

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1076469

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:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
	Amount of Surface Pipe Set and Cemented at: Feet
Gas D&A ENHR SIGW	Multiple Stage Cementing Collar Used? Yes No
OG GSW Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from:
Cathodic Other (Core, Expl., etc.):	feet depth to:w/sx cmt
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:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	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 #:	Operator Name:
SWD Permit #:	Lease Name: License #:
ENHR Permit #:	Quarter Sec TwpS. R East West
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

	side Two					
Operator Name:	Lease Name:	Well #:				
Sec TwpS. R East _ West	County:					

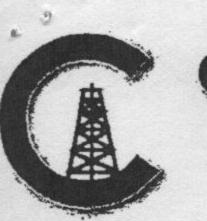
INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, 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		og Formatio	n (Top), Depth an	d Datum	Sample
Samples Sent to Geolog		Yes	No	Nam	1e		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 al		RECORD N	ew Used ermediate, producti	ion, etc.		
Purpose of String	Size Hole Drilled	Size Ca Set (In	asing	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				

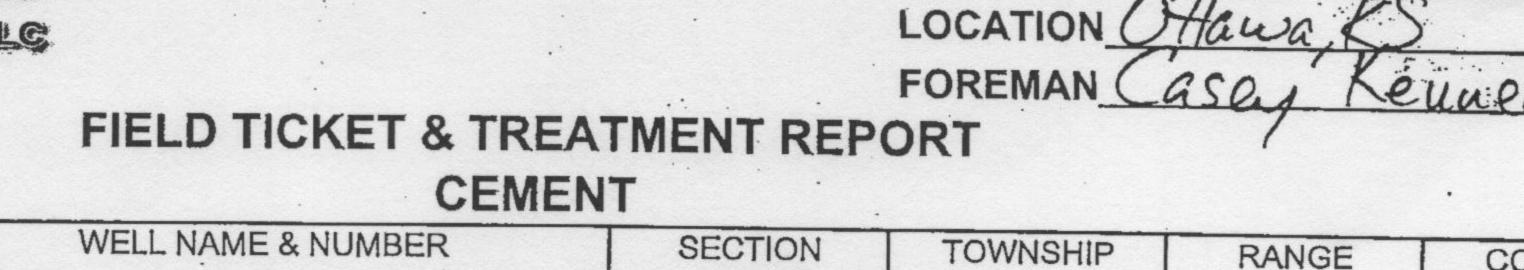
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated					e	ļ	Depth		
TUBING RECORD:	Siz	ze:	Set At:		Packer	r At:	Liner R	un:	No	
Date of First, Resumed F	Product	ion, SWD or ENH	۶.	Producing N	1ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
									1	
DISPOSITION OF GAS: METHOD OF COMPLE			TION:		PRODUCTION INTER	RVAL:				
Vented Sold		Jsed on Lease		Open Hole	Perf.	Dually (Submit /		Commingled (Submit ACO-4)		
(If vented, Subi	mit ACC)-18.)		Other (Specify)						



