



KANSAS CORPORATION COMMISSION 1099842
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 # 5491
Name: W & W Production Company, General Partnership
Address 1: 1150 HWY 39
Address 2: _____
City: CHANUTE State: KS Zip: 66720 + 5215
Contact Person: Mike or Jennifer Wimsett
Phone: (620) 431-4137
CONTRACTOR: License # 5491
Name: W & W Production Company, General Partnership
Wellsite Geologist: None
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 #: _____
9/06/2012 10/02/2012 10/08/2012
Spud Date or 9/06/2012 Date Reached TD 10/02/2012 Completion Date or 10/08/2012
Recompletion Date

API No. 15 - 15-001-30500-00-00
Spot Description:
SW NW NE SW Sec. 23 Twp. 26 S. R. 18 East West
3200 Feet from North / South Line of Section
1500 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Allen
Lease Name: Harner Well #: W-1
Field Name: _____
Producing Formation: Bartlesville
Elevation: Ground: 987 Kelly Bushing: 0
Total Depth: 843 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 21 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 816
feet depth to: 0 w/ 111 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 0 ppm Fluid volume: 15 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 Gamisor Date: 11/09/2012



1099842

Operator Name: W & W Production Company, General Partnership Lease Name: Harner Well #: W-1
 Sec. 23 Twp. 26 S. R. 18 East West County: Allen

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 Log Formation (Top), Depth and Datum Sample
 (Attach Additional Sheets)

Samples Sent to Geological Survey Yes No Name Top Datum
 Bartlesville 808 842

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

List All E. Logs Run:

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	10	7	0	21	Portland	4	
Production	6	3	0	816	Portland	111	

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		Acid, Fracture, Shot, Cement Squeeze Record		Depth
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)		

TUBING RECORD: Size: 3 Set At: 816 Packer At: 816 Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. Producing Method: Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
3	0	3	0	32	

DISPOSITION OF GAS: Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled Other (Specify)

METHOD OF COMPLETION: (Submit ACO-5)

PRODUCTION INTERVAL: (Submit ACO-4)

"WARNING" DANGER - MAY CAUSE BURNS TO EYES AND SKIN. CONTAINS CALCIUM HYDROXIDE WHEN MIXED WITH WATER. SKIN AREAS THAT COME INTO CONTACT WITH PORTLAND CEMENT OR MIXTURES CONTAINING PORTLAND CEMENT, EITHER DIRECTLY OR THROUGH SATURATED CLOTHING, SHOULD BE PROMPTLY WASHED WITH WATER. FAILURE TO DO SO MAY CAUSE SKIN IRRITATION OR POSSIBLE THIRD DEGREE BURNS REACHING DEEP TISSUES WITH LITTLE WARNING. BODY PERSPIRATION OR MOISTURE MAY CAUSE HYDRATION OF DRY CEMENT ALSO RESULTING IN BURNS. IF IRRITATION BEGINS TO INCREASE SEE A PHYSICIAN IMMEDIATELY. IF PORTLAND CEMENT OF A MIXTURE CONTAINING PORTLAND CEMENT GETS IN THE EYE, RINSE IMMEDIATELY AND REPEATEDLY WITH WATER AND SEEK PROMPT MEDICAL ATTENTION. IF INGESTED, CONSULT A PHYSICIAN IMMEDIATELY. DRINK WATER. CONTAINS CRYSTALLINE SILICA; CHRONIC OVEREXPOSURE TO AIRBORNE CRYSTALLINE SILICA HAS BEEN LINKED TO LUNG PROBLEMS, INCLUDING CANCER AND SILICOSIS. USE A NIOSH-APPROVED DUST RESPIRATOR. MATERIAL SAFETY DATA SHEETS AVAILABLE ON REQUEST. KEEP OUT OF REACH OF CHILDREN.

This Shipping Order

must be legibly filled in, in Ink, in Indelible Pencil, or in Carbon, and retained by the Agent

SHIPPING ORDER

From THE MONARCH CEMENT COMPANY

AT HUMBOLDT, KANSAS

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder, shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classification in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

107-12

SHIPPER'S NO.

209425

W-1

(Mail or street address of consignee — For purposes of notification only)

CONSIGNEE TO

W-W PRODUCTION
1150 W HIGHWAY 39
CHANUTE KANSAS

DESTINATION

ROUTE

W-W

[Signature]

CAR NO./TRAILER NO. 27917
YOUR NO.

Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse to the consignor, the consignor shall sign the following statement:

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

If charges are to be prepaid, write or stamp here, "To Be Prepaid."

Received \$

to apply in prepayment of the charges on the property described hereon.

Agent or Cashier

Per

(The signature here acknowledges only the amount prepaid.)

Charges Advanced:

Quantity

Description

Class or Rate

\$

8.00 TONS TYPE I/II CEMENT
7.26 METRIC TONS

LBS. GROSS

47440 lb

I 606 2 13:03 10-01-12

LBS. TARE

31440 lb

I 606 2 13:03 10-01-12

Gates Closed:

Last Product Hauled:



CORRECT NET

16000 lb

If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is a carrier's or shipper's weight. NOTE-Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is per

THE MONARCH CEMENT COMPANY

CERTIFIED SHIPPERS WEIGHTS

Permanent post office address of shipper,

HUMBOLDT, KANSAS 66748

Per

Agent

SPECIAL INSTRUCTIONS

74700

340

DATE: 8/13/12

FARM BUSINESS SPECIALIZED, ILL., N.Y. 10000 - 0000 20-4-60