



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1076709
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- 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.):* _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite:

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1076709

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

| | |
|--|---|
| Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____ | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum |
|--|---|

| CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used | | | | | | | |
|---|-------------------|---------------------------|-------------------|---------------|----------------|--------------|----------------------------|
| Report all strings set-conductor, surface, intermediate, production, 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: | Depth Top Bottom | Type of Cement | # Sacks Used | Type and Percent Additives |
| <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone | | | | |
| | | | | |

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i> | Depth |
|----------------|---|--|-------|
| | | | |
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| | | | | |
|----------------|-------|---------|------------|---|
| TUBING RECORD: | Size: | Set At: | Packer At: | Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No |
|----------------|-------|---------|------------|---|

| | |
|---|--|
| Date of First, Resumed Production, SWD or ENHR. | Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____ |
|---|--|

| Estimated Production Per 24 Hours | Oil Bbls. | Gas Mcf | Water Bbls. | Gas-Oil Ratio | Gravity |
|-----------------------------------|-----------|---------|-------------|---------------|---------|
| | | | | | |

| | | |
|--|--|---|
| DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i> | METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ | PRODUCTION INTERVAL: _____ _____ |
|--|--|---|

15-171-20857

Sean Deenihan

Petroleum Geologist

15-171-20857

GEOLOGIST'S REPORT DRILLING TIME AND SAMPLE LOG

COMPANY Comanche Resources Company
 LEASE Eder #6-4
 FIELD _____
 LOCATION 780' FSL & 920' FEL
 SEC 6 TWSP 20S RGE 34W
 COUNTY Scott STATE Kansas
 CONTRACTOR Murfin Rig #22
 SPUD 12/28/2011 COMP 1/4/2011
 RTD 5000' LTD 5004'
 MUD UP 3013' TYPE MUD Chemical

ELEVATIONS

KB 3081'
 DF _____
 GL 3070'

Measurements Are All From Kelly Bushing

CASING

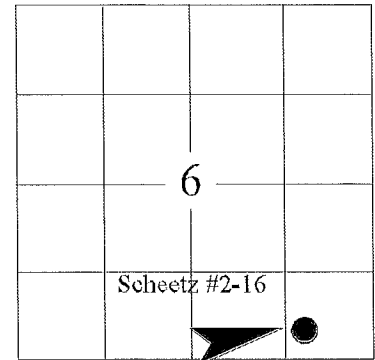
CONDUCTOR _____
 SURFACE 8-5/8" @394'
 PRODUCTION 5.5" @ 4990'

ELECTRICAL SURVEYS

CND, DIL,
MICRO, Sonic
Weatherford

SAMPLES SAVED FROM 3800' TO RTD
 DRILLING TIME KEPT FROM 3800' TO RTD
 SAMPLES EXAMINED FROM 3800' TO RTD
 GEOLOGICAL SUPERVISION FROM 3900'
 REFERENCE WELL Eder #6-1

| Formation | Sample Tops | E-log Tops | Struct Pos. |
|---------------|--------------|--------------|-------------|
| Heebner Sh. | 3928 (-847) | 3936 (-855) | |
| Lansing | 3974 (-893) | 3986 (-905) | |
| Stark Sh. | 4290 (-1209) | 4296 (-1215) | |
| Pawnee | 4490 (-1409) | 4510 (-1429) | |
| Myric Station | 4549 (-1468) | 4548 (-1467) | |
| Cherokee Sh. | 4584 (-1503) | 4586 (-1505) | |
| Morrow Sh. | 4774 (-1693) | 4776 (-1695) | |
| Miss | 4836 (-1755) | 4824 (-1743) | |



REMARKS The Eder #6-4 will be evaluated further through 5.5" production casing



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Comanche Resources Co LLC

6-20s-34w Scott, Ks

6520 N Western Ave
Ste 300
Oklahoma City, Ok
ATTN: Sean Deenihan

Eder #6-4

Job Ticket: 44935

DST#: 1

Test Start: 2012.01.02 @ 01:35:18

GENERAL INFORMATION:

Formation: **Myrick Station**

Deviated: No Whipstock: 0.00 ft (KB)

Time Tool Opened: 04:52:48

Time Test Ended: 12:10:33

Test Type: Conventional Bottom Hole (Initial)

Tester: Shane McBride

Unit No: 55

Interval: 4510.00 ft (KB) To 4569.00 ft (KB) (TVD)

Reference Elevations: 3081.00 ft (KB)

Total Depth: 4569.00 ft (KB) (TVD)

3070.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 11.00 ft

Serial #: 6667

Inside

Press @ Run Depth: 265.58 psig @ 4511.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2012.01.02

