

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1050293

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 # | API No. 15 |
|---|--|
| Name: | Spot Description: |
| Address 1: | |
| Address 2: | Feet from North / South Line of Section |
| City: State: Zip:+ | Feet from Cast / West Line of Section |
| Contact Person: | Footages Calculated from Nearest Outside Section Corner: |
| Phone: () | |
| CONTRACTOR: License # | County: |
| Name: | Lease Name: Well #: |
| Wellsite Geologist: | |
| Purchaser: | Producing Formation: |
| Designate Type of Completion: | Elevation: Ground: Kelly Bushing: |
| | , , |
| 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.): | Total 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: sx cmt. |
| If Workover/Re-entry: Old Well Info as follows: | |
| Operator: Well Name: Original Comp. Date: Original Total Depth: | Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) |
| Deepening Re-perf. Conv. to ENHR Conv. to SWD | Chioride content: ppm Fluid volume: bbis |
| Plug Back: Plug Back Total Depth | Location of fluid disposal if hauled offsite: |
| Commingled Permit #: | Operator Name: |
| Dual Completion Permit #: | Lease Name: License #: |
| SWD Permit #: | Quarter Sec TwpS. R East West |
| ENHR Permit #: GSW Permit #: | County: Permit #: |
| Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date | |

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

| | Side Two | |
|-------------------------|-------------|---------|
| Operator Name: | Lease Name: | Well #: |
| Sec TwpS. R East _ West | County: | |
| | | |

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.

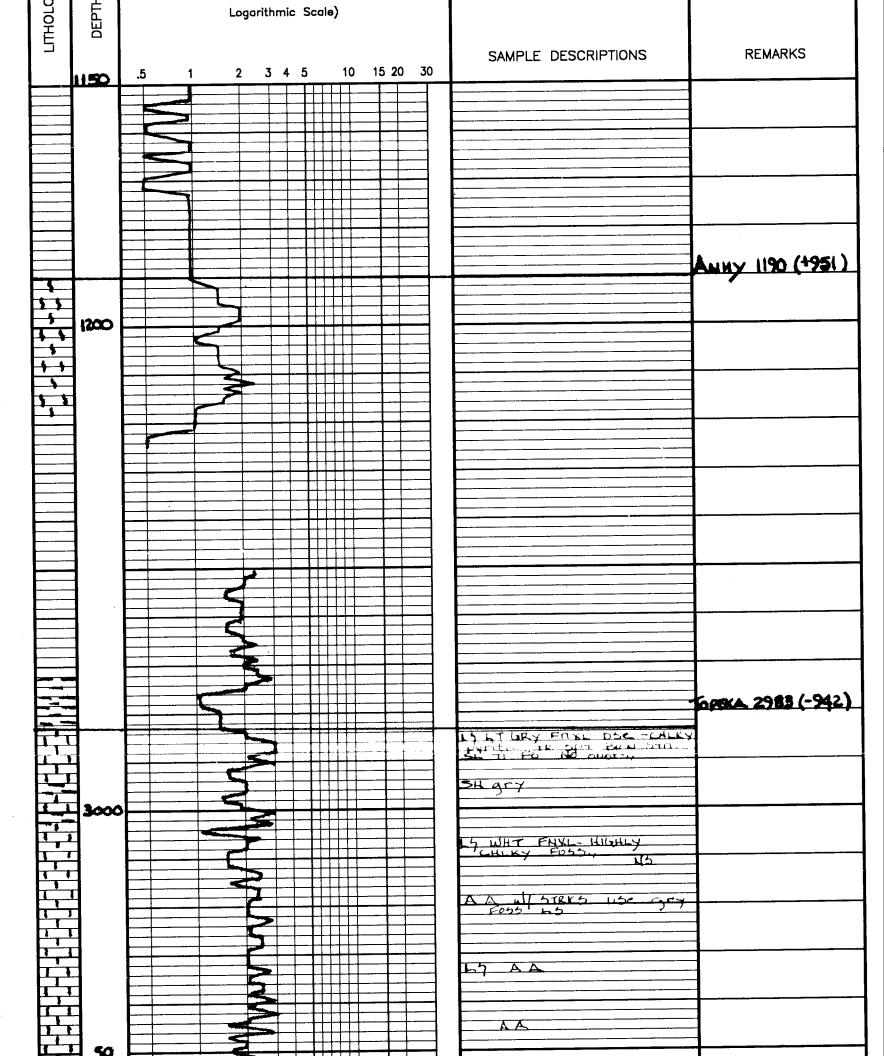
| Drill Stem Tests Taken (Attach Additional She | | Yes | No | | og Formatio | n (Top), Depth an | d Datum | Sample |
|---|----------------------|-------------------------|----------------|----------------------|-------------------------------|-------------------|-----------------|-------------------------------|
| Samples Sent to Geolog | | Yes | No | Nam | e | | Тор | Datum |
| Cores Taken Electric Log Run Electric Log Submitted E (If no, Submit Copy) | Electronically | ☐ Yes ☐ Yes ☐ Yes | No No No | | | | | |
| List All E. Logs Run: | | | | | | | | |
| | | Report all | | RECORD No | ew Used ermediate, product | ion, etc. | | |
| Purpose of String | Size Hole Drilled | Size Cas Set (In C | | Weight Lbs. / Ft. | Setting Depth | Type of Cement | # Sacks Used | Type and Percent Additives |
| | | | | | | | | |

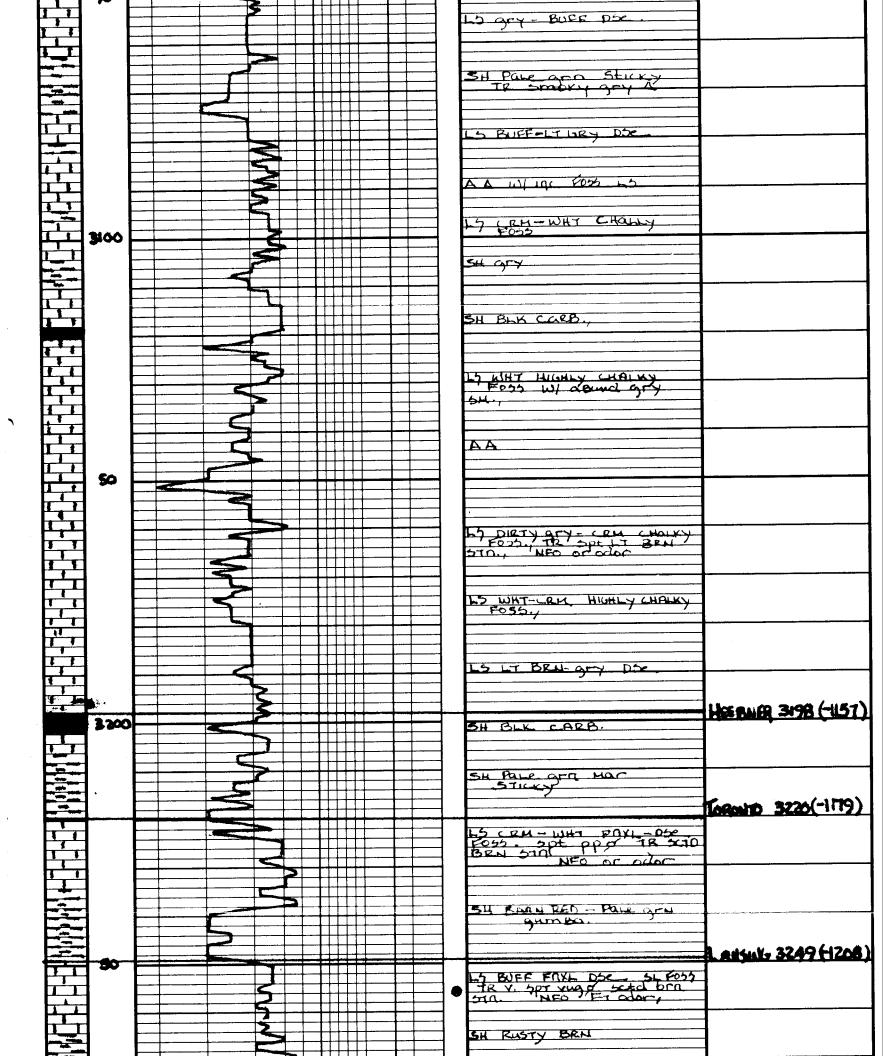
ADDITIONAL CEMENTING / SQUEEZE RECORD

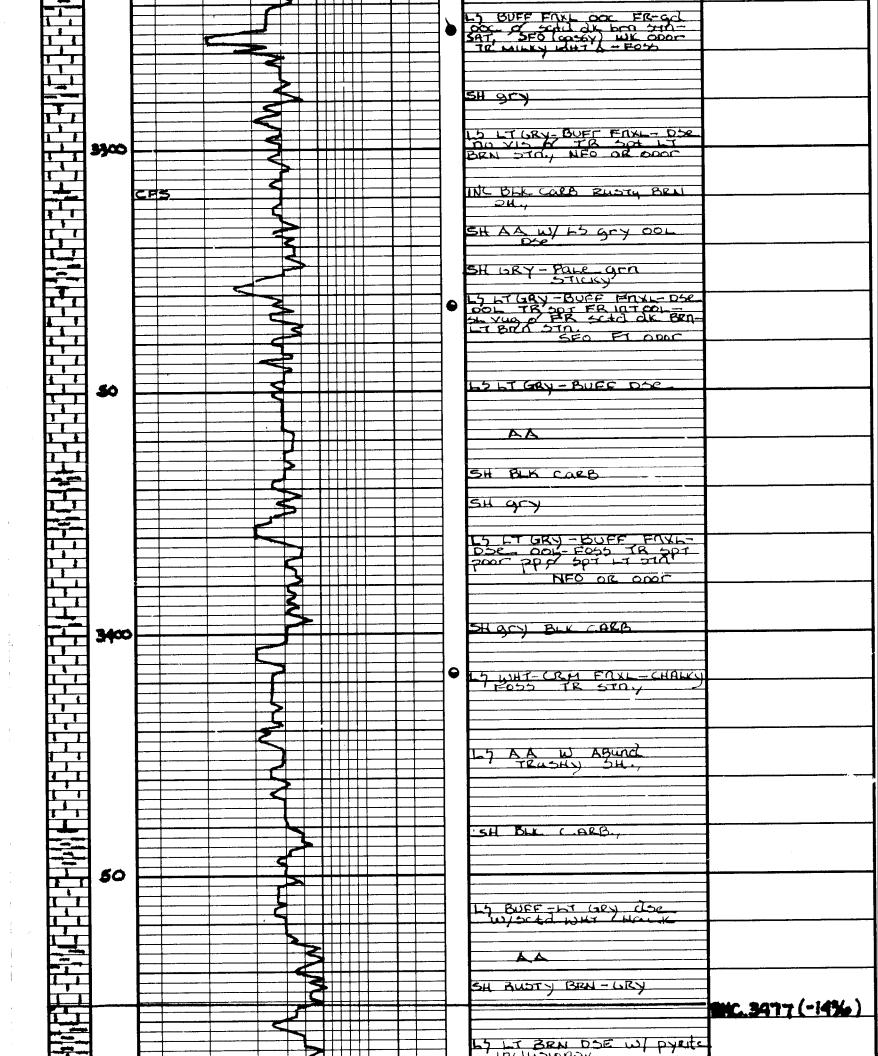
| Purpose: Perforate | Depth Top Bottom | Type of Cement | # Sacks Used | Type and Percent Additives |
|-----------------------------|---------------------|----------------|--------------|----------------------------|
| Protect Casing Plug Back TD | | | | |
| Plug Off Zone | | | | |

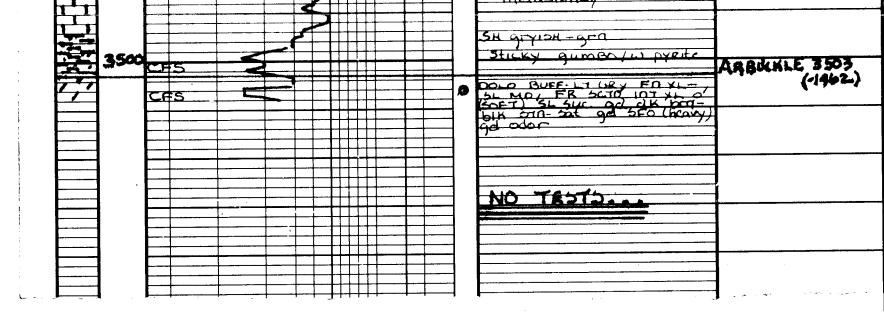
| Shots Per Foot | | PERFORATION Specify Fo | | RD - Bridge F Each Interval | | e | | | ement Squeeze Record d of Material Used) | Depth |
|--------------------------------------|---------|---------------------------|------------|--------------------------------|--------|--------------------|----------|------------------------------|---|---------|
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| TUBING RECORD: | Si | ze: | Set At: | | Packer | r At: | Liner R | un: | No | |
| Date of First, Resumed F | Product | ion, SWD or ENHF | λ . | Producing N | | ping | Gas Lift | Other (Explain) | | |
| Estimated Production Per 24 Hours | | Oil Bb | ls. | Gas | Mcf | Wate | er | Bbls. | Gas-Oil Ratio | Gravity |
| | | | | | | | | | | |
| DISPOSITIO | N OF (| GAS: | | | METHOD | OF COMPLE | TION: | | PRODUCTION INTER | RVAL: |
| Vented Sold | | Used on Lease | | Open Hole | Perf. | Dually (Submit) | | Commingled (Submit ACO-4) | | |
| (If vented, Sub | mit ACC |)-18.) | | Other (Specify) |) | | | | | |

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| 7505 | REMARKS MIRU-11-23-10 85/8" SURFOCE CASING @ 225' W 1505x COM. 290 gen. 390 cc. SURVEY: DEPTH: DEVIATION: 228' 20 | RECOMMENDATIONS: It was recommended that 5/2" production casing be set and cemented, |
| LOG 7702 | Anhydrite Salt Sandstone Sha | LEGEND |









ALLIED CEMENTING CO., LLC. 034002 -----

Kussell KS

REMITTO P.O. BOX 31 RUSSELL, KANSAS 67665

| OBING SIZE | DEPTH 328 | | DEKED 12 | 20 100 38 | 1097,80 |
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Federal Tax I.D.# 20-5975804

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TOTAL 1096, 0.

IF PAID IN 30 DAYS

PLUG & FLOAT EQUIPMENT

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TERMS AND CONDITIONS" listed on the reverse side contractor. I have read and understand the "GENERAL done to satisfaction and supervision of owner agent or contractor to do work as is listed. The above work was and furnish cementer and helper(s) to assist owner or You are hereby requested to rent cementing equipment To Allied Cementing Co., LLC.

_ STATE _

CHARGE TO: Bringard+ Dif & Leasing

REMARKS:

Cement Did Circulate! Displace w/ 13.5 BBL Heo Mix 150 SK Cement

DRIVER

Est. Circulation

un SIGNATURE Frae

PRINTED NAME HOMAS

CITY___ STREET

BULK TRUCK

dIZ

DISCOUNT_

Federal Tax I.D.# 20-5975804 ALLIED CEMENTING CO., LLC. 036880

DEPTH CASING SIZE SA LABE OF 108 CONTRACTOR CONTRACTOR CEMENT OWNER OLD OR NEW (Circle one) ON LOCATION JOB START JOB FINISH ME NOI YOTOM NOILADO REASE Secky WELL# 9 1/- 8/-/ ETAD JWP. Y C SEC RANGE CALLED OUT CtBend REMIT TO P.O. BOX 31 RUSSELL, KANSAS 67665 SERVICE POINT:

DRIVER BULK TRUCK DRIVER Woody -mite # 1773 BULK TRUCK HELPER /S 06610 TE SO/ 591 Eh 1425 0/5 EQUIPMENT snil **S**SA DISPLACEMENT CHLORIDE PERFS. (1) 50 52 (1) 52 52 (1) 52 55 (1) 52 GEL CEMENT LEFT IN CSG. OL XIWZOd SHOE JOINT MEAS. LINE COMMON MUMINIM 501 PRES. MAX F19891 DEPTH 1001 DEPTH DRILL PIPE WOUNT ORDERED DEPTH LUBING SIZE 2 4

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DISCOUNT IF PAID IN 30 DAYS TOTAL CHARGES SALES TAX (If Any). contractor. I have read and understand the "GENERAL done to satisfaction and supervision of owner agent or TOTAL contractor to do work as is listed. The above work was and furnish cementer and helper(s) to assist owner or D You are hereby requested to rent cementing equipment (D)

SIGNATURE **PRINTED NAME** TERMS AND CONDITIONS" listed on the reverse side.

To Allied Cementing Co., LLC.

CITY_ STREET

ALLIED CEMENTING CO., LLC. 033947

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