

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1077903

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
Recompletion Date

Date Reached TD

Completion Date or
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: _____

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

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name	Top	Datum
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:					

<div style="text-align: center;"> CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used </div> <div style="text-align: center;"> Report all strings set-conductor, surface, intermediate, production, etc. </div>							
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 (Amount and Kind of Material Used)	Depth

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 (Explain) _____					
Estimated Production Per 24 Hours	Oil	Bbbs.	Gas	Mcf	Water	Bbbs.	Gas-Oil Ratio	Gravity

<p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p>		<p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i></p> <p><input type="checkbox"/> Other <i>(Specify)</i> _____</p>		<p>PRODUCTION INTERVAL:</p> <p>_____</p> <p>_____</p>	
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Hurricane Services, Inc.
3613 A Y Road
Madison, KS 66860
620-437-2661

Ticket Number 5035

Location _____

Foreman Jeff Taylor #390

Acid
Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
3/2/12		MAKLE #3		MDAMS
Customer CENTRAL STATES		Mailing Address	City KS	State Zip

Well Data		Truck #	Driver	Truck #	Driver
Casing Size 4 1/2	Total Depth	303/320	RODGER		
Casing Weight 9.5	Plug Depth	144/152	DELBERT		
Tubing Size	Packer Depth	251	JUSTIN		
Tubing Weight	Open Hole	102	DANIEL		
Perfs 295-305	21 HOLES				
Break PSI 1800	Max PSI 3000				
Treat PSI 750	ISIP				
Quantity	Acid	Additives Used	Charge		
1	303	Pump Charge		975 ⁰⁰	
500 GAL	7 1/2%	Acid with inhibitor		620 ⁰⁰	
		Mud Acid			
1 1/2		NE-320		35 ⁸⁵	
1		FSW-4100		22 ⁸⁰	
		Iron Stay			
		Bachside			
		Clay Stay			
7		KCL		184 ¹⁰	
3		Biocide		114 ⁰⁰	
10	Q-GEL	Gel		278 ⁰⁰	
1 1/2 GAL		Breaker		81 ⁰⁰	
40	7/8 1.3	Ball Sealers		70 ⁰⁰	
		Ball Gun			
100	303	Pump truck Mileage		325 ⁰⁰	
1	320	Acid Transport		150 ⁰⁰	
		Acid Spotter			
100	390	Pickup Mileage		150 ⁰⁰	
1	251	SAND BEL		200 ⁰⁰	
5	144/152	Transport		500 ⁰⁰	
10 SKS		20/40 SAND		300 ⁰⁰	
15 SKS		12/20 SAND		480 ⁰⁰	
LINE TEST 3000				Total	4485 ²⁵

Remarks: ON LOCATION REG UP. LOAD HOLE AND BREATHE

PUMP 500 GAL HCL AND 32 BAUS PSI UP 3000 SURGE AND FLUSH TO PERFS
PUMP 10 BBL SPALER 10 BPM @ 750 PSI. PUMP 5 SKS 20/40 AND 15 SKS 12/20
PSI UP 800 AND BACK TO 700. DROP 5 BAUS PSI UP 2400 TRY TO SURGE
PUMP 5 MORE SKS 20/40 FLUSH & SURGE. 10 BPM @ 750 PUMP 5 SKS
12/20 AND FLUSH OVER. 180 BBL TOTAL

* CHECK WAS FOR WRONG AMOUNT. WILL MAIL ON 3/3/12

* BID PRICE IF PAID 3/3/12

WITNESSED BY: JEFF TAYLOR



MIDWEST SURVEYS

LOGGING - PERFORATING - CONSULTING SERVICES

P.O. Box 68, Osawatomie, KS 66064

913 / 755 - 2128

GAMMA RAY / NEUTRON / CCL

File No.