End Date: 2012.01.02

Last Calib.: 2012.01.02

Start Time: 01:35:18

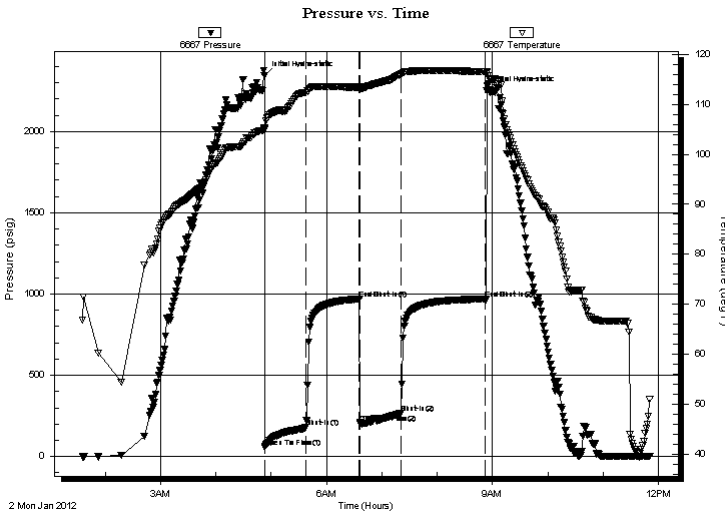
End Time: 11:50:33

Time On Btm: 2012.01.02 @ 04:52:33

Time Off Btm: 2012.01.02 @ 08:53:48

TEST COMMENT: B.O.B. in 14 min.
2 1/2" in return
B.O.B. in 12 min.
8 1/2" in return

PRESSURE SUMMARY



| Time (Min.) | Pressure (psig) | Temp (deg F) | Annotation |
|-------------|-----------------|--------------|----------------------|
| 0 | 2345.22 | 105.31 | Initial Hydro-static |
| 1 | 56.25 | 104.96 | Open To Flow (1) |
| 45 | 180.30 | 112.37 | Shut-In(1) |
| 103 | 969.75 | 113.43 | End Shut-In(1) |
| 104 | 205.68 | 113.23 | Open To Flow (2) |
| 149 | 265.58 | 116.02 | Shut-In(2) |
| 240 | 970.20 | 116.44 | End Shut-In(2) |
| 242 | 2253.52 | 116.44 | Final Hydro-static |

Recovery

| Length (ft) | Description | Volume (bbl) |
|-------------|------------------------|--------------|
| 540.00 | g m c o 20g 15m 65o | 5.36 |
| 90.00 | g m c o 10g 25m 65o | 1.26 |
| 0.00 | 1170' weak gas in pipe | 0.00 |
| | | |
| | | |

Gas Rates

| | Choke (inches) | Pressure (psig) | Gas Rate (Mcf/d) |
|--|----------------|-----------------|------------------|
| | | | |



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Comanche Resources Co LLC

6-20s-34w Scott, Ks

6520 N Western Ave
Ste 300
Oklahoma City, Ok
ATTN: Sean Deenihan

Eder #6-4

Job Ticket: 44935

DST#: 1

Test Start: 2012.01.02 @ 01:35:18

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

0 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

0 ppm

Viscosity: 49.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.96 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 10000.00 ppm

Filter Cake: 2.00 inches

Recovery Information

Recovery Table

| Length ft | Description | Volume bbl |
|--------------|------------------------|---------------|
| 540.00 | g m c o 20g 15m 65o | 5.361 |
| 90.00 | g m c o 10g 25m 65o | 1.262 |
| 0.00 | 1170' weak gas in pipe | 0.000 |

