



KANSAS CORPORATION COMMISSION 1099854
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 #: _____
 10/16/2012 10/17/2012 10/26/2012
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 15-001-30501-00-00
 Spot Description:
 NW SW NE SW Sec. 23 Twp. 26 S. R. 18 East West
3600 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-2
 Field Name: _____
 Producing Formation: Barthesville
 Elevation: Ground: 989 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: 815
 feet depth to: 0 w/ 112 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 Garrison Date: 11/09/2012



1099854

Operator Name: W & W Production Company, General Partnership Lease Name: Harner Well #: W-2
 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 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	10	7	0	21	Portland	4	
Production	6	3	0	815	Portland	112	

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	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

TUBING RECORD: Size: 3 Set At: 815 Packer At: 815 Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. 10/26/2012 Producing Method: Flowing Pumping Gas Lift Other (Explain)

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

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)

"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

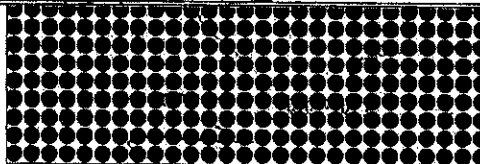
AT HUMBOLDT, KANSAS

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.

SHIPPER'S NO. 2012100

WWP50C



Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on 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)

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

CONSIGNEE TO W-W PRODUCTION
1150 W HIGHWAY 39
DESTINATION CHANUTE KANSAS

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

ROUTE *W-W*

Received \$
to apply in prepayment of the charges on the property described herein.

CAR NO./TRAILER NO. YOUR NO.

Per Agent or Cashier
(The signature here acknowledges only the amount prepaid.)

Quantity	Description	Class or Rate	\$ Charges advanced.
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6.85 TONS TYPE 1/II CEMENT
6.21 METRIC TONS

LBS. GROSS	47000 LB	I	683	2	TIME 10:29 AM	17 OCT 12	
LBS. TARE	33300 LB	I	683	2	10:26 AM		
CORRECT NET	13700 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 hereby specifically stated by the shipper to be not exceeding					per

Gates Closed:
Last Product Hauled: ●●●●●●●●●●

CERTIFIED SHIPPERS WEIGHTS

THE MONARCH CEMENT COMPANY

Permanent post office address of shipper, HUMBOLDT, KANSAS 66748

Per *[Signature]* Agent

SPECIAL INSTRUCTIONS

47,000 F

310

RUN# 10/05/12