



KANSAS CORPORATION COMMISSION 1101565  
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 # 31171  
Name: Continental Operating Co.  
Address 1: 1221 MCKINNEY STE 3700  
Address 2: \_\_\_\_\_  
City: HOUSTON State: TX Zip: 77010 + 2046  
Contact Person: Greg Mitschke  
Phone: ( 713 ) 209-1110  
CONTRACTOR: License # 32128  
Name: Rome Corporation dba Western Well Service  
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: John P Jennings  
Well Name: Baldwin #5

Original Comp. Date: 11/21/1977 Original Total Depth: 3780

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 #: \_\_\_\_\_

<u>8/30/2012</u>	<u>11/12/2012</u>
Spud Date or Recompletion Date	Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-163-20757-00-01

Spot Description: \_\_\_\_\_  
N2 NE NW Sec. 9 Twp. 10 S. R. 19  East  West

4950 Feet from  North /  South Line of Section

3300 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW

County: Rooks

Lease Name: Baldwin Well #: 3

Field Name: \_\_\_\_\_

Producing Formation: Arbuckle

Elevation: Ground: 2212 Kelly Bushing: 2212

Total Depth: 3873 Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: 202 Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: 1585 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: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: Hauled to Disposal

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name: Continental Operating Co.

Lease Name: Stamper "C" License #: 31171

Quarter NE Sec. 32 Twp. 8 S. R. 17  East  West

County: Rooks Permit #: E26,843-0003

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: 01/04/2013



1101565

Operator Name: Continental Operating Co. Lease Name: Baldwin Well #: 3  
 Sec. 9 Twp. 10 S. R. 19  East  West County: Rooks

**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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run:  Cement Bond Gamma Ray Neutron	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Anhydrite</td> <td>1589</td> <td>-623</td> </tr> <tr> <td>Arbuckle</td> <td>3766</td> <td>-1554</td> </tr> </table>	Name	Top	Datum	Anhydrite	1589	-623	Arbuckle	3766	-1554
Name	Top	Datum								
Anhydrite	1589	-623								
Arbuckle	3766	-1554								

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
Production	7.87	5.50	14.0	3820	common	250	10%salt,2%gel

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	0-1584	60/40	440	6%gel

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: <u>2.875 sealtite</u> Set At: _____ Packer At: <u>3797</u>		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. _____		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls. Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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**Quality Well Service, Inc.**

**324 Simpson St.  
Pratt, KS 67124**

**Invoice**

Date	Invoice #
10/26/2012	C-683

Bill To
Continental Operating P.O. Box 52 Hays, KS 67601

P.O. No.	Terms	Lease Name
		Baldwin #3

Description	Qty	Rate	Amount
Common	515	15.50	7,982.50T
Poz	175	9.50	1,662.50T
Gel	28	20.50	574.00T
Salt	21	13.00	273.00T
5 1/2 Centralizer	7	50.00	350.00T
5 1/2 Basket	1	190.00	190.00T
5 1/2 AFU Float Shoe	1	275.00	275.00T
5 1/2 LD Plug & Baffle	1	225.00	225.00T
5 1/2 DV Tool	1	2,800.00	2,800.00T
2 Stage	1	2,700.00	2,700.00T
Handling	739	2.10	1,551.90
.08 * sacks * miles	20,000	0.08	1,600.00
LMV	40	2.00	80.00
Pump Truck Mileage	40	8.00	320.00
Discount	2,554.8	-1.00	-2,554.80T
Discount	532.79	-1.00	-532.79
Discount Expires after 30 days from the date of the invoice		0.00	0.00
Baldwin #3			
Rooks Co.			

Thank You for your business!

<b>Subtotal</b>	\$17,496.31
<b>Sales Tax (6.3%)</b>	\$912.06
<b>Total</b>	\$18,408.37

# QUALITY WELL SERVICE, INC.

5739

Home Office 324 Simpson St., Pratt, KS 67124

Heath's Cell 620-727-3410  
Office / Fax 620-672-3663

Rich's Cell 620-727-3409  
Brady's Cell 620-727-6964

Date 10-25-12	Sec.	Twp.	Range	County Rooks	State KS	On Location	Finish 8:30-9:20 AM
Lease Baldwin	Well No. 3		Location Zurich KS 25 1/2 W S. 40				
Contractor O Tools				Owner			
Type Job 2-Stage pipe job				To Quality Well Service, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.			
Hole Size	T.D.			Charge To Continental			
Csg. 5 1/2	Depth 3932			Street			
Tbg. Size	Depth			City			
Tool	Depth			State			
Cement Left in Csg.	Shoe Joint			The above was done to satisfaction and supervision of owner agent or contractor.			
Meas Line	Displace 9.3 bbl and 3.9 bbl			Cement Amount Ordered 250 sk com 10% salt 2 1/2			
<b>EQUIPMENT</b>				440 sk 60/40 6% gel			
Pumptrk No. 8	Lady			Common 515			
Bulktrk No. 10	Neale			Poz. Mix 175			
Bulktrk No. 5	Mike			Gel. 28			
Pickup No.				Calcium			
<b>JOB SERVICES &amp; REMARKS</b>				Hulls			
Rat Hole				Salt 21			
Mouse Hole				Flowseal			
Centralizers				Kol-Seal			
Baskets Insert @ 3817				Mud CLR 48			
DN or Port Collar set @ 1584				CFL-117 or CD110 CAF 38			
Run sts of 5 1/2 casing and landing jt				Sand			
				Handling 739			
				Mileage 40			
1st Circulation with pump truck				<b>FLOAT EQUIPMENT</b>			
Hooked up and mixed 250 sk com 10% salt 2% gel - shut down and washed pump and line clean - released plug and disp 9.3 bbl @ 1420 - lifting pressure @ 7000 ps.				Guide Shoe			
plug landed @ 1700 ps. - released and float held - <del>plug</del> draped dirt and washed 15 min - hooked up and opened DV tool @ 1400 ps. - mixed 440 sk 60/40 6% gel				Centralizer 7 - 5 1/2			
shut down and released plug - disp 3.9 bbl @ 1120 - plug landed @ 1000 ps.				Baskets 1 - 5 1/2			
				AFU Inserts			
				Float Shoe 1 - 5 1/2			
				Latch Down 1 - 5 1/2			
				1 - 5 1/2 DV Tool			
				Pumptrk Charge 2 Stage.			
				Mileage 40			
Cement did circulate to surface !!				Tax			
Signature Kelly K. Fox				Discount			
				Total Charge			

Thank You!!