Total Length: 630.00 ft

Total Volume: 6.623 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

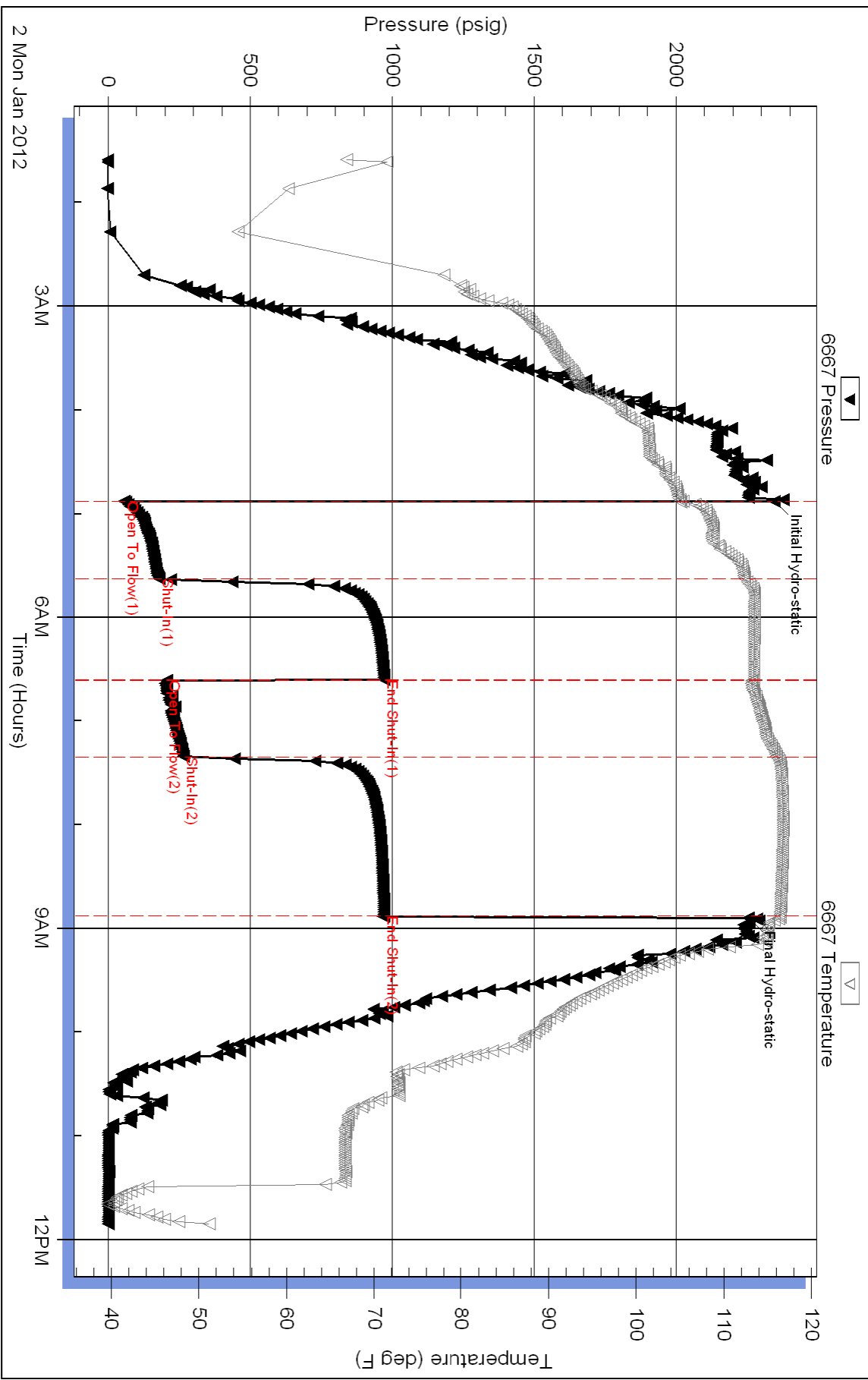
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

Pressure vs. Time





Cement Report

| | | | | | |
|----------|------------------------------|--------|-----------|-------------------|----------|
| Customer | Comandos | | Lease No. | | |
| Lease | EOR | Well # | 6-4 | Date | 12-28-11 |
| Casing | 8 5/8 24' # | County | SCOTT | Service Receipt | 02265 |
| Job type | 747 8 5/8" ST-42 Formulation | State | KS | Legal Description | 4-20-34 |

| Pipe Data | | | Perforating Data | | | Cement Data | | |
|-----------------|-------------|-------------|------------------|----|------|-------------|----|----------------|
| Casing size | Depth | Tubing Size | From | To | Lead | From | To | Tail In |
| 8 5/8" | 24' | 24" # | | | | | | 310x 800ft (W) |
| Depth | 394' - 510' | | | | | | | |
| Volume | Disp-24 661 | | | | | | | |
| Max Press | 2000 # | | | | | | | |
| Well Connection | ST-42 | | | | | | | |
| Plug Depth | ST-42 | | | | | | | |

| Time | Casing Pressure | Tubing Pressure | Bbls. Pumped | Rate | Service Log |
|------|-----------------|-----------------|--------------|------|---------------------------------------|
| 7:00 | | | | | our loc-site assessment (running csg) |
| 7:30 | | | | | shoot Funks-rig up |
| 8:00 | | | | | CSS on btm Break circ |
| 8:00 | | | | | Safety meeting / TSA |
| 8:15 | | | | | Pressure test 1000 # |
| 8:15 | 200 | | 74 | 4.5 | Mix & Pump 310sk class Cwd |
| | | | | | 2% CC HT# CF @ 14.8 # - 1,348 # SK |
| 8:35 | 0 | | 0 | 4 | drop plug - disp csg |
| 8:45 | 200 | | 24 | 0 | shut in w/ 4 1/2" shoe |
| | | | | | Circ amt 40 surface |
| | | | | | job complete |
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|-------------------------|-----------|----------------|-------------|
| Service Units | 34720 | 3811-10010 | 19828-19883 |
| Driver Names | A. Olanon | C. McCallister | D. Casaday |
| Customer Representative | J. Lemay | J. Bennett | |
| Station Manager | | A. Rivera | |

