



KANSAS CORPORATION COMMISSION 1095519
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 # 31160
Name: Phillips Exploration Company L.C.
Address 1: 1601 Sagebrush
Address 2: _____
City: WICHITA State: KS Zip: 67230 + 7010
Contact Person: James B. Phillips
Phone: (316) 636-2256
CONTRACTOR: License # 5822
Name: Val Energy, Inc.
Wellsite Geologist: Joe Baker
Purchaser: N/A

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 #: _____

<u>03/16/2012</u>	<u>03/24/2012</u>	<u>04/05/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-035-24455-00-00

Spot Description: _____

SE NW NE Sec. 25 Twp. 32 S. R. 5 East West
990 Feet from North / South Line of Section
1650 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Cowley

Lease Name: Standiford Well #: 1-25

Field Name: _____

Producing Formation: Mississippian

Elevation: Ground: 1292 Kelly Bushing: 1302

Total Depth: 3600 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 214 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 cmft.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 500 ppm Fluid volume: 400 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: 10/04/2012



1095519

Operator Name: Phillips Exploration Company L.C. Lease Name: Standiford Well #: 1-25
 Sec. 25 Twp. 32 S. R. 5 East West County: Cowley

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 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	Stalnaker	1906	-604
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	B/KC	2590	-1163
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Miss cht	3064	-1762
List All E. Logs Run:		Miss lm	3100	-1798
Compensated Density		Kinderhook	3467	-2165
Dual Induction		Arbuckle	3528	-2226
Micro		TD	3600	-2298

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	8.75	23	214	common	145	60/40
long string	7.75	5.5	14	3594	common	225	60/40

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	3529-3532		3532
4	3079-84		3079

TUBING RECORD:	Size: <u>2.875</u>	Set At: <u>3500</u>	Packer At: <u>no</u>	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>06/12/2012</u>	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain) <u>wait on SWD</u>			
Estimated Production Per 24 Hours	Oil Bbls. <u>5</u>	Gas Mcf	Water Bbls. <u>400</u>	Gas-Oil Ratio <u>35</u>

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: <u>3529-32</u> <u>3079-84</u>
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CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 36295 ✓
LOCATION Furex
FOREMAN Rex Ledford

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8876

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-035-24455

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
3/29/12	6290	Standard 1-25	25	325	5E	Conley																
CUSTOMER <u>Phillips Exploration</u>			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>445</td> <td>Dave</td> <td></td> <td></td> </tr> <tr> <td>667</td> <td>Chris B.</td> <td></td> <td></td> </tr> <tr> <td>637</td> <td>Allen B.</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	445	Dave			667	Chris B.			637	Allen B.		
TRUCK #	DRIVER	TRUCK #					DRIVER															
445	Dave																					
667	Chris B.																					
637	Allen B.																					
MAILING ADDRESS <u>1601 Sagebrush</u>																						
CITY <u>Wichita</u>																						
STATE <u>KS</u>		ZIP CODE <u>67230</u>																				

JOB TYPE L/S 0 HOLE SIZE 7 7/8" HOLE DEPTH 3600' CASING SIZE & WEIGHT 5 1/2" 15.5 lb/ft
 CASING DEPTH 3595' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 136" SLURRY VOL 62 bbl WATER gal/sk 9.0 CEMENT LEFT IN CASING 14.80 sz
 DISPLACEMENT 86.5 bbl DISPLACEMENT PSI 1000 PSI 1500 Bump plug RATE 6 RPM

REMARKS: Safety meeting. Rig up to 5 1/2" casing. Break circulation w/ 5 bbl fresh water. Pump 15 bbl caustic soda pre-flush 5 bbl water spacer. Mixed 210 szs thickset cement w/ 5" Kol-seal/sk + 149a CEM-115 @ 13.6" / gal. yield 1.25. shut down, washout pump + loss, release latch down plug. Displace w/ 86.5 bbl fresh water. Final pump pressure 1000 PSI. Bump plug to 1500 PSI, release pressure, float + plug hold. Good circulation @ 911 times. Job complete. Rig down.

"THANK YOU"

Centralizers on 1, 3, 12, 14, 26, 28, 31, 33 baskets on 15, 34

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	50	MILEAGE	4.00	200.00
1126A	225 szs	thickset cement (25 szs retchale)	19.20	4320.00
1110A	1125 #	5" Kol-seal/sk	.46	517.50
1135A	56 #	149a CEM-115	10.55	590.80
1103	100 #	caustic soda pre-flush	1.61	161.00
5407A	12.38	for mileage bulk tie	1.37	829.46
5502C	6 hrs	80 bbl vac. rate	90.00/hr	540.00
1123	3000 gals	city water	16.50/1000	49.50
4104	2	5 1/2" baskets	229.00	458.00
4130	8	5 1/2" x 7 7/8" centralizers	48.00	384.00
4159	1	5 1/2" AFU float shoe	349.00	349.00
4454	1	5 1/2" latch down plug	259.00	259.00
			sub total	9678.26
			SALES TAX	481.35
			ESTIMATED TOTAL	10159.61

Revised 3/3/7

AUTHORIZATION Doug J. Reed TITLE X DATE _____

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.