



KANSAS CORPORATION COMMISSION 1096100
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 # 34365
Name: Ventex Operating Corp.
Address 1: 3141 HOOD ST., STE 700
Address 2: _____
City: DALLAS State: TX Zip: 75219 + _____
Contact Person: Chuck Sledge
Phone: (214) 520-2929
CONTRACTOR: License # 33532
Name: Advanced Drilling Technologies LLC
Wellsite Geologist: Gary Brumley
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 #: _____
4/19/2012 5/7/2012 10/4/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-127-20588-00-00
Spot Description: _____
S2_NW_NW_NW Sec. 27 Twp. 16 S. R. 5 East West
600 Feet from North / South Line of Section
330 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Morris
Lease Name: Burhoop Trust Well #: 1
Field Name: _____
Producing Formation: Mississippian Chat
Elevation: Ground: 1492 Kelly Bushing: 1403
Total Depth: 2560 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 280 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: 1300 ppm Fluid volume: 800 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: Deanna Garrison Date: 10/30/2012



1096100

Operator Name: Ventex Operating Corp. Lease Name: Burhoop Trust Well #: 1
 Sec. 27 Twp. 16 S. R. 5 East West County: Morris

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 (Attach Additional Sheets)	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Miss Chat	2310	907
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Submitted Electronically (If no, Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				
Triple Combo/ GR/SP				

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	8.625	24	280	Class H	155	3% Cacl
Production	7.875	5.5	15.5	2560	Class A	280	4% 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 (Amount and Kind of Material Used)	Depth
6	2330-36	210,000 gal, 166,000 lb 20/40	2330-36

TUBING RECORD:	Size: <u>2.375</u>	Set At: <u>2313</u>	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>10/4/2012</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls. <u>0</u>	Gas Mcf <u>0</u>	Water Bbls. <u>210</u>	Gas-Oil Ratio _____ Gravity _____

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____ (Submit ACO-4)	PRODUCTION INTERVAL: _____ _____
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ENTERED

TICKET NUMBER 36149 ✓
 LOCATION 180
 FOREMAN Larry Storm

PO Box 884, Chanute, KS 66720
 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
 CEMENT API 15-127-50588-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-7-12	8544	Burhoop #1	26	16	SE	Morris
CUSTOMER VENTEX Operating			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 3500 OAKLAKE DR Ste 720			603	Jeff		
CITY Dallas			491	Joe		
STATE TX			502	Steve		
ZIP CODE 75219			539	Larry		
JOB TYPE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT			
ROAD B	7 7/8	2360	5 1/2 13 1/2 16			
CASING DEPTH	DRILL PIPE	TUBING	OTHER			
2537			2493			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING			
15.0	58					
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE			
29.33	1105	0	8.8 bbls			
REMARKS: Broke Circulation - Pumped 5 bbls water 12 bbls Mud Flush 5 bbls water - Mixed 200 sks 60/40 KOL - LITE + 5 lbs KAL-SEAL 1 lb Poly 2% CACL2 - TAPPED with 80 sks Thick-set + 5 lbs KOL-SEAL - Flush Pump & PULS Displaced plus 3% KOL water Landed plug at 1300 lbs - Total bbls - Re-vented float valve Left Pressure 1000 -						

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	52	MILEAGE	4.00	208.00
5407A	52	Bulk Drilling, x 15.0 tons %	1.34	1045.20
1126A	80	skt Thick-set	19.20	1536.00
1131	200	skt 60/40	10.55	2110.00
1102	320	lbs CACL2	.74	236.80
1110A	1100	lbs KAL-SEAL	.46	506.00
1118B	1600	lbs Gel	.21	336.00
1144G	500	gals Mud Flush	1.05	525.00
1107	50	lbs Poly Flite	2.35	117.50
317D	10	gals KOL	33.50	335.00
445H	1	5 1/2 Watch down	214.00	214.00
4159	1	5 1/2 Float Valve	344.00	344.00
4130	8	5 1/2 Cement Balls	48.00	384.00
4104	1	5 1/2 Cement Balls	229.00	229.00
Subtotal				9596.50
				SALES TAX 509.43
				ESTIMATED TOTAL 10105.93

AVIN 3737

AUTHORIZATION [Signature] TITLE Foreman 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

9552.50