



Confidentiality Requested:

Yes No

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 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> _____ <input type="checkbox"/> Commingled <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Summary of Changes

Lease Name and Number: Wethington 2

API/Permit #: 15-077-22065-00-00

Doc ID: 1242487

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	10/31/2014	02/12/2015
Date of First or Resumed Production or SWD or Enhr	10/30/2014	2/10/2015
Save Link	../..kcc/detail/operatorEditDetail.cfm?docID=1229954	../..kcc/detail/operatorEditDetail.cfm?docID=1242487



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1229954
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	White Pine Petroleum Corporation
Well Name	Wethington 2
Doc ID	1229954

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	4374-4379	1500 Gallons Mud Acid	4374-4379
		1250 Gallons Mud Acid	4374-4379
		1500 Gallons Mud Acid	4374-4379

Customer White Oak Petroleum Corp	Lease No.	Date 7-15-14
Address Washington	Well # 2	
Field Order # 1078V	Station Pratt	Casing 5/2
		Depth 4502.2
		County HARRIS
		State KS
Job Type	Formation PTI 4590	Legal Description L704586 S 33-5

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 5/2	Tubing Size	Shots/Ft		Acid 250 SWS AA2	RATE 1/4	PRESS CF 220	ISIP 1090	
Depth 4502.2	Depth	From	To	Pre Pad 75% AA2 block	Max .5%	Flow 322	5 Min 5 min	
Volume 109.9	Volume	From	To	Pad	Min		10 Min	
Max Press 1500	Max Press	From	To	Frac	Avg		15 Min	
Well Connection PC	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 4498	Packer Depth	From	To	Flush 109.7	Gas Volume		Total Load	

Customer Representative Mike Bradley	Station Manager Kevin Gindley	Treater Mike Bradley
Service Units 37586	33708	20920
Owner MATT	Eggins	PHYE

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
4:00					ON LOCATION / SATREY MEETING
4:45					RUN 5/2 14" CSAS BUSH ON TOP OF #6
					TURBOS ON #3 2, 4, 9, 12, 19, 24
5:43					CIRCULATE HALF WAY 15 MIN. JT #56
6:45					CSAS ON BOTTOM
7:53					HOOK UP TO CSAS / BREAK CIRC W. RIG
8:18	50		20	5	PUMP 20 BBL H2O W 2% KCl
8:22	50		17	5	PUMP 17 BBL H2O W 2% KCl
8:25	50		5	5	PUMP 5 BBL H2O
8:26	50		51	5	MIX 200 SWS AA2 CSAS
8:39			4	3	WASH PUMP + LIGS, RELEASE PING
8:42	50			6	START RISE W 2% KCl
9:00	100		78	4.5	LIFT PRESSURE
9:03	400		100	3	SLOW RISE
9:08	1300				PING DOWN, RELEASE + HOLD
9:15			7.9		PING RATE 7.9
			20574		



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

White Pine Petroleum Corp.

5-33s-5w Harper Co., Ks.

110 S Main St. STE 500
Wichita, Ks. 67202

Wethington #2

Job Ticket: 54196

DST#: 1

ATTN: Pat Deenihan

Test Start: 2014.07.13 @ 02:18:27

GENERAL INFORMATION:

Formation: **Mississippi**

Deviated: No Whipstock: 0.00 ft (KB)

Time Tool Opened: 06:39:27

Time Test Ended: 13:05:57

Test Type: Conventional Bottom Hole (Initial)

Tester: Matt Smith

Unit No: 53

Interval: 4370.00 ft (KB) To 4377.00 ft (KB) (TVD)

Reference Elevations: 1346.00 ft (KB)

Total Depth: 4377.00 ft (KB) (TVD)

1336.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 10.00 ft

Serial #: 6773 Outside

Press @ Run Depth: 86.39 psig @ 4371.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2014.07.13