Company Osborn Energy, LCC

Well Markle No. 3-21

Field Louisburg

County Miami State Kansas

Location

1430' FSL & 920' FEL
SE-SW-NE-SE

Other Services

Sec. 21 Twp. 16S Rge. 25e

Elevation

Permanent Datum GL Elevation 1001'

Log Measured From GL

K.B. NA
D.F. NA
G.L. 1001'

Drilling Measured From GL

API # 15-121-28.714

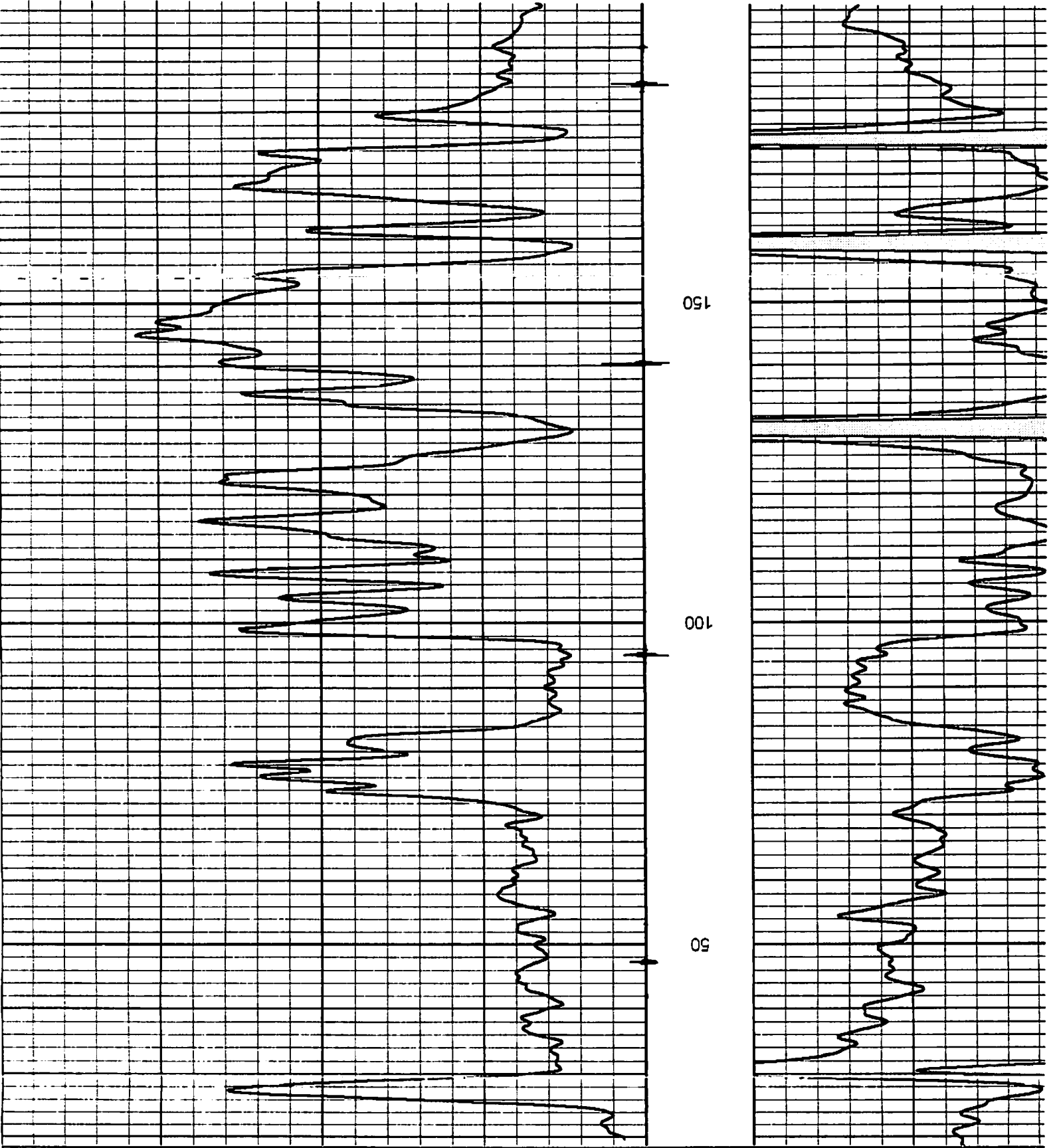
Date	8-03-2009		
Run Number	One		
Depth Driller	559.0		
Depth Logger	542.3		
Bottom Logged Interval	541.3		
Top Log Interval	20.0		
Fluid Level	Full		
Type Fluid	Water		
Density / Viscosity	NA		
Salinity - PPM Cl	NA		
Max Recorded Temp	NA		
Estimated Cement Top	0.0		
Equipment No.	Location	107	Osawatomie
Recorded By	Steve Windisch		
Witnessed By	Jeff Taylor		

