

3/5/14

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

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 # 31119
Name: Lone Wolf Oil Co.
Address 1: Box 241
Address 2: _____
City: Moline State: Ks Zip: 67353
Contact Person: Rob Wolfe
Phone: (620) 647-3626
CONTRACTOR: License # 32701
Name: C & G Drilling Inc.
Wellsite Geologist: Joe Baker
Purchaser: Plains Marketing

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 #: _____
1-2-12 1-8-12 1-26-12
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

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 82-3-100, 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: Rob Wolfe
Title: operator Date: 3-4-12

API No. 15 - 049-22561-00-00
Spot Description: _____
 NW SW SE4 Sec. 3 Twp. 31 S. R. 10 East West
990 Feet from North / South Line of Section
2,310 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Elk
Lease Name: Durbin Well #: 5
Field Name: _____
Producing Formation: Mississippi
Elevation: Ground: 1064 Kelly Bushing: _____
Total Depth: 2419 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 40 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 1517 Feet
If Alternate II completion, cement circulated from: 2340
feet depth to: surface w/ 355 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 900 ppm Fluid volume: 480 bbls
Dewatering method used: Hauled to disposal well
Location of fluid disposal if hauled offsite: _____
Operator Name: Lone Wolf Oil Co.
Lease Name: Custer License #: 31119
Quarter SW Sec. 12 Twp. 32 S. R. 9 East West
County: Chautauqua Permit #: E-26,307

CONFIDENTIAL

RECEIVED
MAR 06 2012
KCC WICHITA

KCC Office Use ONLY
 Letter of Confidentiality Received
Date: 3/5/12 - 3/5/14
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: NJ Date: 3-8-12

Operator Name: Lone Wolf Oil Co. Lease Name: Durbin Well #: 5, 71103
 Sec. 3 Twp. 31 S. R. 10 East West County: Elk

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Gamma Ray, Neutron, Cement Bond	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" 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>Ft. Scott</td> <td>1686</td> <td>-615</td> </tr> <tr> <td>Cherokee</td> <td>1726</td> <td>-655</td> </tr> <tr> <td>Mississippi Lm</td> <td>2014</td> <td>-943</td> </tr> <tr> <td>Mississippi Dolo</td> <td>2024</td> <td>-953</td> </tr> <tr> <td>Kinderhook</td> <td>2286</td> <td>-1215</td> </tr> <tr> <td>Arbuckle</td> <td>2328</td> <td>-1257</td> </tr> </table>	Name	Top	Datum	Ft. Scott	1686	-615	Cherokee	1726	-655	Mississippi Lm	2014	-943	Mississippi Dolo	2024	-953	Kinderhook	2286	-1215	Arbuckle	2328	-1257
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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
Surface	12 1/4	8 5/8	24	40	class A	40	3% calcium
Production	7 7/8	5 1/2	17	2340	Thick Set, 60/40 Pozmix	355	Kol-seal, Pheno-seal,

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 (Amount and Kind of Material Used)	Depth
2	2018-2028	350 gal. 15% acid 500 gal. 15% HCL acid	2018-2028

TUBING RECORD: Size: <u>2 3/8</u> Set At: <u>2122</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>2-29-12</u>		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. <u>10</u>	Gas Mcf <u>105</u>	Water Bbls. <u>32</u>
		Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" 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: <u>2018-2028</u>
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CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 33551
LOCATION EUREKA
FOREMAN Kevin McCoy

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT APZ 15-049-22561 KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-8-12	4763	Durbin #5	3	315	10E	ELK
CUSTOMER						
Lone Wolf Oil Co.			C#6			
MAILING ADDRESS			Daly.			
Box 241			Ry 1			
CITY		STATE	ZIP CODE			
Moline		KS	67353			
TRUCK #			DRIVER		TRUCK #	
520			John S.			
667			Jim M.			
611			Merte R.			

JOB TYPE Logging HOLE SIZE 7 7/8 HOLE DEPTH 2419' KB CASING SIZE & WEIGHT 5 1/2 17" New
 CASING DEPTH 2345' KB DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT Stage 1 13.6 SLURRY VOL Stage 1 = 35 Bbl WATER gal/sk _____ CEMENT LEFT IN CASING 5'
 DISPLACEMENT Stage 2 12.7 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____
Stage 1 34.4
Stage 2 35.2