End Date: 2014.07.13

Last Calib.: 2014.07.13

Start Time: 02:18:32

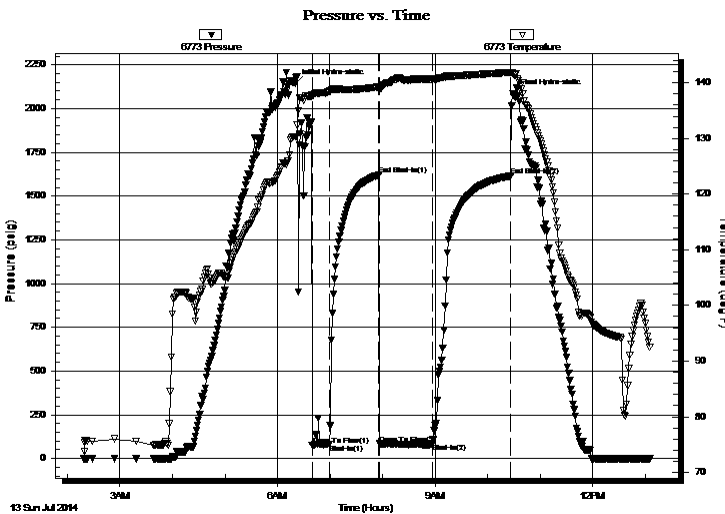
End Time: 13:05:57

Time On Btm: 2014.07.13 @ 06:19:57

Time Off Btm: 2014.07.13 @ 10:28:42

TEST COMMENT: IF: Weak blow . Surf., - 3 1/2". Bleed off 1 min.
IS: No blow .
FF: Fair blow . Surf., - 9". Bleed off 3 mins.
FS: No blow .

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2144.55	130.29	Initial Hydro-static
20	75.47	137.78	Open To Flow (1)
39	82.97	138.44	Shut-In(1)
96	1621.06	139.25	End Shut-In(1)
97	84.34	138.87	Open To Flow (2)
157	86.39	140.69	Shut-In(2)
247	1614.88	141.86	End Shut-In(2)
249	2085.77	141.59	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
60.00	GOWCM 8%o 11%w 27%g 54%m	0.30
60.00	GOCM 1%o 5%g 96%m	0.30
30.00	Drilg Mud w / trc oil 100%m	0.42

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

White Pine Petroleum Corp.
110 S Main St. STE 500
Wichita, Ks. 67202
ATTN: Pat Deenihan

5-33s-5w Harper Co., Ks.
Wethington #2
Job Ticket: 54196 **DST#: 1**
Test Start: 2014.07.13 @ 02:18:27

Mud and Cushion Information

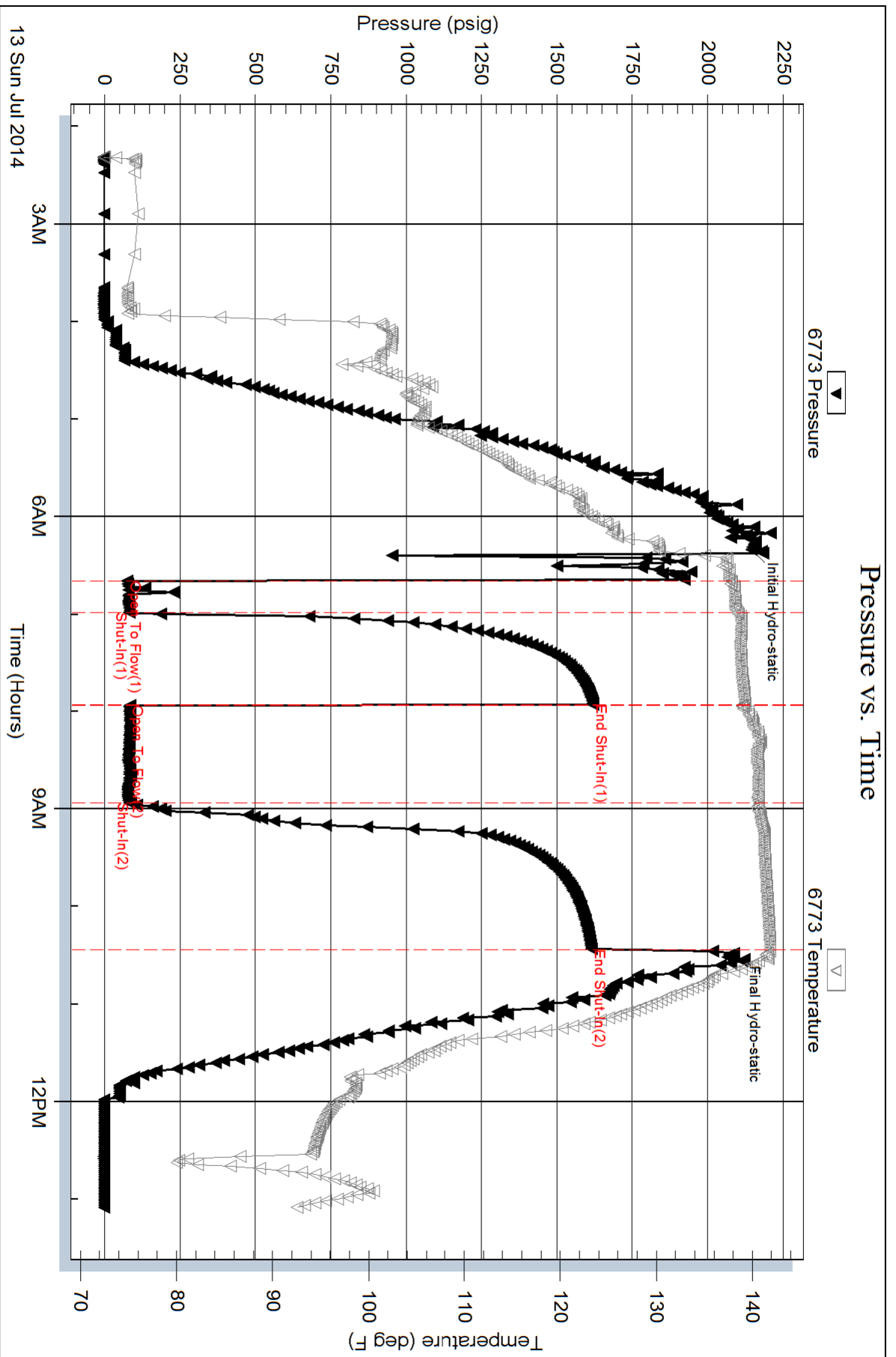
Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	6500 ppm
Viscosity: 46.00 sec/qt	Cushion Volume: bbl		
Water Loss: 9.19 in ³	Gas Cushion Type:		
Resistivity: 0.00 ohm.m	Gas Cushion Pressure: psig		
Salinity: 6500.00 ppm			
Filter Cake: 0.20 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
60.00	GOWCM 8%o 11%w 27%g 54%m	0.295
60.00	GOCM 1%o 5%g 96%m	0.295
30.00	Drig Mud w / trc oil 100%m	0.421