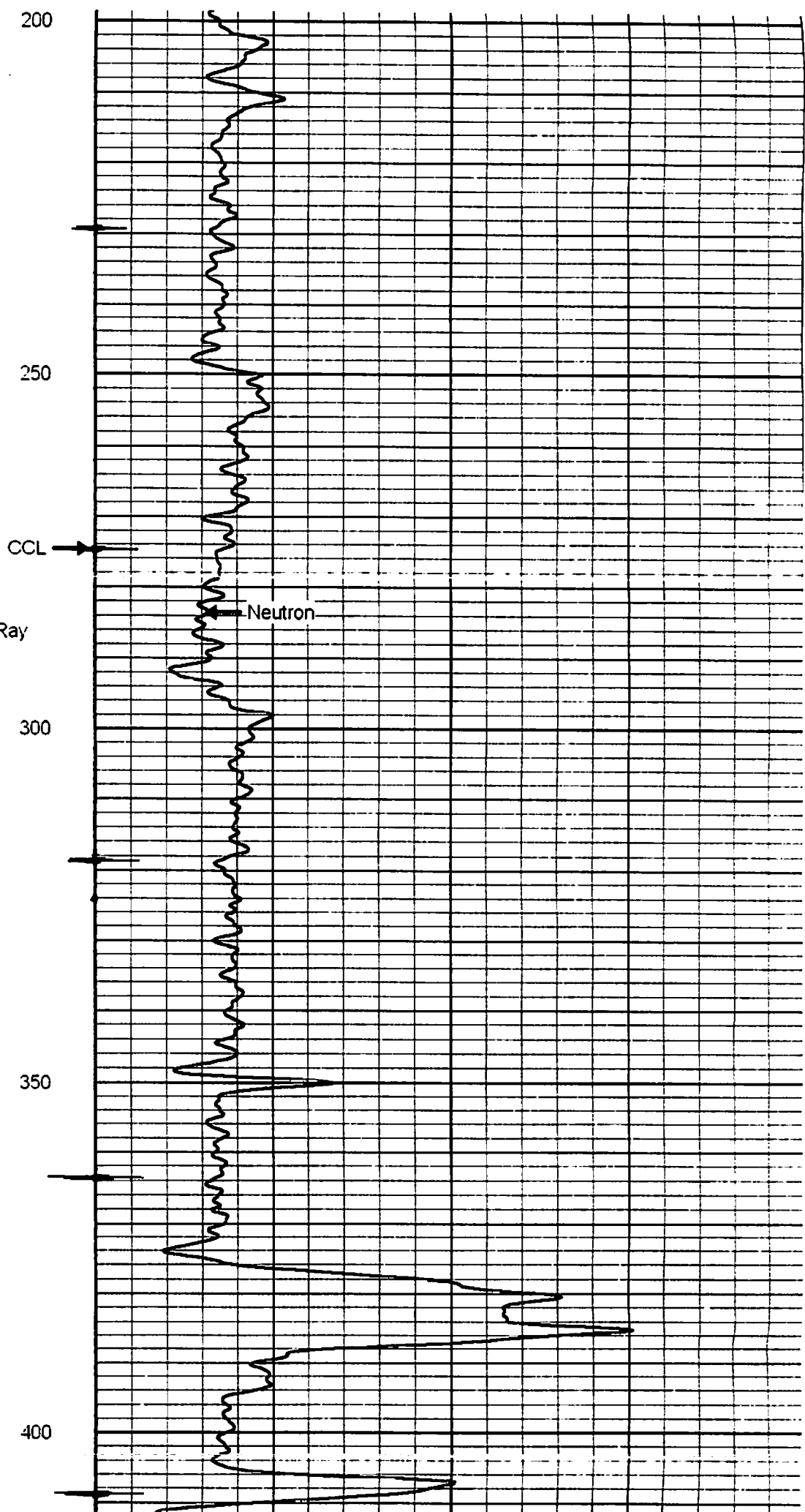
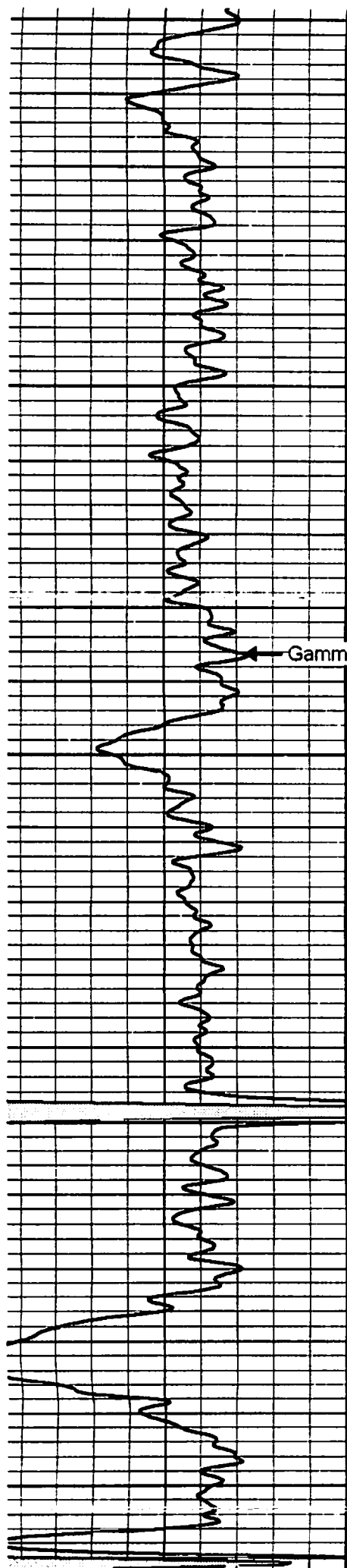
RUN	BORE-HOLE RECORD			CASING RECORD			
No.	BIT	FROM	TO	SIZE	WGT.	FROM	TO
One	12.25"	0.0	20.0	8.625"		0.0	20.0
Two	6.75"	20.0	559.0	4.50"		0.0	544.0