Consolid Ated

Gill Well Services, LLC

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

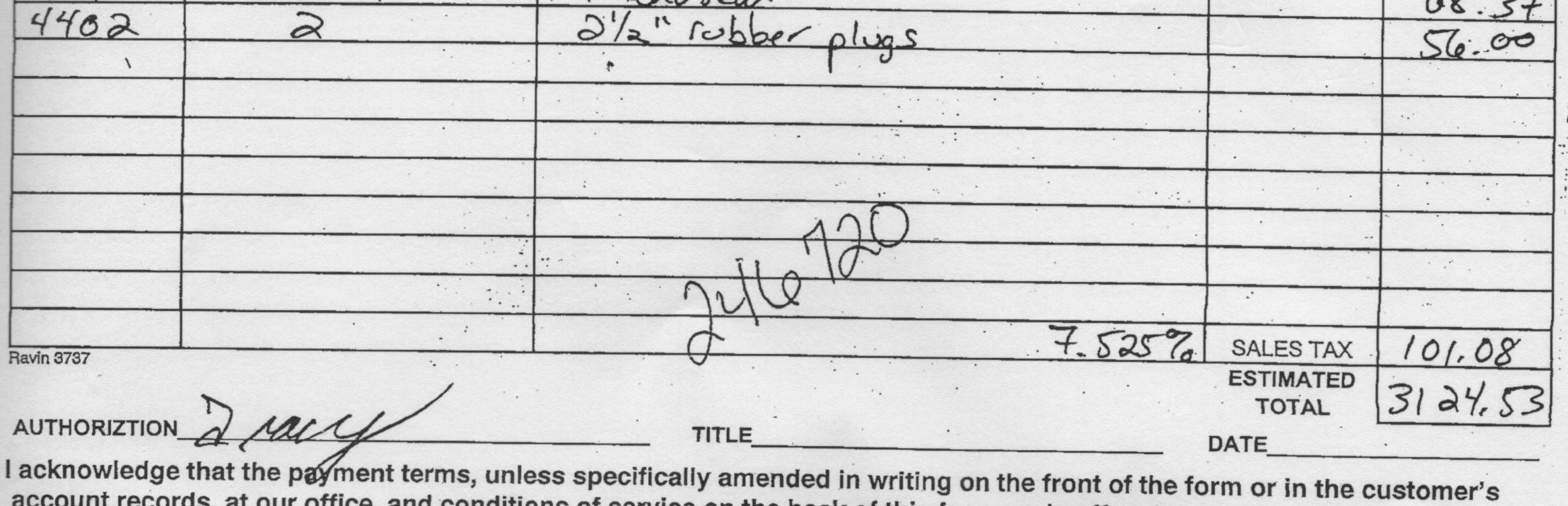


TICKET NUMBER

61

DATE	CUSTOMER #	WELL NAM	ME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12/22/11	4448	Knabo M	KR-3	NE 15	14	22	10
CUSTOMER	D ·	E AN	•	1 Decement Loss			
Lansas	Kesource.	Exp + Dei	2	TRUCK #	DRIVER	TRUCK#	DRIVER
MAILING ADDRE	SS			481	Cas Ken	ck	
9393 W	. 110th 5	t, Suite 500)	495	Harbec	478	
CITY		STATE ZIP	CODE	503	KeiCar	KC	
Overland	Park	KS le	6210.	370	ArIMOD	AM	
JOB TYPE low		HOLE SIZE 557	E HOLE DEP	TH 765'	CASING SIZE & V		811
CASING DEPTH	154	DRILL PIPE	TUBING	•	•	OTHER	
SLURRY WEIGH	T	SLURRY VOL	WATER ga	l/sk	CEMENT LEFT in	CASING 21/2	"robber plugs
DISPLACEMENT		DISPLACEMENT PSI	Contraction of the Additional Statement of the		RATE S.S.		- pigs
REMARKS: he	12 safety	meeting esta	Glished aire	lation, mis	Ata	uped 100	# Provision
Col Alla	i sod hu	10 Itala Ac	A A	1	1104	T CAL	<u>L'emica</u>

Gel Tollowed 10 6615 Fresh water, mixed + pumped by 106 SKS 150 tozmix 1/2# Phenoseal per sk, cernen cerent w surface, fushed and subber plugs 4:38 bils fresh water clean, disp Casing TI 800 PSI released pressure shut in casing pressured ACCOUNT **QUANITY or UNITS DESCRIPTION of SERVICES or PRODUCT** UNIT PRICE CODE TOTAL 10. PUMP CHARGE Cement pump 60 1030.30 06 MILEAGE pump muc 00 20. 02 casi ra tootage mileage minimom 350,00 ton 5502C 80 hrs 80 00 12 106 SKS 50 oznix cement 1160.70 (18B 278 Premium Gel 58.38 # Theno seal 1107A 68.37



account records, at our office, and conditions of service on the back of this form are in effect for services identified on this for