Total Length: 150.00 ft Total Volume: 1.011 bbl
Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #: none
Laboratory Name: Laboratory Location:
Recovery Comments:



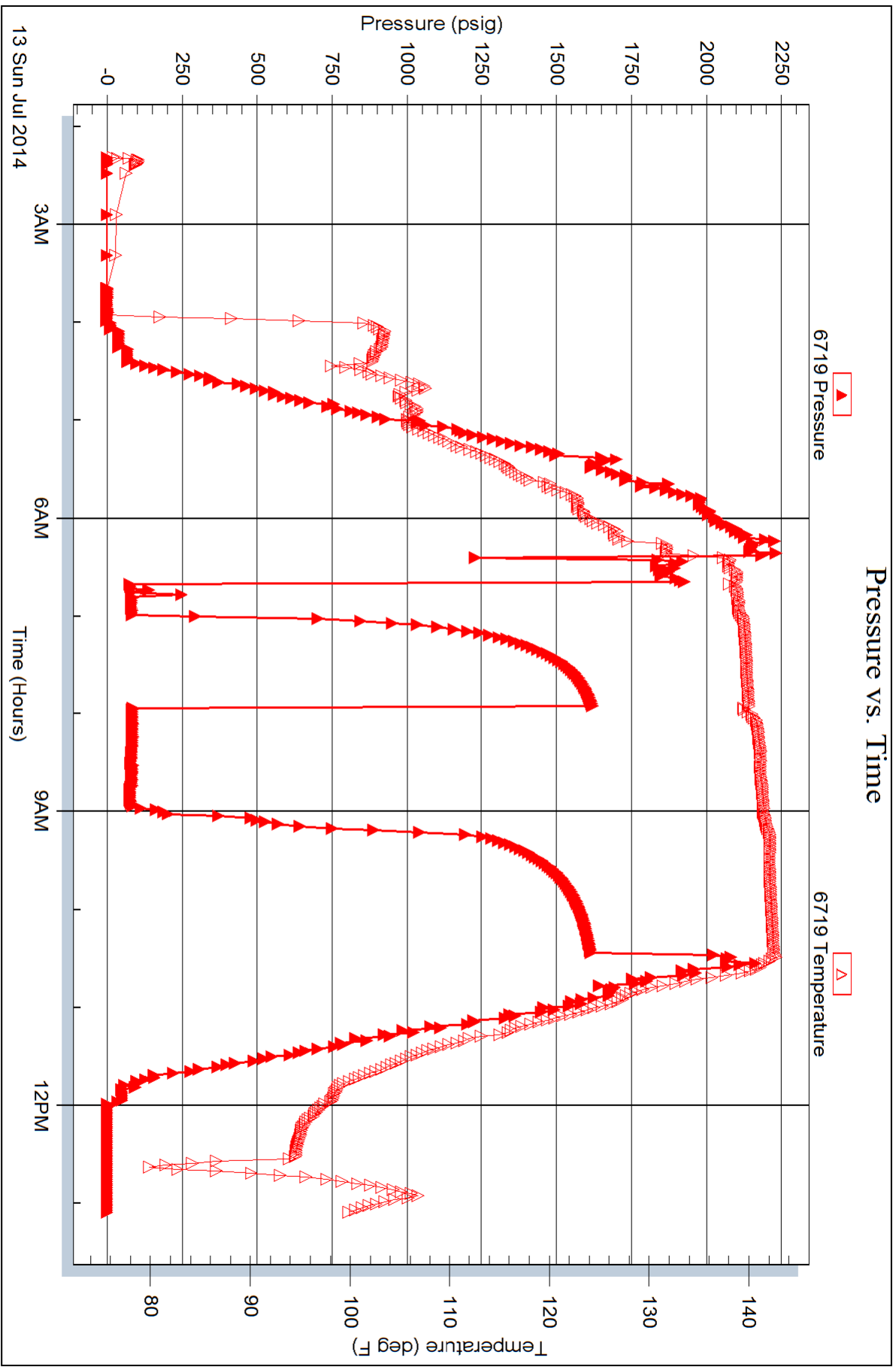
Serial #: 6719

Inside

White Pine Petroleum Corp.

Wellington #2

DST Test Number: 1





TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

White Pine Petroleum Corp.

5-33s-5w Harper Co., Ks.

110 S Main St. STE 500
Wichita, Ks. 67202

Wethington #2

Job Ticket: 54197

DST#: 2

ATTN: Pat Deenihan

Test Start: 2014.07.13 @ 22:33:25

GENERAL INFORMATION:

Formation: **Miss/Osage**

Deviated: No Whipstock: 0.00 ft (KB)

Time Tool Opened: 01:54:25

Time Test Ended: 07:59:10

Test Type: Conventional Bottom Hole (Reset)

Tester: Matt Smith

Unit No: 53

Interval: 4399.00 ft (KB) To 4405.00 ft (KB) (TVD)

Reference Elevations: 1346.00 ft (KB)

Total Depth: 4405.00 ft (KB) (TVD)

1336.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 10.00 ft

Serial #: 6773 Outside

Press@RunDepth: 352.22 psig @ 4400.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2014.07.13

End Date:

2014.07.14

Last Calib.: 2014.07.14

Start Time: 22:33:30

End Time:

07:59:10

Time On Btm: 2014.07.14 @ 01:49:55

Time Off Btm: 2014.07.14 @ 05:28:40

