



KANSAS CORPORATION COMMISSION 1098958  
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 # 33217  
Name: Three Rivers Exploration, LLC  
Wellsite Geologist: Gary Brumley

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 #:

4/18/2012	4/30/2012	10/9/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-115-21427-00-00  
Spot Description:  
W2 NE NE NE Sec. 23 Twp. 19 S. R. 3  East  West  
330 Feet from  North /  South Line of Section  
450 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Marion  
Lease Name: Rawhide Well #: 1  
Field Name: Lost Springs  
Producing Formation: Mississippian Chat  
Elevation: Ground: 1393 Kelly Bushing: 1393  
Total Depth: 2900 Plug Back Total Depth:  
Amount of Surface Pipe Set and Cemented at: 216 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: 1200 ppm Fluid volume: 800 bbls  
Dewatering method used: Haul Off Pit  
Location of fluid disposal if hauled offsite:  
Operator Name: Ventex Operating Corp  
Lease Name: Becker No. 1 License #: 34365  
Quarter NW Sec. 31 Twp. 17 S. R. 5  East  West  
County: Morris Permit #: 1090939

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: Daanna Garrison Date: 11/02/2012



1098958

Operator Name: **Ventex Operating Corp.**  
 Sec. **23** Twp. **19** S. R. **3**  East  West

Lease Name: **Rawhide** Well #: **1**  
 County: **Marion**

**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  Yes  No  
 (Attach Additional Sheets)

Samples Sent to Geological Survey  Yes  No

Cores Taken  Yes  No

Electric Log Run  Yes  No

Electric Log Submitted Electronically  Yes  No  
 (If no, Submit Copy)

Log Formation (Top), Depth and Datum  Sample

Name	Top	Datum
Hunton	2820	1427
Miss Chat	2390	997

List All E. Logs Run:

Triple Combo/GR/SP

**CASING RECORD**  New  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	216	Class A	165	Gel / CaCL
Production	7.875	5.5	15.50	2900	Class H	300	Gel / CaCL

**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				

**PERFORATION RECORD - Bridge Plugs Set/Type**  
 Specify Footage of Each Interval Perforated

**Acid, Fracture, Shot, Cement Squeeze Record**  
 (Amount and Kind of Material Used)

Shots Per Foot	Footage	Material Used	Depth
4	2838-2847	5.5" CIBP @ 2,800' w/ 10' Cement	2800'
4	2406 - 2412'	151,000 gallons & 167,600 lbs 20/40 sand	2406-2412'

**TUBING RECORD:** Size: **2.875** Set At: **2370** Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR: **10/9/2012** Producing Method:  Flowing  Pumping  Gas Lift  Other (Explain) \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	5	0	215		

**DISPOSITION OF GAS:**

**METHOD OF COMPLETION:**

**PRODUCTION INTERVAL:**

Vented  Sold  Used on Lease  Open Hole  Perf.  Dually Comp.  Commingled  
 (If vented, Submit ACO-18.) (Submit ACO-5) (Submit ACO-4)

Other (Specify) \_\_\_\_\_



**CONSOLIDATED**  
Oil Well Services, L.L.C.



**ENTERED**

TICKET NUMBER 34318  
LOCATION # 180 Eldorado  
FOREMAN Jacob Storm

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

**FIELD TICKET & TREATMENT REPORT**

**CEMENT** Api 15-1 15-21427-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
4-20-12	8544	Rawhide #1	23	19	3E	Marion																
CUSTOMER <u>Ventex operating</u>			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>446</td> <td>Jerald</td> <td></td> <td></td> </tr> <tr> <td>442</td> <td>Mark</td> <td></td> <td></td> </tr> <tr> <td>511</td> <td>Jacob</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	446	Jerald			442	Mark			511	Jacob		
TRUCK #	DRIVER	TRUCK #					DRIVER															
446	Jerald																					
442	Mark																					
511	Jacob																					
MAILING ADDRESS <u>3141 Hood St Ste 700</u>																						
CITY <u>Dallas</u>		STATE <u>TX</u>	ZIP CODE <u>75219</u>																			