| | | | | |
|------|----------|--------|------|-------------|
| Time | Pressure | Volume | Rate | Service Log |
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Cement Report

| | | | | | |
|------------------------------|-----------------|-----------------------------------|-----------------|---------------------------|---|
| Customer: <u>COMANCHE</u> | | Lease No.: | | Date: <u>1/4/11</u> | |
| Lease: <u>FDER</u> | | Well # <u>6-4</u> | | Service Receipt | |
| Casing: <u>5 1/2</u> | | County: <u>SCOTT</u> | | State: <u>KS</u> | |
| Job Type: <u>D.V.L.S.</u> | | Legal Description: <u>4-20-34</u> | | | |
| Formation: | | Pipe Data | | Performing Data | |
| Casing size: <u>5 1/2</u> | Tubing Size | Shots/Ft | | Cement Data | |
| Depth: <u>5003.36 T.P.</u> | Depth | From | To | Lead: <u>1780 SK AA-2</u> | |
| Volume: <u>118</u> | Volume | From | To | To: <u>274</u> | |
| Max Press: <u>2100</u> | Max Press | From | To | To: <u>4800 A-COR</u> | |
| Well Connection: <u>P.C.</u> | Annulus Vol. | From | To | Tail in | |
| Plug Depth | Pecker Depth | From | To | To: <u>274</u> | |
| | | From | To | To: <u>5000 prep plus</u> | |
| Time | Casing Pressure | Tubing Pressure | Bbls. Pumped | Rate | Service Log |
| <u>19:30</u> | | | | | <u>on loc, spot mixed, full surface</u> |
| <u>21:45</u> | <u>3000</u> | | | | <u>PT test</u> |
| <u>21:48</u> | <u>200</u> | | <u>12</u> | <u>54</u> | <u>Pump mixed flush</u> |
| <u>21:52</u> | <u>200</u> | | <u>5</u> | <u>4</u> | <u>Pump H₂O spacer</u> |
| <u>21:55</u> | <u>200</u> | | <u>0</u> | <u>4</u> | <u>Start mix AA-2 @ 14.8 #</u> |
| <u>22:20</u> | <u>0</u> | | <u>48</u> | - | <u>Finish mix</u> |
| | | | | | <u>Washup</u> |
| <u>22:47</u> | | | | | <u>Hook to Big Pump to Disp.</u> |
| <u>03:34</u> | | | | | <u>Plus RAM</u> |
| <u>03:50</u> | <u>180</u> | | <u>0</u> | <u>4</u> | <u>Start mix A-COR @ 12.1 #</u> |
| <u>04:40</u> | <u>150</u> | | <u>205</u> | <u>4</u> | <u>Switch to tail @ 14.8 #</u> |
| <u>05:00</u> | <u>0</u> | | <u>12</u> | <u>4</u> | <u>Finish mix</u> |
| <u>05:05</u> | | | | | <u>Washer PHL</u> |
| <u>05:30</u> | <u>0</u> | | <u>0</u> | <u>4</u> | <u>Start Disp</u> |
| <u>06:05</u> | <u>400-2600</u> | | <u>6.5</u> | - | <u>Play Down, Close Tool</u> |
| | <u>2100-0</u> | | | - | <u>Tool hold, Ref. P3</u> |
| | | | | | <u>Job Complete</u> |
| | | | | | <u>Thank You</u> |
| | | | | | <u>Check Valve</u> |
| Service Units | <u>197556</u> | <u>3922337926</u> | <u>14374</u> | | <u>APRIL 19808 19828 19883</u> |
| Driver Names | <u>CHINE</u> | <u>R. Oles</u> | <u>S. Ortiz</u> | | <u>D. Cooney K Baker</u> |

Customer Representative: Sam Lemaster Station Manager: Sarah Bennett Cementer: C. K. Hines

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

March 21, 2012

CARRIE RENNER
Comanche Resources Company
6520 N WESTERN AVE STE 300
OKLAHOMA CITY, OK 73116-7334

Re: ACO1
API 15-171-20857-00-00
EDER 6-4
SE/4 Sec.06-20S-34W
Scott County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
CARRIE RENNER