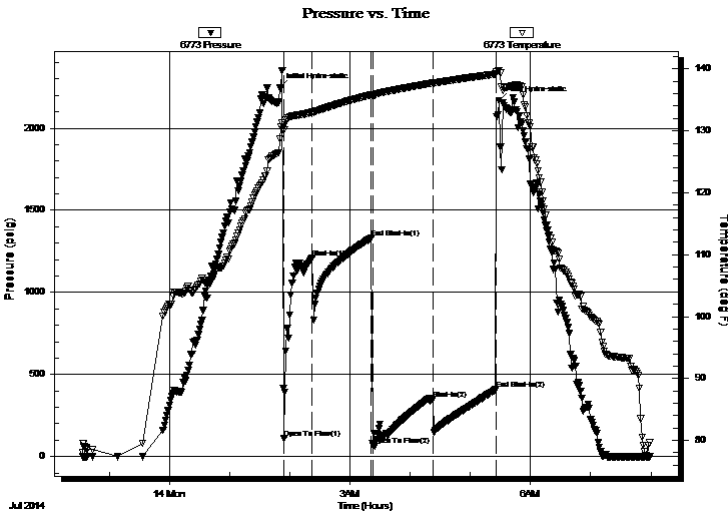
TEST COMMENT: IF: Weak blow . Surf., - 1/2".

IS: No blow .

FF: No blow .

FS: No blow .

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2244.59	128.66	Initial Hydro-static
5	111.03	130.16	Open To Flow (1)
33	1209.76	133.05	Shut-In(1)
92	1331.90	135.83	End Shut-In(1)
93	65.76	135.65	Open To Flow (2)
153	352.22	137.72	Shut-In(2)
216	408.62	139.17	End Shut-In(2)
219	2165.89	139.77	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
5.00	Drig Mud 100% m	0.02

* Recovery from multiple tests

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

White Pine Petroleum Corp.

5-33s-5w Harper Co., Ks.

110 S Main St. STE 500
Wichita, Ks. 67202

Wethington #2

Job Ticket: 54197

DST#: 2

ATTN: Pat Deenihan

Test Start: 2014.07.13 @ 22:33:25

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

5000 ppm

Viscosity: 47.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 9.59 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 5000.00 ppm

Filter Cake: 0.20 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
5.00	Drig Mud 100%m	0.025

Total Length: 5.00 ft Total Volume: 0.025 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #: none

Laboratory Name:

Laboratory Location:

Recovery Comments:

