

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL
RECEIVED

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

KCC WICHITA

OPERATOR: License # 34625

Name: Wausau Development Corp.

Address 1: 2300 HWY 11 North

Address 2: _____

City: Laurel State: MS Zip: 39440 + _____

Contact Person: Ron Taylor

Phone: (601) 649-7639

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

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: OKT Resources, LLC

Well Name: Harkness #1-15

Original Comp. Date: 08.14.09 Original Total Depth: 4,718

- ☐ 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 #: _____

02.27.13

Spud Date or
Recompletion Date

Date Reached TD

Completion Date or
Recompletion Date

API No. 15 - 171-20722-00-02

Spot Description: _____

NW SW SE SE Sec. 15 Twp. 19 S. R. 31 ☐ East ☒ West

506 Feet from ☐ North / ☒ South Line of Section

1,307 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SW

County: Scott

Lease Name: Harkness Well #: 1-15 SWD

Field Name: Wildcat

Producing Formation: NA

Elevation: Ground: 2,950 Kelly Bushing: 2,955

Total Depth: 4,718 Plug Back Total Depth: 2,128

Amount of Surface Pipe Set and Cemented at: 339 Feet

Multiple Stage Cementing Collar Used? ☒ Yes ☐ No

If yes, show depth set: 2,363 Feet

If Alternate II completion, cement circulated from: 2,363

feet depth to: surface w/ 575 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: NA ppm Fluid volume: NA bbls

Dewatering method used: NA

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West

County: _____ Permit #: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: _____

Title: Dwight Brehm-Consultant Date: March 20, 2013

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: Dlg Date: 3/25/13

Operator Name: Wausau Development Corp. Lease Name: Harkness Well #: 1-15 SWD
 Sec. 15 Twp. 19 S. R. 31 ☐ East ☒ West County: Scott

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)

List All E. Logs Run:

Gamma Ray - Neutron Log

☒ Log Formation (Top), Depth and Datum ☐ Sample

Name	Top	Datum
Cedar Hill	1,830	2,002

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	12 1/4"	8 5/8"	24	339	Common	190	2% Gel, 3% cc
Production	7 7/8"	4 1/2"	10.5	4,659	Btm Stage, ASC	150	2% Gel, 10% cc
					Top Stage, Lite	575	1/4# flowseal

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	4,520 - 4,526	2,500 gall 15% HCl w/700 CSCF Nitrogen	4520-26
4	4,483 - 4,488	1,500 gall 15% HCl	4483-88
4	1,902 - 1,922		
	CIBP @ 4,370	2 sacks cement on top	
	CIBP @ 2,128	2 sacks cement on top	

TUBING RECORD: Size: <u>2 3/8"</u> Set At: <u>1,855</u> Packer At: <u>1,855</u>		Liner Run: ☐ Yes ☐ No	
Date of First, Resumed Production, SWD or ENHR.		Producing Method: ☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other (Explain) _____	
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: _____ _____
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