



KANSAS CORPORATION COMMISSION 1102060
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 # 33069
Name: Encore Operating Company
Address 1: PO BOX 27710
Address 2: _____
City: DENVER State: CO Zip: 80227 + 0710
Contact Person: Jay Johnson
Phone: (303) 595-9251
CONTRACTOR: License # 34082
Name: Alliance Well Service Inc.
Wellsite Geologist: N/A
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: Encore Operating Company
Well Name: Shapland Living Trust #3-35

Original Comp. Date: 11/10/2006 Original Total Depth: 4342
 Deepening Re-perf. Conv. to ENHR Conv. to SWD
 Conv. to GSW
 Plug Back: 4255 Plug Back Total Depth
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: E-31-410
 GSW Permit #: _____

11/14/2012 11/17/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-101-21601-00-02
Spot Description: _____
SE NW SE NW Sec. 35 Twp. 18 S. R. 28 East West
3479 Feet from North / South Line of Section
3521 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Lane
Lease Name: SHAPLAND LIVING TRUST Well #: 3-35
Field Name: _____

Producing Formation: Lansing-Kansas City
Elevation: Ground: 2706 Kelly Bushing: 2715
Total Depth: 4342 Plug Back Total Depth: 4255
Amount of Surface Pipe Set and Cemented at: 250 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 2303 Feet
If Alternate II completion, cement circulated from: 2303
feet depth to: 0 w/ 225 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 Garrison Date: 12/19/2012

1102060

Operator Name: Encore Operating Company
 Sec. 35 Twp. 18 S. R. 28 East West

Lease Name: SHAPLAND LIVING TRUST Well #: 3-35
 County: Lane

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
 (Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No

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

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
Stark Shale	4217	
Kansas City	4300	

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

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 (Amount and Kind of Material Used)	Depth
4	4237'-4247'	500 gal. 15% MCA	4237'-4247'
		CIBP	4255'

TUBING RECORD: Size: 2-3/8" Set At: 4225' Packer At: 4225' Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. 12/10/2012 Producing Method: Flowing Pumping Gas Lift Other (Explain) Commenced injection

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

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) Other (Specify) _____

PRODUCTION INTERVAL: _____