

Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

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:	SecTwpS. R				
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: ()	□NE □NW □SE □SW				
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.):	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				
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 #:	Operator Name:				
Dual Completion Permit #:	Lease Name: License #:				
SWD Permit #:	Quarter Sec TwpS. R				
ENHR Permit #:	County: Permit #:				
GSW Permit #:	. 5				
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

KCC Office Use ONLY				
Letter of Confidentiality Received				
Date:				
Confidential Release Date:				
Wireline Log Received				
Geologist Report Received				
UIC Distribution				
ALT I III Approved by: Date:				

Operator Name:			Lease Name	ə:		_ Well #:		
Sec Twp	S. R	East West	County:					
me tool open and clo	sed, flowing and shu	d base of formations pe t-in pressures, whether st, along with final char well site report.	shut-in pressure	reached static level,	hydrostatic press	sures, bottom h	nole temperatur	re, flui
Orill Stem Tests Taken (Attach Additional S		Yes No		Log Formatio	n (Top), Depth ar	nd Datum	Sampl	le
amples Sent to Geole	,	☐ Yes ☐ No	N	lame		Тор	Datum	1
cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy)	l Electronically	Yes No Yes No						
ist All E. Logs Run:								
				New Used				
Purpose of String	Size Hole	Size Casing	Weight	, intermediate, product	Type of	# Sacks	Type and Pe	
	Drilled	Set (In O.D.)	Lbs. / Ft.	Depth	Cement	Used	Additive	S
		ADDITIONA	 	SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used		Type and F	Percent Additives	,	
Perforate Protect Casing	Top Bottom							
Plug Back TD Plug Off Zone								
	DEDEOD ATIO	2N.DE00DD D.1. DI	0.47	A -: 1 5	-turn Olant Ones	+ C D		
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated			cture, Shot, Cemen mount and Kind of Ma			epth	
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:				
					Yes No	ı		
Date of First, Resumed I	Production, SWD or EN	HR. Producing Me	ethod: Pumping	Gas Lift C	Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls. Gas	Mcf	Water B	bls.	Gas-Oil Ratio	Gra	avity
DISPOSITIO	ON OF GAS:		METHOD OF COM	IPLETION:		PRODUCTION	ON INTERVAL:	
Vented Sold	Used on Lease	Open Hole			mmingled mit ACO-4)			
(If vented, Sub	mit ACO-18.)	Other (Specify)	(Sub	nnii ACO-5) (SUD	IIIII ACU-4)			

Summary of Changes

Lease Name and Number: Rossillion 1

API/Permit #: 15-111-20436-00-00

Doc ID: 1061630

Correction Number: 1

Approved By: Deanna Garrison

Field Name	Previous Value	New Value		
Approved Date	06/02/2011	08/24/2011		
Ground Surface Elevation	1261	1263		
Is Footage Measured from the East or the West Section Line	West	East		
LocationInfoLink	https://solar.kgs.ku.edu/ kcc/detail/locationInform ation.cfm?section=24&t	https://solar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=24&t		
Number of Feet East or West From Section Line	330	2310		
Quarter Call 1 - Largest	SW	SE		
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=10 55679	//kcc/detail/operatorE ditDetail.cfm?docID=10 61630		