Confidentiality Requested: Yes No

KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

1077867

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 #	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 #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
☐ Oil ☐ WSW ☐ SWD ☐ SIOW □ Gas □ D&A □ ENHR □ SIGW	Elevation: Ground: Kelly Bushing:
OG GSW Image: Constraint of the second seco	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
Commingled Permit #: Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec Twp S. R East _ West
Recompletion Date Recompletion Date	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:											

	Page Two	1077867
Operator Name:	Lease Name:	Well #:
Sec TwpS. R □ East □ West	County:	
INCTRUCTIONS, Show important tang of formations panatrated	Dotail all coros Poport all final	copies of drill stome tests giving interval tested, time teal

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 Taker (Attach Additional		Yes No		og Formatic	on (Top), Depth and	d Datum	Sample			
Samples Sent to Geo	,	Yes No	Nam	е		Тор	Datum			
Cores Taken Electric Log Run		Yes No								
List All E. Logs Run:										
		CASING Report all strings set-c	RECORD Ne		on, 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 / SQL	JEEZE RECORD						
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives						
Protect Casing										
Plug Off Zone										
Did you perform a hydrau	lic fracturing treatment	on this well?		Yes	No (If No, skip	o questions 2 an	d 3)			
Does the volume of the t	otal base fluid of the hyd	raulic fracturing treatment ex	ceed 350,000 gallons	? Yes	No (If No, skip	question 3)				
Was the hydraulic fractur	ing treatment informatio	n submitted to the chemical o	disclosure registry?	Yes	No (If No, fill o	out Page Three o	of the ACO-1)			
			o Sot/Turoo	Acid Fracture Shot Compart Squaczo Pacard						

Shots Per Foot		PERFORATION Specify For	RECOR tage of	RD - Bridge Pli Each Interval P	ugs Set/Typ erforated	e		Depth						
TUBING RECORD:	Size	e:	Set At: Packer At:					Liner Run:						
Date of First, Resumed	Productio	on, SWD or ENHF	ł.	Producing Me	ethod:	ping	Gas Lift	Other (Explain)	. <u> </u>					
Estimated Production Per 24 Hours				Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity				
DISPOSITIO	AS:							PRODUCTION INTE	RVAL:					
Vented Sold		sed on Lease 18.)	Open Hole Perf. Uually (Submit A Other (Specify)				ACO-5)	Commingled (Submit ACO-4)						

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Form	ACO1 - Well Completion
Operator	Indian Oil Co., Inc.
Well Name	Boonedocker 3
Doc ID	1077867

Tops

Name	Тор	Datum
B/KC	4554	-3181
PAWNEE	4657	-3284
CHER GP	4704	-3331
CHER SD	4738	-3365
MISS	4768	-3396
KIND SH	5008	-3635
WOOD SH	5087	-3714
MISN	5108	-3735
VIOL	5124	-3751

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

April 20, 2012

Anthony Farrar Indian Oil Co., Inc. PO BOX 209 2507 SE US 160 HWY MEDICINE LODGE, KS 67104-0209

Re: ACO1 API 15-007-23828-00-00 Boonedocker 3 SE/4 Sec.06-35S-11W Barber 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, Anthony Farrar

SIGNATURE	PRINTED NAME	a we the above of the other the second of the second of the second	contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side		and furnish cementer and helper(s) to assist owner or	You are hereby requested to rent cementing equipment	To Allied Cementing Co. 11.C			CITYSTATEZIP	CHARGE IO:		to success the state and which is that an arrange show of a second s	(i) and (d) workleight for the manual physical rate of the second sec		Court Ad	- digo 30 Edg Hardon Shahamala harbo	Bruch Law punct 2000 19 - and and	REMARKS:		# DRIVER	# 363/2 50 DRIVER Dourd Guess	BULK TRUCK	UMP TRUCK	EQUIPMENT	DISPLACEMENT 30 Mars	PERFS.	MEAS. LINE SHOE JOINT	MAX	DRILL PIPE DEPTH	A STENER OF CALLS	HOLE SIZE / 7 /2 T.D. ~ 35 CASING SIZE / 3 /2 DEPTH ~ 20	TYPE OF JOB	autorite motion art environt a diama	OR NEW (Circ	E Coord and WEIT # 2	DATE 1-27-12 SEC. TWP. RANGE	RUSSELL, KANSAS 67665	REMIT TO P.O. BOX 31	· ALLIED CE
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Billio

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PRINTED NAME SIGNATURE	CITY	STREET	PUMP TRUCK CEMENTER # HELPER BULK TRUCK DRIVER # DRIVER BULK TRUCK DRIVER	HOLE SIZE T.D. CASING SIZE DEPTH TUBING SIZE DEPTH DRILL PIPE DEPTH TOOL DEPTH PRES. MAX MINIMUM MEAS. LINE SHOE JOINT CEMENT LEFT IN CSG. PERFS. DISPLACEMENT EQUIPMENT	ALLEC CEMENTING Federal Tax I.D.# 20-5975804 REMIT TO P.O. BOX 31 RUSSELL, KANSAS 67665 International Sec. TWP. DATE SEC. TWP. RANGE CALLED OUT LEASE WELL # LOCATION LOCATION LOCATION TWPE OF IOB
DISCOUNT IF PAID IN 30 DAYS	PLUG & FLOAT EQUIPMENT	DEPTH OF JOB	Image: Second	CEMENT AMOUNT ORDERED COMMON POZMIX GEL ASC @ @ @ @ @ @ @ @ @ @ @ @ @	NTING CO., LLC. 037931 D.# 20-5975804 CALLED OUT ON LOCATION JOB START JOB FINISH COUNTY STATE

Thank You My manual and me

10

D Π 0 EMENTING Federal Tax I.D.# 20-5975804 -**O** 037935

REMIT TO P.O. BOX 31

SERVICE POINT:

CITYSTATEZIP To Allied Cementing Co., LLC. You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.	Keles, M. V. Less compart Shut Acun WSCH Pumper Lines Release plug Stern Slow rete to 3 bpm S + 115 bhis bump Plug S + 123 bhis 1000-1500 pS / Doct Stan pole Stan pole STREET	ULK TRUCK	TOOL DEPTH PRES. MAX MINIMUM MEAS. LINE SHOE JOINT CEMENT LEFT IN CSG. SHOE JOINT PERFS. DISPLACEMENT DISPLACEMENT EQUIPMENT FUMP TRUCK CEMENTER PER HELPER	RACTOR VC/ # 3 OF JOB Production SIZE VC/ # 5 GSIZE VC/ # 5 HG SIZE VC/ WC/ WC/ GSIZE VC/ WC/ WC/ NG SIZE VC/ WC/ NG SIZE VC/ WC/ WC/ NG SIZE VC/ WC/ WC/ NG SIZE VC/ WC/ NC/ WC/ WC/ NC/ WC/ WC/ NC/ WC/ WC/ NC/ WC/	RUSSELL, KANSAS 67665
PLUG & FLOA 512 Public Plus Indente Sheet Indente Sheet Sales TAX (If Any)	DEPTH OF JOB 5/93 PUMP TRUCK CHARGE EXTRA FOOTAGE MILEAGE MANIFOLD 1/00/04/14	HANDLING MILEAGE SERVI	COMMON POZMIX GEL CHLORIDE ASC	NE	CALLED OUT ON LOCATION
T EQUIPMENT	-@			SX 60 4004	A. C

SIGNATURE

NUDY

Var 111

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PRINTED NAME

DISCOUNT

IF PAID IN 30 DAYS

TOTAL CHARGES