

Kansas Corporation Commission Oil & Gas Conservation Division

1075370

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 ☐ 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? |
| If Workover/Re-entry: Old Well Info as follows: | · |
| Operator: Well Name: | Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) |
| Original Comp. Date: Original Total Depth: Conv. to ENHR | 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 #: ☐ GSW Permit #: | County: Permit #: |
| Spud Date or Date Reached TD Completion Date or Recompletion Date 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 II Approved by: Date: | | | | | | | | |

Side Two



| Operator Name: | | | | Lease N | lame: | | | Well #: | | |
|---|--|----------------------------------|--------------------------------|-----------------------|-----------|------------------|--|-------------------------------------|-----------|--------------------------|
| Sec Twp | S. R | East |] West | County: | | | | | | |
| INSTRUCTIONS: Sh time tool open and clo recovery, and flow rat line Logs surveyed. A | osed, flowing and shu es if gas to surface te | t-in pressures st, along with | s, whether s final chart(s | hut-in press | ure reach | ed static level, | hydrostatic pres | ssures, bottom h | nole temp | erature, fluid |
| Drill Stem Tests Taker (Attach Additional | | Yes | ☐ No | | Log | g Formation | n (Top), Depth a | nd Datum | | Sample |
| Samples Sent to Geo | logical Survey | Yes | No | | Name | | | Тор | | Datum |
| Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Cop) | d Electronically | ☐ Yes ☐ Yes ☐ Yes | No No No | | | | | | | |
| List All E. Logs Run: | | | | | | | | | | |
| | | Report a | | RECORD | New | Used | on, etc. | | | |
| Purpose of String | Size Hole Drilled | Size Casing Set (In O.D.) | | Weig Lbs. / | ht | Setting Depth | Type of Cement | # Sacks Used | , ,, | and Percent additives |
| | | | | | | | | | | |
| | | <u> </u> | DDITIONAL | CEMENTIN | IG / SQUE | EZE RECORD | | | | |
| Purpose: Depth Type — Perforate Top Bottom Protect Casing — Plug Back TD — Plug Off Zone | | Type of 0 | Cement | # Sacks | Used | | Type and | Percent Additives | | |
| | | | | | | | | | | |
| Shots Per Foot | PERFORATI Specify | ON RECORD - Footage of Each | Bridge Plug n Interval Peri | s Set/Type forated | | | cture, Shot, Ceme mount and Kind of N | nt Squeeze Record Material Used) | d | Depth |
| | | | | | | | | | | |
| | | | | | | | | | | |
| TUBING RECORD: | Size: | Set At: | | Packer At: | | Liner Run: | | | | |
| | | | | | | | Yes N | 0 | | |
| Date of First, Resumed | Production, SWD or EN | IHR. Pr | oducing Meth | nod: | g 🗌 G | as Lift C | Other (Explain) | | | |
| Estimated Production Per 24 Hours | Oil | Bbls. | Gas | Mcf | Water | BI | ols. | Gas-Oil Ratio | | Gravity |
| DISPOSITI | ON OF GAS: | | N | METHOD OF | COMPLET | TION: | | PRODUCTIO | ON INTER | VAL: |
| Vented Solo | Used on Lease | | n Hole | Perf. | Dually (| | nmingled mit ACO-4) | | | |
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1700 S. Country Estates Rd.





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Customer Representative

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ORDERED BY CUSTOMER AND RECEIVED BY:

FIELD SERVICE ORDER NO.

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A 88010 TIVI FIELD SERVICE TICKET

FASTICES 1700 S. Country Estates Rd. Liberal, Kansas 67905

ENERGY SERVICES Phone 620-624-2277



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