REMARKS: Safety Meeting: Ran 5 1/2 17" casing set @ 2345' = 3' Above KB, DV Tool Set @ 1517'. Rig up.
Drop trip ball. Set packer shoe @ 900 psi. Pump 15 Bbl water. Mixed 110 sks Thick Set Cement w/ 5" Kol-Seal
1/sk 1" PhenoSeal 1/sk @ 13.6" /gal. Wash out pump & lines. Shut down. Release Flex Plug. Displace Plug to Seat
w/ 54.4 Bbl fresh water. Final Pumping Pressure 600 psi. Bump Plug to 1100 psi. Release Pressure. Float & Plug Held.
Drop Trip Bomb. Wait 7 mins. Open tool @ 1100 psi. Circulate Excess Cement to Pit w/ mud Pump. = 5 Bbl
Slurry. Circulate for 2 hrs Stage 1 Complete. Stage 2. Pump 5 Bbl water. Mixed 245 sks 60/40 Pozmix
Cement w/ 8% Gel, 1" PhenoSeal @ 12.7" /gal. Wash out pump & lines. Shut down. Release casing Plug.
Displace Plug to Seat w/ 35.2 Bbl fresh water. Final Pumping Pressure 850 psi. Close Tool @ 1100 psi. Bump
Plug to 1600 psi. Release Pressure. No flow back. Tool Closed. 3 Bbl Cement Slurry to Pit. Job Complete.
Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE Stage #1	1030.00	1030.00
5406	35	MILEAGE	4.00	140.00
5401	1	Pump Charge Stage #2	1030.00	1030.00
1126 A	110 sks	THICK Set Cement	19.20	2112.00
1110 A	550 "	Kol-Seal 5" /sk	.46 "	253.00
1107 A	110 "	PhenoSeal 1" /sk	1.29 "	141.90
1131	245 sks	60/40 Pozmix Cement	12.55	3074.75
1118 B	1685 "	Gel 8%	.21	353.85
1107 A	245 "	PhenoSeal 1" /sk	1.29	316.05
5407 A	16.58 Tons	35 miles Bulk Delv	1.34	2211.60
4253	1	5 1/2 Type A" Packer Shoe	1584.00	1584.00
4877	1	5 1/2 DV Tool w/ Plugs	3220.00	3220.00
4130	8	5 1/2 x 7 7/8 Centralizers	48.00	384.00
4104	2	5 1/2 Cement Basket	229.00	458.00
CONFIDENTIAL				
MAR 05 2014				
KCC THANK YOU				
MAR 06 2012				
KCC WICHITA				
Sub Total				14,875.15
SALES TAX				868.52
ESTIMATED TOTAL				15,743.67

AUTHORIZATION [Signature] TITLE OWNER DATE _____
 KCC 7.3%
 046951

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.



CONSOLIDATED
Oil Well Services, LLC



ENTERET

TICKET NUMBER 33523
LOCATION Eureka, KS
FOREMAN Shannon Feek

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-049-2256

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
01-03-12	4763	Durbin #5	3	31S	10F	E1K
CUSTOMER Lone Wolf Oil Co			C46			
MAILING ADDRESS Box 241			DRL6			
CITY Moline	STATE KS	ZIP CODE 67353	TRUCK # 520	DRIVER John S.	TRUCK #	DRIVER
			667	Allen B		

JOB TYPE Surface 0 HOLE SIZE 12 1/4 HOLE DEPTH 42' CASING SIZE & WEIGHT 8 3/8 @ 24#
 CASING DEPTH 40' DRILL PIPE --- TUBING --- OTHER ---
 SLURRY WEIGHT 14.5-15# SLURRY VOL 9 Bbl WATER gal/sk 6.40 CEMENT LEFT in CASING 15'
 DISPLACEMENT 2 Bbl DISPLACEMENT PSI 100 MIX PSI 100 RATE 5 BPM

REMARKS: Rig up to 8 5/8" casing - Set @ 40' - Break circulation w/ 5 Bbl
Fresh water + mixed 40 SKS Class "A" Cement w/ 3% Calcium, &
2% gel @ 14.5-15#/gal. Displace w/ 2 Bbl water + shut casing
in. Good circulation @ all times. 2-3 Bbl Slurry to pit. Job
Complete.

Thanks Shannon & crew!

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	825.00	825.00
5406	40	MILEAGE	4.00	160.00
11045	40 SKS	Class "A" Cement	14.95	598.00
1102	110 #	Calcium @ 3%	.74	81.40
1118B	76 #	Gel @ 2%	.21	15.96
5407	1.88 Tons	Ton mileage bulk truck	M/C	350.00
RECEIVED				
CONFIDENTIAL				
MAR 05 2014				
KCC				
KCC WICHITA				
			Sub Total	2030.36
			7.3% SALES TAX	50.76
			ESTIMATED TOTAL	2081.12

Ravin 3737

246915

AUTHORIZATION TITLE _____ DATE _____

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.