



KANSAS CORPORATION COMMISSION 1092748
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

CONFIDENTIAL WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 34110
Name: Caerus Kansas LLC
Address 1: 600 17TH ST, STE 1600 N
Address 2: _____
City: DENVER State: CO Zip: 80202
Contact Person: Amy Lay
Phone: (303) 565-4600
CONTRACTOR: License # 34541
Name: Ninnescah Drilling LLC
Wellsite Geologist: Jeff Lawler
Purchaser: Plains Marketing

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>7/23/2012</u>	<u>7/31/2012</u>	<u>8/31/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-009-25718-00-00
Spot Description: _____
NE NE SW SE Sec. 18 Twp. 17 S. R. 13 East West
1050 Feet from _____ North / South Line of Section
1403 Feet from East / _____ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Barton
Lease Name: Hoffman Well #: 18-34
Field Name: _____

Producing Formation: Arbuckle
Elevation: Ground: 1911 Kelly Bushing: 1920
Total Depth: 3520 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 845 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: 5000 ppm Fluid volume: 300 bbls
Dewatering method used: Hauled to Disposal
Location of fluid disposal if hauled offsite: _____
Operator Name: Caerus Kansas LLC
Lease Name: Brack Family Farms 1-19 License #: 34110
Quarter W2 Sec. 19 Twp. 17 S. R. 13 East West
County: Barton Permit #: D-30,597

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: 10/08/2012
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: NAOMI JAMES Date: 10/09/2012