



KANSAS CORPORATION COMMISSION 1098519
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 # 30129
Name: Eagle Creek Corporation
Address 1: 150 N MAIN STE 905
Address 2: _____
City: WICHITA State: KS Zip: 67202 + 1317
Contact Person: Dave Callewaert
Phone: (316) 264-8044
CONTRACTOR: License # 32701
Name: C & G Drilling, Inc.
Wellsite Geologist: Dave Callewaert
Purchaser: Coffeyville Resources

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: Eagle Creek Corporation
Well Name: Wedman Unit 1-6
Original Comp. Date: 07/18/2012 Original Total Depth: 3200
 Deepening Re-perf. Conv. to ENHR Conv. to SWD
 Conv. to GSW
 Plug Back: 2880 Plug Back Total Depth
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

<u>08/17/2012</u>	<u>08/19/2012</u>
Spud Date or Recompletion Date	Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-015-23933-00-01
Spot Description: _____
NW SW SW NW Sec. 6 Twp. 28 S. R. 8 East West
2300 Feet from North / South Line of Section
7700 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Butler
Lease Name: WEDMAN UNIT Well #: 1-6
Field Name: North Hickory
Producing Formation: Mississippi
Elevation: Ground: 1537 Kelly Bushing: 1556
Total Depth: 3200 Plug Back Total Depth: 2880
Amount of Surface Pipe Set and Cemented at: 221 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: _____ ppm Fluid volume: _____ bbls
Dewatering method used: _____
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 Gansor Date: 11/02/2012



1098519

Operator Name: **Eagle Creek Corporation** Lease Name: **WEDMAN UNIT** Well #: **1-6**
 Sec. **6** Twp. **28** S. R. **8** East West County: **Butler**

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 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	Kansas City	2038	-482
Electric Log Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CHEROKEE SH	2507	-951
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	MISSISSIPPI	2779	-1223
List All E. Logs Run:		DOLOMITE	2785	-1229
		KINDERHOOK SH	3132	-1576
		SIMPSON	3194	-1638

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	23	221	COMMON	110	2%GEL,3%CC
PRODUCTION	7.875	5.5	14	3197	THICK SET	200	5#/SK KOLSEAL

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	2785-2787	ACIDIZED 500 GALLONS 15% NEFE	2785-87

TUBING RECORD:	Size: 2.375	Set At: 2839	Packer At: NONE	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR. 08/19/2012	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i>				
Estimated Production Per 24 Hours	Oil Bbls. 3	Gas Mcf 0	Water Bbls. 12	Gas-Oil Ratio	Gravity 35

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: 2785-2787
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