUBING SIZE		DEPTH	AMOUNT ORDERED		
DRILL PIPE	4 1/2	DEPTH			
TOOL		DEPTH			
PRES. MAX		MINIMUM	COMMON	165	@ 15.00 = 2475.00
DISPLACEMENT	12.56	SHOR JOINT	POZMIX		@
CEMENT LEFT IN CSG.			GEL	3	@ 26.00 = 78.00
PERFS			CHLORIDE	5	@ 52.00 = 260.00
			ASC		@
EQUIPMENT					@
					@
PUMP TRUCK					@
#					@
BULK TRUCK					@
#					@
BULK TRUCK					@
#					@
					@
			HANDLING		@ 2.15
			MILEAGE	28	@ 15.57 = 435.96
					TOTAL

REMARKS	SERVICE	Seal Seal		
Plug Down 7:45 AM	DEPT OF JOB		@	
	PUMP TRUCK CHARGE		@	950.00
	EXTRA FOOTAGE		@	
	MILEAGE	28 + 2	@ 6.00	304.00
Circ Cement to Pit	MANIFOLD	Light Valve 28 x 2	@ 2.12	112.00
				TOTAL

CHARGE TO:	Etrenco
STREET	STATE
CITY	ZIP

PLUG & FLOAT EQUIPMENT

	HANDLING	@ 2.15	
	MILEAGE	28 @ 15.57	425.56
			TOTAL

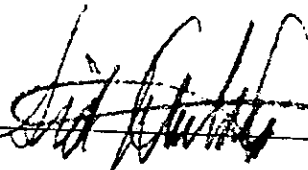
REMARKS  Plug Down 7.15 AM  LIC Cement to Pit	SERVICE	Surf Sec.		
	DEPT OF JOB		@	
	PUMP TRUCK CHARGE		@ 9.10	
	EXTRA FOOTAGE		@	
	MILEAGE	28 @ 2	@ 6.00	168.00
	MANIFOLD		@ 2.00	
		Light Valve 1.5 x 2	@ 2.00	3.00
				TOTAL

CHARGE TO:	Etreny
STREET	STATE
CITY	ZIP

To: Schippers Oil Field Service LLC  
 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 in 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

Jim Datsubell

DELIVER TO  
 BK 1 BOX 90 D  
 HOXIE KS 67740

**SCHIPPERS OIL FIELD SERVICE L.L.C.**

556

DATE	2/11	SEC	23	BARRE/WWT	9-25	CALLED OUT	ON LOCATION	JOB STREET	JOB PHONE
TEAM	JH Norton				BILL	3		COOR 6 11	STATE

CONTRACTOR	NW		OWNER	L				
TYPE OF JOB	Relief Pl.							
HOLE SIZE	7 7/8	CD	4/60	CEMENT				
CASING SIZE		DEPTH		AMOUNT ORDERED	220			
TUBING SIZE		DEPTH						
DRILL PIPE	4	DEPTH						
TOOL		DEPTH						
PRES. MAX		MINIMUM		COMMON	1	1	1	1
DISPLACEMENT		SHOE JOINT		POZMIK	20	20	20	20
CEMENT LEFT IN CIG.				GEL	7	26		
PERFS				CHLORIDE				
				ASC				
EQUIPMENT								
PUMP TRUCK				Flashed	7-1			
#								
BULK TRUCK								
#								
BULK TRUCK								
#								
				HANDLING				
				MILEAGE	2			
				TOTAL				

REMARKS	1 - 23 - 25	SERVICE	Relief Pl.	
	2 - 11 - 12	DEPT OF JOB		
	3 - 11 - 12	PUMP TRUCK CHARGE		
	4 - 11 - 12	EXTRA FOOTAGE		
	5 - 11 - 12	MILEAGE		
	6 - 11 - 12	MANIFOLD		
	7 - 11 - 12			
	8 - 11 - 12			
	9 - 11 - 12			
	10 - 11 - 12			
		TOTAL		

CHARGE TO:	Personnel
STREET	STATE
CITY	ZIP

To: Schippers Oil Field Service LLC  
 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	
TAX	
TOTAL CHARGE	
DISCOUNT (IF PAID IN 30 DAYS)	

SIGNATURE \_\_\_\_\_ PRINTED NAME \_\_\_\_\_