

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1060813

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 & LEA	SF

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
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:	Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used?
Operator: Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Conv. to GSW	Chloride content: ppm Fluid volume: bbls Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #: Dual Completion Permit #:	Operator Name:
Dual Completion Permit #: SWD Permit #:	Lease Name: License #:
ENHR Permit #:	Quarter Sec TwpS. R East West
GSW Permit #:	County: Permit #:
Spud Date or Recompletion Date Date Reached TD Completion Date or 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

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: Date:

	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	eets)	Yes No	L	-	n (Top), Depth an	d Datum Top	Datum
Samples Sent to Geolog	jical Survey	Yes No	Null			iop	Datam
Cores Taken Electric Log Run Electric Log Submitted E (If no, Submit Copy)	Electronically	 ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No 					
List All E. Logs Run:							
		CASIN		ew Used			
		Report all strings se	t-conductor, surface, inte	ermediate, producti	ion, 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: 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
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))					

Miami County, KSTown Oilfield Service, Inc.Commenced Spudding:Well:Middaugh A46(913) 837-84004/13/2011Lease Owner: Future Investment Properties, LLC4/13/2011

p'

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WELL LOG

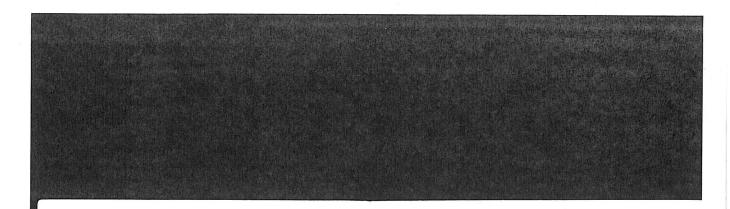
Thickness of Strata	Formation	Total Depth
25	Soil/Clay	25
65	Shale	90
5	Red Bed	95
10	Shale/Coal	105
5	Red Bed	110
2	Shale	112
2	Limey Sand	114-Oil
13	Sand	127-Oil, Sand
4	Lime	131-White
35	Shale	166
3	Lime	169
9	Shale	178-TD
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Middaugh Farm: Mianu County State; Well NoG	CA Feet
Elevation Commenced Spuding <u>4-13</u> 20_// Finished Drilling <u>4-14</u> 20_// Driller's Name <u>Stephen</u> Scoft Driller's Name	30 31 33 32 198 12 12
Tool Dresser's Name	
Tool Dresser's Name	· · · · · · · · · · · · · · · · · · ·
Tool Dresser's Name	k
Contractor's Name TOS	
(Section) (Township) (Range)	
Distance from line,ft.	
Distance from line,ft.	
4 Sacks	
CASING AND TUBING	-
RECORD	
10" Set 10" Pulled	
8" Set <u>431</u> 8" Pulled	
6¼" Set 6¼" Pulled	
4" Set 4" Pulled	
2" Set 2" Pulled 15 1 to Baffle 178 TD	

CASING AND TUBING MEASUREMENTS

•	Feet	ln.	Feet	ln.	Feet	In.
-	33	4			44.0	
-	31	2				
	33	E				
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•	Thickness of Strata	Formation	Total Depth	Remarks
	25	Sort/Clain	25	
	65	Shale	90	-
	5	Red.	95	
-	(C	Shalefood	105	
	5	Red Bed	100	
_	_ 2	Shalf	112	
- f	2	Limen Sauch	114	CII
RE	X 13	Sand	127	Cill Solid
	4	Lime	131	White
-	35	Shale	169	
-	3	Lome	169	
-	- 9	Shalp	178	TD .
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	1	5-121-28879-00-0	D	TICKET NUME	31 BER 31	.814
	NSOLIDATED Well Services, LLC				9+tave	
	REAL DEVICES, CLA			FOREMAN	Slan Ma	adie
PO Box 884, Char 620-431-9210 or	iule, NO 00720	ELD TICKET & TREA CEMEN		ORT	8 	,
DATE	CUSTOMER # WE	LL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-14-14 3	244 Mid	daugh A-46	NW ID	19	24	Mi
CUSTOMER	& Enersv		TRUCK #		TRUCK #	DRIVER
MAILING ADDRESS	G LHUSY		JILa	AlanM	Gatety	Mostine
P.O. Box	128	15 13	495	Caser K	CC	
CITY	STATE	ZIP CODE	505/1104	Cecil P	CHIP	
Wellev:1	le KS	60072	503	Dernik M	Dm	
ЈОВ ТҮРЕ <i>[DAG</i>	<u>String</u> HOLE SIZE_	HOLE DEPT	н <u>гу</u>	CASING SIZE & V	/	12 15
CASING DEPTH	DRILL PIPE	TUBING			OTHER Dut	the D
SLURRY WEIGHT	23 SLURRY VOL			CEMENT LEFT in		<u>ي</u>
DISPLACEMENT_ REMARKS: Ho	2.3 DISPLACEMI	1	vol in	RATE 46	100 F	981
- ne	sh hole. C	i culated	From p	it M	VOR +	DIAMADA
HOSK	50/50 007 0		eal 5%	salt 20	Docol.	Circula
(Parent	. Flushed		nped p	luc to	Factor	C// C/(4/
hatfle	@ 151' V	Vell held B	OD PST	Set f	logt T	losed
value.						
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7			······			· ·
TOS Î	Drilling		·····	A	la M	
TOS D	Drilling			A	lan M	nder
TDS D	QUANITY or UNITS	DESCRIPTION	of SERVICES or PR	А орист		TOTAL
	1	DESCRIPTION of PUMP CHARGE	of SERVICES or PR	A oduct		TOTAL 975.00
	QUANITY OF UNITS		of SERVICES or PR	орист		TOTAL 975.00 200.00
	1	PUMP CHARGE	of SERVICES or PR	оduct	UNIT PRICE	TOTAL 975.00 200.00
	1	PUMP CHARGE	of SERVICES or PR	oduct		TOTAL 975.00 200.00 330.00
	1	PUMP CHARGE	of SERVICES or PR	oduct		TOTAL 975.00 200.00 330.00 224.00
	1	PUMP CHARGE MILEAGE Casing Foo ton nile	of SERVICES or PR	oduct oduct		TOTAL 975.00 200.00 330.00 224.00
CODE 540(3406 5402 5407 5501C	1	PUMP CHARGE MILEAGE Casins for ton nile transport	of SERVICES or PR	oduct		TOTAL 975.00 200.00 330.00 224.00
	1	PUMP CHARGE MILEAGE Casing Foo ton nile	of SERVICES or PR	ODUCT		TOTAL 975.00 200.00 330.00 224.00 88.00
CODE 540(3406 5402 5407 5501C	1	PUMP CHARGE MILEAGE Casins for ton nile transport	of SERVICES or PR	A oduct		TOTAL 975.00 200.00 330.00 224.00 88.00 26.95
CODE 540(3406 5402 5407 5501C	1 50 171' M: BRUR 2 BRUR 2 200tt 77# 147#	PUMP CHARGE MILEAGE Casins for ton nile transport	of SERVICES or PR	ODUCT		TOTAL 975.00 200.00 224.00 224.00 88.00 26.95 33.40
CODE 540(3406 5407 5407 5501C 1110A 1111 11183 1124	1	PUMP CHARGE MILEAGE Casins for ton nile transport	of SERVICES or PR	ODUCT		тота 975.00 200.00 2330.00 224.00 88.00 24.95 33.40 418.00
CODE 540(3406 5402 5407 55016	1 50 171' M: BRUR 2 BRUR 2 200tt 77# 147#	PUMP CHARGE MILEAGE Casins for ton nile transport	of SERVICES or PR			тота 107а 975.00 200.00 200.00 200.00 224.00 88.00 24.95 33.40 418.00 42.00
CODE 540(3406 5407 5407 5501C 1110A 1111 11183 1124	1 50 171' M: BRUR 2 BRUR 2 200tt 77# 147#	PUMP CHARGE MILEAGE Casins for ton nile transport	of SERVICES or PR	ODUCT		тота 975.00 200.00 220.00 224.00 224.00 88.00 26.95 33.40 418.00 42.00
CODE 540(3406 5407 5407 5501C 1110A 1111 11183 1124	1 50 171' M: BRUR 2 BRUR 2 200tt 77# 147#	PUMP CHARGE MILEAGE Casins for ton nile transport	of SERVICES or PR			тота 975.00 200.00 220.00 224.00 88.00 24.95 33.40 418.00 42.00
CODE 540(3406 5407 5407 5501C 1110A 1111 11183 1124	1 50 171' M: BRUR 2 BRUR 2 200tt 77# 147#	PUMP CHARGE MILEAGE Casins for ton nile transport	of SERVICES or PR			тота 975.00 200.00 224.00 224.00 88.00 26.95 33.40 418.00 42.00
CODE 540(3406 5407 5407 5501C 1110A 1111 11183 1124	1 50 171' M: BRUR 2 BRUR 2 200tt 77# 147#	PUMP CHARGE MILEAGE Casins for ton nile transport	of SERVICES or PR			тотац 975.00 200.00 330.00 224.00 88.00 224.00 33.40 418.00 42.00
CODE 540(3406 5407 5407 5501C 1110A 1111 11183 1124	1 50 171' M: BRUR 2 BRUR 2 200tt 77# 147#	PUMP CHARGE MILEAGE Casins for ton nile transport	of SERVICES or PR			тота 975.00 200.00 224.00 224.00 88.00 26.95 33.40 418.00 42.00
CODE 540(3406 5407 5407 5501C 1110A 1111 11183 1124	1 50 171' M: BRUR 2 BRUR 2 200tt 77# 147#	PUMP CHARGE MILEAGE Casins for ton nile transport	of SERVICES or PR			тота 975.00 200.00 220.00 224.00 88.00 224.00 418.00 418.00 42.00 418.00 42.00
CODE 540(3406 5407 5407 5501C 1110A 1110A 1110 11183 1124 44004 44004	1 50 171' Min BUR 2 200tt 77# 147# 405K 1	PUMP CHARGE MILEAGE Casing Foo ton nile transport Kolgeal Salt Gel Salt Gel Salt Gel Salt MO# 2405	<u>otage</u> 25 12		CONTINUE	975.00 200.00 330.00 224.00 88.00 26.95 33.40 418.00 42.00
CODE 540(3406 5407 5407 5501C 1110A 1110A 1110 11183 1124 44004 44004	1 50 171' Min BRER 2 200tt 77# 167# 405K (1000 1000 1000 1000 1000 1000 1000 1	PUMP CHARGE MILEAGE Casins for ton nile transport	<u>otage</u> 25 12		SALES TAX	тота 975.00 200.00 224.00 224.00 88.00 224.00 418.00 418.00 42.00 43.00 40.00 43.00 43.00 40.00 43.00 40

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.