*Suffy meeting  
J.S  
m.g.*

JOB TYPE Surface B HOLE SIZE 12 1/4 HOLE DEPTH 223 CASING SIZE & WEIGHT 8 5/8  
 CASING DEPTH 223 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 14.5 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 160t  
 DISPLACEMENT 13.36 DISPLACEMENT PSI 300 MIX PSI 200 RATE 46pm

REMARKS: Suffy meeting, break circulation, mixed 165 slts class A 3/4cc 2x gel 1/2 lb poly displaced with 12 1/2 bbl water circulating cement to surface. Shot in.

float equipment for customers use.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54615	1	PUMP CHARGE	825.00	825.00
5406	45	MILEAGE	4.00	180.00
5407	1	min bulk delivery	350.00	350.00
11045	165	class A	14.95	2466.75
1102	480	Calcium chloride	0.74	355.20
1118B	350	gel	0.21	73.50
1107	100	poly-Flake	2.35	235.00
4130	30	5 1/2 centralizer	48.00	1440.00
4104	12	5 1/2 Basket	229.00	2748.00
4159	3	5 1/2 AFK Shear	344.00	1032.00
4454	3	5 1/2 Latch down plug	254.00	762.00
4106	2	8 5/8 Baskets	320.00	640.00
4132	4	8 5/8 centralizer	69.00	276.00
			Subtotal	11383.45
			SALES TAX	182.23
			ESTIMATED TOTAL	12165.68

Rev 03/77

AUTHORIZATION [Signature] TITLE \_\_\_\_\_ 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.



**CONSOLIDATED**  
Oil Well Services, LLC

**ENTERED**

TICKET NUMBER 34387  
LOCATION # 180 El Dorado  
FOREMAN Jacob Storm

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

**FIELD TICKET & TREATMENT REPORT**

**CEMENT** Ap: 15-115-21427-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-1-12	8544	Rawhide #1	23	19S	3E	Marion
CUSTOMER Vortex Operating			SAFETY MEETING			
MAILING ADDRESS 3500 oaklawn Dr Ste 720			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Dallas			STATE TX	ZIP CODE 75299		
			603	Jeff	451-T117	Clay
			502	Steve		
			491	Joe		
			511	Jacob		

JOB TYPE Longstring B HOLE SIZE 2 7/8 HOLE DEPTH 2900 CASING SIZE & WEIGHT 5 1/2  
 CASING DEPTH 2899 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 14.5 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 69.16 DISPLACEMENT PSI 1100 MIX PSI 400 RATE 6 bpm

REMARKS: Safety meeting, Run plug, break circulation, mixed 500gal dv/100, mixed 200 SWS 60/40 8% gel 5% kol seal 1/2 poly, 2% cc tailed with 100 SWS thickset 8% kol seal 1/2 poly displaced to 2899 landing plug at 1500 psi. float held

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	47	MILEAGE	4.00	189.00
5407	2	min bulk delivery	350.00	700.00
5501C	4	Transport	112.00	448.00
1123	10	city water	16.50	165.00
1131	200	60/40	12.55	2510.00
1126A	100	Thickset	19.20	1920.00
1118B	1600	gel	.21	336.00
1110A	1800	Kol-Seal	.46	828.00
1107	150	poly Flake	2.35	352.50
1102	320	calcium chloride	.74	236.80
1144g	500	Dv 1100 (mud flush)	1.05	525.00
3122 <u>1240</u>	10	Kcl	33.50	335.00
			Subtotal	9671.30
			SALES TAX	536.12
			ESTIMATED TOTAL	10,110.42

Rev 01/37

AUTHORIZATION [Signature]

TITLE Foreman

DATE 5-1-12

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.