



KANSAS CORPORATION COMMISSION 1105976
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 # 34659
Name: Wehmeyer, Gerald
Address 1: 1659 CR 3300
Address 2: _____
City: Coffeyville State: KS Zip: 67337 + _____
Contact Person: Gerald Wehmeyer
Phone: (620) 948-3887
CONTRACTOR: License # 9749
Name: Melander, Chris dba Chris Melander Drilling
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 #: _____

<u>09/28/2012</u>	<u>10/09/2012</u>	<u>10/27/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-125-32267-00-00
Spot Description: _____
W2_NW_NW_SE Sec. 16 Twp. 34 S. R. 15 East West
2310 Feet from North / South Line of Section
2475 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Montgomery
Lease Name: WEHMEYER Well #: 1-15
Field Name: Jefferson/Sycamore
Producing Formation: Bartlesville & Wayside
Elevation: Ground: 831 Kelly Bushing: 861
Total Depth: 1210 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 20 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: 0 ppm Fluid volume: 0 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 Gamson Date: 01/14/2013

1105976

Operator Name: Wehmeyer, Gerald Lease Name: WEHMEYER Well #: 1-15
 Sec. 16 Twp. 34 S. R. 15 East West County: Montgomery

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 Wireline 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 checked="" type="checkbox"/> Yes <input 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: Gamma Ray Neutron Completion Log	<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>Bartlesville</td> <td>2 ft top</td> <td>2 ft bottom</td> </tr> </table>	Name	Top	Datum	Bartlesville	2 ft top	2 ft bottom
Name	Top	Datum					
Bartlesville	2 ft top	2 ft bottom					

CASING RECORD <input type="checkbox"/> New <input checked="" 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
Surface Casing	11.75	8.625	22	20	Portland	6	none
Production Casing	6.75	4.5	11	1200	50/50 POZMIX	165	none

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	-			
	-			

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
2	n/a	Acid-100 gal 15% ND-HCL, Ballsealers 1.3 SG7/8",	10' span
		Sand 500#16-30, Sand 5500#16-20,	
		185 bbls formation water with frac gel & biocide	

TUBING RECORD:	Size: 2.375	Set At: 1163	Packer At: none	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. 10/27/2012		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____		
Estimated Production Per 24 Hours	Oil Bbls. 0	Gas Mcf 0	Water Bbls. .5	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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: 1148' to 1158'
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10/9/2012

#753603



CEMENT FIELD TICKET AND TREATMENT REPORT

2550000294

Customer	Gerald Wehmeyer	State, County	Montgomery, Kansas	Cement Type	CLASS A
Job Type	Longstring	Section	16	Excess (%)	40
Customer Acct #		TWP	34s	Density	13.9
Well No.	Wehmeyer 1-15	RGE	15e	Water Required	
Mailing Address		Formation		Yield	1.4
City & State		Hole Size	6 3/4	Slurry Weight	
Zip Code		Hole Depth	1210	Slurry Volume	
Contact		Casing Size	4 1/2 INCH	Displacement	19.08
Email		Casing Depth	1200	Displacement PSI	
Cell		Drill Pipe		MIX PSI	
Dispatch Location	BARTLESVILLE	Tubing		Rate	
Code	Cement Pump Charges and Mileage	Quantity	Unit	Price per Unit	
5401	CEMENT PUMP (2 HOUR MAX)	1	2 HRS MAX	\$1,030.00	\$ 1,030.00
5406	EQUIPMENT MILEAGE (ONE-WAY)	40	PER MILE	\$4.00	\$ 160.00
5407	MIN. BULK DELIVERY (WITHIN 50 MILES)	1	PER LOAD	\$350.00	\$ 350.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
5402	FOOTAGE	1,200	PER FOOT	0.22	\$ 264.00
				EQUIPMENT TOTAL	\$ 1,804.00
Cement, Chemicals and Water					
1124	50/50 POZMIX CEMENT W/ NO ADDITIVES	165	0	\$10.95	\$ 1,806.75
1101	CAL SEAL (100#) (OWC)	500	0	\$0.40	\$ 200.00
1102	CALCIUM CHLORIDE	200	0	\$0.74	\$ 148.00
1107A	PHENOSEAL	160	0	\$1.29	\$ 206.40
1110A	KOL SEAL (50 # SK)	700	0	\$0.46	\$ 322.00
1118B	PREMIUM GEL/BENTONITE (50#)	200	0	\$0.21	\$ 42.00
3123	DIACEL FL. FLUID LOSS (50#/SK) seal by #	50	0	\$13.75	\$ 687.50
1123	CITY WATER (PER 1000 GAL)	5	0	\$16.50	\$ 82.50
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
				CHEMICAL TOTAL	\$ 3,495.15
Water Transport					
5501C	WATER TRANSPORT (CEMENT)	3	WATER TRANSPORT (CEME	\$112.00	\$ 336.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
				TRANSPORT TOTAL	\$ 336.00
Cement Floating Equipment (TAXABLE)					
Cement Bucket					
0			0	\$0.00	\$ -
Centralizer					
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
Flow Shoe					
0			0	\$0.00	\$ -
Float Collars					
0			0	\$0.00	\$ -
Guide Shoes					
0			0	\$0.00	\$ -
Baffle and Flopper Plates					
0			0	\$0.00	\$ -
Packer Shoes					
0			0	\$0.00	\$ -
TV Tools					
0			0	\$0.00	\$ -
Ball Valves, Swedges, Clamps, Misc.					
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
Plugs and Ball Sealers					
4404	4" 1/2" RUBBER PLUG	1	PER UNIT	\$45.00	\$ 45.00
Downhole Tools					
0			0	\$0.00	\$ -
				CEMENT FLOATING EQUIPMENT TOTAL	\$ 45.00
DRIVER NAME					
482	Jake			6.30%	SALES TAX
486	James b				TOTAL
418 (RD)	rob			10%	(-DISCOUNT)
				DISCOUNTED TOTAL	\$ 5,312.86

*David Clark
9085*

AUTHORIZATION David Wehmeyer
DATE _____

TITLE _____
FOREMAN Don Bill

I ACKNOWLEDGE THAT THE PAYMENT TERMS, UNLESS SPECIFICALLY AMENDED IN WRITING ON THE FRONT OF THE FORM OR IN THE CUSTOMER'S ACCOUNT RECORDS, AT OUR OFFICE, AND CONDITIONS OF SERVICE ON THE BACK OF THIS FORM ARE IN EFFECT FOR SERVICES IDENTIFIED ON THIS FORM.