



KANSAS CORPORATION COMMISSION 1099960
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 #:

| | | |
|-----------------------------------|-----------------|---|
| 10/17/2012 | 10/22/2012 | 10/26/2012 |
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - 15-001-30507-00-00
Spot Description:
SW SW SE NW Sec. 23 Twp. 26 S. R. 18 East West
2550 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-8
Field Name:
Producing Formation: Bartlesville
Elevation: Ground: 981 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: 812
feet depth to: 0 w/ 110 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 Gansor Date: 11/09/2012



1099960

Operator Name: W & W Production Company, General Partnership Lease Name: Harner Well #: W-8

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

Samples Sent to Geological Survey Yes No

Name Bartlesville Top 808 Datum 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 | 812 | Portland | 110 | |

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

| Shots Per Foot | Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) | Depth |
|----------------|--|-------|
| | | |
| | | |

TUBING RECORD: Size: 3 Set At: 812 Packer At: 812 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 3 Bbls. Gas 0 Mcf Water 3 Bbls. Gas-Oil Ratio 0 Gravity 32

DISPOSITION OF GAS:

Vented Sold Used on Lease
(If vented, Submit ACO-18.)

METHOD OF COMPLETION:

Open Hole Perf. Dually Comp. Commingled
(Submit ACO-5) (Submit ACO-4)
 Other (Specify)

PRODUCTION INTERVAL:

"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.

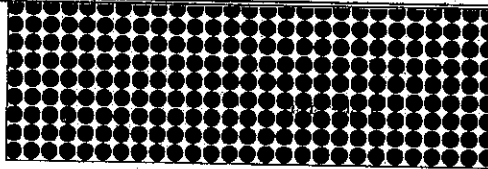
Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his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

10-22-12

SHIPPER'S NO.

2012102

UNP500



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
CHANUTE KANSAS

DESTINATION

ROUTE

W-W

[Handwritten Signature]

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 herein.

Agent or Cashier

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

CAR NO./TRAILER NO. 20153

YOUR NO.

| Quantity | Description | Class or Rate | Charges Advanced: |
|----------|-------------|---------------|-------------------|
|----------|-------------|---------------|-------------------|

5.81 TONS TYPE I/II CEMENT
5.27 METRIC TONS

| | | |
|----------------------|------------------------|--|
| LBS. GROSS 47100 lb | I 686 2 12:15 10-23-12 | Gates Closed: Last Product Hauled: ●●●●●●●●●● |
| LBS. TARE 35540 lb | I 686 2 12:15 10-23-12 | |
| CORRECT NET 11560 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

CERTIFIED SHIPPERS WEIGHTS THE MONARCH CEMENT COMPANY
Permanent post office address of shipper, HUMBOLDT, KANSAS 66748 Per *MP* Agent

SPECIAL INSTRUCTIONS

47000 lb
310
RUN: 10/25/12