



KANSAS CORPORATION COMMISSION 1219980 OIL & GAS CONSERVATION DIVISION

Form ACO-1 August 2013

Form must be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

Confidentiality Requested:

Yes No

OPERATOR: License #

Name:

Address 1:

Address 2:

City: State: Zip:

Contact Person:

Phone: ()

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:

Well Name:

Original Comp. Date: Original Total Depth:

- Deepening Re-perf. Conv. to ENHR Conv. to SWD Plug Back Conv. to GSW Conv. to Producer Commingled Permit #: Dual Completion Permit #: SWD Permit #: ENHR Permit #: GSW Permit #:

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 -

Spot Description:

- - - - - Sec. Twp. S. R. East West

Feet from North / South Line of Section

Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

GPS Location: Lat: Long: (e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County:

Lease Name: Well #:

Field Name:

Producing Formation:

Elevation: Ground: Kelly Bushing:

Total Vertical Depth: Plug Back Total Depth:

Amount of Surface Pipe Set and Cemented at: 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: 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

Confidentiality Requested Date: Confidential Release Date: Wireline Log Received Geologist Report Received UIC Distribution ALT I II III Approved by: Date:

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input 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

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				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
 Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
 Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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: _____ Set At: _____ Packer At: _____ 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: <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)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Summary of Changes

Lease Name and Number: Reisbig I-2

API/Permit #: 15-031-23891-00-00

Doc ID: 1219980

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Save Link	../../../../kcc/detail/operatorE ditDetail.cfm?docID=12	../../../../kcc/detail/operatorE ditDetail.cfm?docID=12
Well Type	16860 EOR	19980 OIL



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1216860
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

CONFIDENTIAL WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

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: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ 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: _____ 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input 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

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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
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>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Encore Natural Resources, LLC
Well Name	Reisbig I-2
Doc ID	1216860

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
3	1456-1470	2" DML RTG	14

Mud Rotary Drilling
 Andrew King - Manager/Driller

Bar Drilling, LLC
 Phone: (719) 210-8806

1317 105th Rd.
 Yates Center, KS 66783

Company/Operator Encore Natural Resources, LLC P.O. Box 28760 Scottsdale, AZ 85255		Well No. I-2	Lease Name Reisbig	Well Location 403s, 3012e	1/4 NW	1/4 SE	1/4 SE	Sec. 32	Twp. 21	Rge, 14E	
Well API # 15-031-23891		Type/Well Oil	County Coffee	State KS	Total Depth 1530	Date Started 6/18/2014	Date Completed 6/20/2014				
Job/Project Name/No.		Surface Record		Bit Record				Coring Record			
	Driller/Crew	Bit Size:	Type	Size	From	To	Core #	Size	From	To	% Rec.
	Andy King	11 1/4	PDC	11 1/4	0'	40'	1				
	Charles King	Casing Size:									
		8 5/8"	PDC	6 3/4	40'	1530					
		Casing Length:									
		40'									
		Cement Used:									
		14sx									
		Cement Type:									
		Portland									

From	To	Formation	From	To	Formation	From	To	Formation
0	9	overburden						
9	41	lime						
41	49	shale						
49	136	lime						
136	148	shale						
148	372	broken lime						
372	674	shale						
674	942	lime						
942	982	shale						
982	1107	KC lime						
1107	1236	shale						
1236	1240	black shale						
1240	1296	sandy shale						
1296	1394	sandy shale						
1394	1398	black shale						
1398	1400	(5') lime						
1400	1460	shale						
1460	1465	oil sand						
1465	1470	sand good oil sand						
1470	1472	broken oil sand						
1472	1475	mostly grey sand						
1475	1505	shale						
1505	1511	black shale						
1511	1530	sandy shale						

Well Notes:

ran 1500' +/- of 4 1/2" casing

Boya-Lavany
620 330 8443

Hurricane Services, Inc.
104 Prairie Plaza Parkway
Garnett, KS 66032
Office # 785-448-3100
Toll Free # 855-718-8027



Ticket Nº 50459
Location _____
Foreman Joe Blanchard

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
6-20-14		Riesbig I-2	32 21 14	CO
Customer <u>Encore Energy Partners LLC</u>		Mailing Address	City	State Zip

Job Type: <u>Longstring</u>	Casing TD <u>1510</u>	Truck # <u>26</u>	Driver <u>Joe/Jeff. G</u>
Hole Size: <u>6 3/4</u>	Casing Size: <u>4 1/2</u>	Displacement: <u>23.59</u>	<u>Tom/Alex</u>
Hole Depth: <u>1530</u>	Casing Weight:	Displacement PSI: <u>242</u>	<u>DAN</u>
Bridge Plug:	Tubing:	Cement Left in Casing: <u>108</u>	<u>AMOS</u>
Packer:	PBTD:	<u>110</u>	<u>Scott</u>
		<u>111</u>	<u>TyleR</u>

Quantity Or Units	Description of Services or Product	Pump charge	
10 MI	Mileage Pump #230	\$3.25/Mile	32 ⁰⁰
10 MI	Pick up #26	1.50	15 ⁰⁰
228 SK	60/40 Poz Mix cement	12 ⁰⁰	2736 ⁰⁰
392 LBS	Gel	.30 ⁰⁰	117. ⁰⁰
75 LBS	Flo seal	2.15	161. ²⁵
200 LBS	Gel flush	60 ⁰⁰	60 ⁰⁰
6900 gal	water	1.3 ⁰⁰	897 ⁰⁰
2.5 hr		84 ⁰⁰	210 ⁰⁰
3.75 hr		84 ⁰⁰	315 ⁰⁰
3.75 hr		84 ⁰⁰	315 ⁰⁰
	wire line	50 ⁰⁰	50 ⁰⁰
9.82 Tons	Bulk Truck minimum charge	\$1.15/Mile	400 ⁰⁰
1	Plugs 4 1/2 Rubber plug	38 ⁰⁰	38 ⁰⁰
	Subtotal		5390 ⁰⁰
	Sales Tax		
	Estimated Total		

Remarks: Hooked onto well Pumped 5 bbl water to achieve circulation Pump 10 bbl gel slurry & 20 BBL water Pad. followed by 228 SKS 60/40 cement. Shut down. Flush pump. Pump wiper Plug to bottom of set float shoe.

Cement to Surface.
Thanks!! Joe