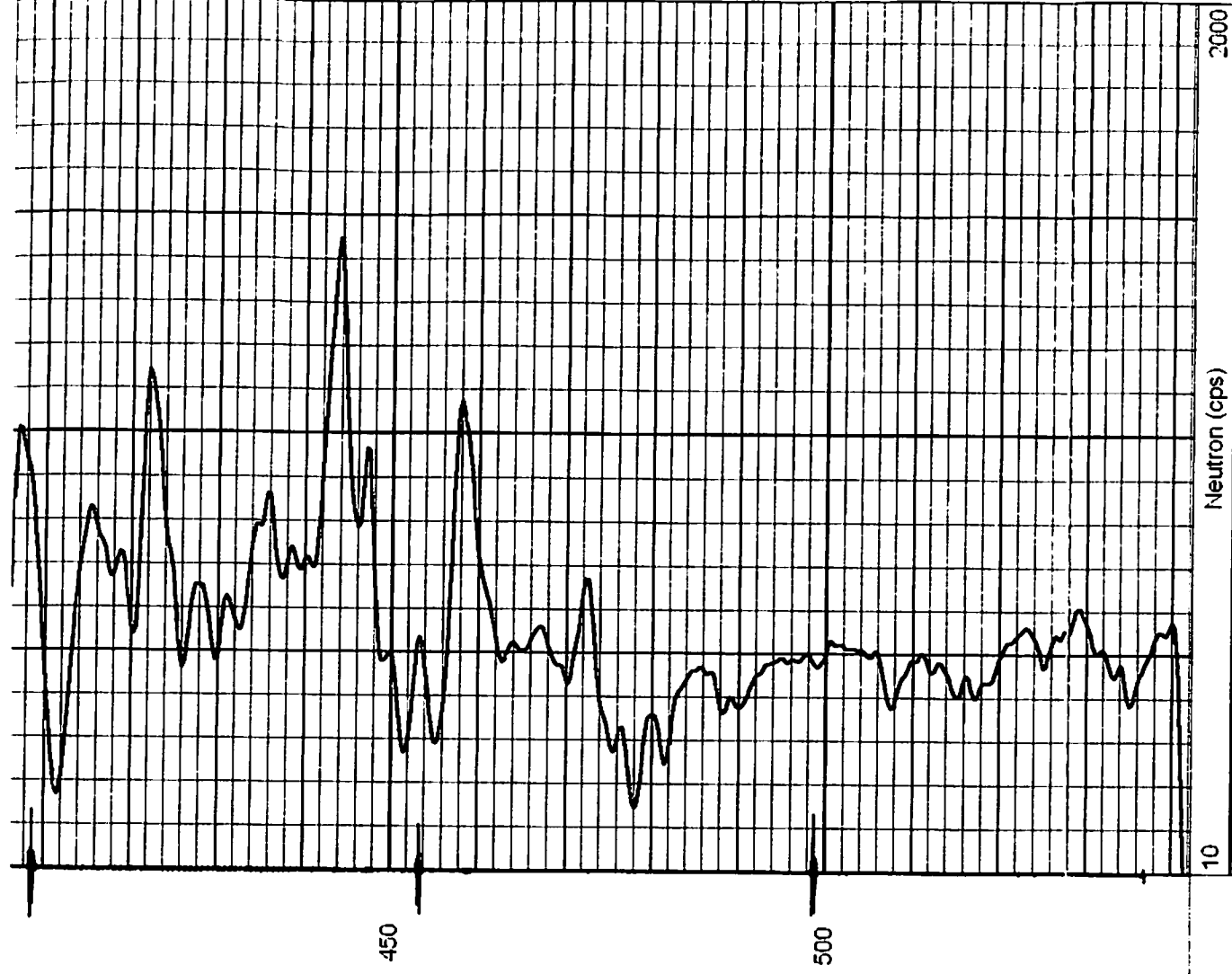
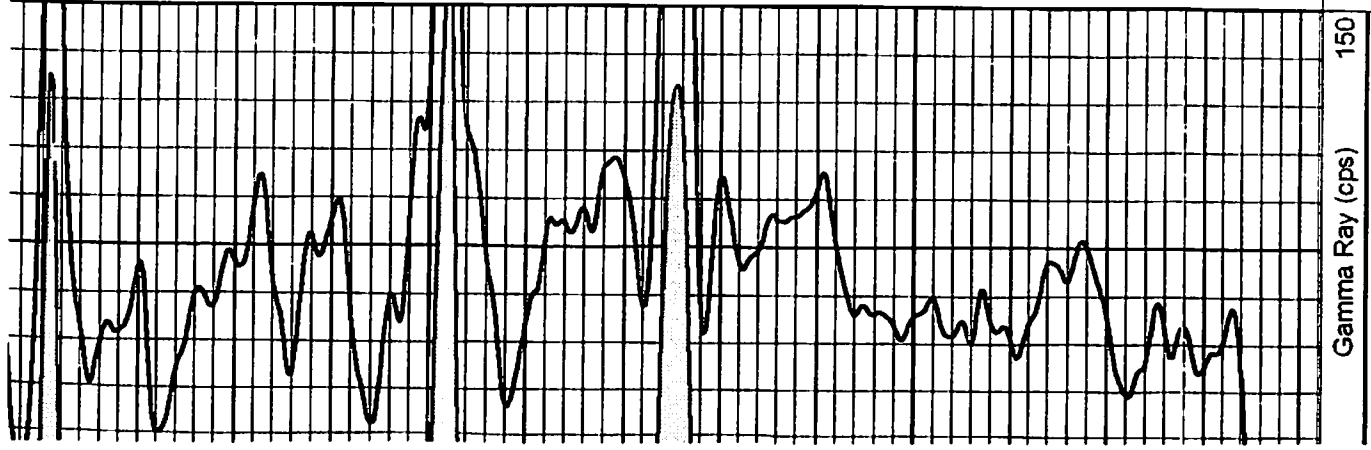
<<< Fold Here >>>

Database File: marke3.db
Dataset Pathname: pass1
Presentation Format: gr-n-cl
Dataset Creation: Mon Aug 03 10:32:12 2009 by Log Std Casedhole 07122
Shared by: Depth in Feet scaled 1:240

Gamma Ray (cps) 150
Neutron (cps) 10
2000







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 03, 2012

Curstin Hamblin
Central States Energy LLC
PO BOX 454
STILLWELL, KS 66085

Re: ACO1
API 15-121-28714-00-00
Markle 3-21
SE/4 Sec.21-16S-25E
Miami 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,
Curstin Hamblin