



KANSAS CORPORATION COMMISSION 1089721
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 # 6194
Name: ESP Development, Inc.
Address 1: 1749 250TH AVE
Address 2: _____
City: HAYS State: KS Zip: 67601 + 9460
Contact Person: Lewis Eulert
Phone: (785) 625-6394
CONTRACTOR: License # 31548
Name: Discovery Drilling
Wellsite Geologist: reentry washdown-no wellsite geologist
Purchaser: Coffyville Resourcesi

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: Shields Oil Producers
Well Name: Eulert #5

Original Comp. Date: 11/15/1990 Original Total Depth: 3290

- 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 #: _____

<u>05/26/2012</u>	<u>05/31/2012</u>	<u>06/27/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-167-22935-00-01

Spot Description: 40'S & 75'E OF

SE NE NW NE Sec. 34 Twp. 11 S. R. 15 East West
370 Feet from North / South Line of Section
1575 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Russell

Lease Name: O.C. EULERT OWWO Well #: 5

Field Name: Eulert

Producing Formation: rAbuckle -Lansing KC

Elevation: Ground: 1773 Kelly Bushing: 1777

Total Depth: 3340 Plug Back Total Depth: _____

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: 3338
feet depth to: 0 w/ 405 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 17000 ppm Fluid volume: 160 bbls

Dewatering method used: Hauled to Disposal

Location of fluid disposal if hauled offsite:

Operator Name: Gene Carlin Company

Lease Name: Nuss License #: 3444

Quarter NE Sec. 5 Twp. 13 S. R. 17 East West

County: Ellis Permit #: D-25588

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 Gantso Date: 09/24/2012



1089721

Operator Name: ESP Development, Inc. Lease Name: O.C. EULERT OWWO Well #: 5
 Sec. 34 Twp. 11 S. R. 15 East West County: Russell

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 type="checkbox"/> Yes <input checked="" 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: Attached	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Anhy</td> <td>851</td> <td>+ 923</td> </tr> <tr> <td>Topeka</td> <td>2618</td> <td>- 841</td> </tr> <tr> <td>Heebner Shale</td> <td>2879</td> <td>-1102</td> </tr> <tr> <td>Lansing-KC</td> <td>2926</td> <td>-1149</td> </tr> <tr> <td>Base KC</td> <td>3170</td> <td>-1393</td> </tr> <tr> <td>Arbuckle</td> <td>-1473</td> <td></td> </tr> </table>	Name	Top	Datum	Anhy	851	+ 923	Topeka	2618	- 841	Heebner Shale	2879	-1102	Lansing-KC	2926	-1149	Base KC	3170	-1393	Arbuckle	-1473	
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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 OWWO	12.2500	8.6250	23	218	common	140	0
Long string casing	7.8750	5.5000	14	3339.62	SMDC	405	liq gel 1 ,gal

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	3241-3254	no acid	3214-3254
2	3144-3148	200 gal 15% MCA	3144-48
2	3108-3118	250 gal 15% MCA	3108-18
2	3088-3094	no treatment	3088-94

TUBING RECORD:	Size: 2.3750	Set At: 3310	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR. 06/30/2012	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	32	0	150		28

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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: Arbuckel-LKC
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Form	ACO1 - Well Completion
Operator	ESP Development, Inc.
Well Name	O.C. EULERT OWWO 5
Doc ID	1089721

All Electric Logs Run

Compensated Density Neutron Log
Dual Induction Log
Micro Resistivity Log
Cement Bond Log