



KANSAS CORPORATION COMMISSION 1102154
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

CONFIDENTIAL WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 32686
Name: Reilly Oil Company, Inc.
Address 1: PO BOX 277
Address 2: _____
City: WAKEENEY State: KS Zip: 67672 + 0277
Contact Person: DUSTY RHOADES
Phone: (785) 743-6774
CONTRACTOR: License # 33575
Name: WW Drilling, LLC
Wellsite Geologist: NONE
Purchaser: NONE

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: beren corp.
Well Name: huffman
Original Comp. Date: 10/31/1979 Original Total Depth: 3935
 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 #: D-31365
 ENHR Permit #: _____
 GSW Permit #: _____
10/11/2012 10/11/2012 10/12/2012
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-195-20588-00-01
Spot Description: _____
S2 NW SE NW Sec. 7 Twp. 11 S. R. 24 East West
3585 Feet from North / South Line of Section
3630 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Trego
Lease Name: WENDY SWD Well #: 1-7
Field Name: _____
Producing Formation: ceder hills
Elevation: Ground: 2327 Kelly Bushing: 2332
Total Depth: 2006 Plug Back Total Depth: 0
Amount of Surface Pipe Set and Cemented at: 250 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: 19900 ppm Fluid volume: 800 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: 11/20/2012

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: NAOMI JAMES Date: 11/26/2012