



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1082021
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 Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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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: _____

1082021

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 <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:				

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

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Source Energy Midcon LLC
Well Name	Homer 7-11 SWD
Doc ID	1082021

All Electric Logs Run

Restistivity
Porosity
Cross-Dipole Sonic
Impact Micro-Imager

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

June 11, 2012

Jeff Dolan
Source Energy Midcon LLC
1805 SHEA CENTER DR., STE 100
HIGHLANDS RANCH, CO 80129

Re: ACO1
API 15-191-22639-00-00
Homer 7-11 SWD
NW/4 Sec.07-33S-02E
Sumner 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,
Jeff Dolan

10732

Customer SOURCE ENERGY	Lease No.	Date 3-1-2012	
Lease HOMER SWD	Well # 7-11		
Field Order #	Station PRATT, KS.	Casing " 7"	Depth
Type Job CNW-7" L.S.	Formation TD-3846'	County SUMNER	State KS.
		Legal Description 7-335-2E	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 7" x 23	Tubing Size	Shots/Ft CMT-		Acid 175SK A-CON		RATE	PRESS	ISIP
Depth 3846'	Depth	From	To	Pre Pad @2.45 CUFT	Max SJ-39.57'			5 Min.
Volume	Volume	From	To	Pad 125SK A-CON	Min			10 Min.
Max Press 1500	Max Press	From	To	Frac @1.74 CUFT	Avg			15 Min.
Well Connection P.C.	Annulus Vol.	From	To	149.65 BBL	HHP Used			Annulus Pressure
Plug Depth 3800'	Packer Depth	From	To	Flush 1 BBL	Gas Volume			Total Load

Customer Representative JOHN ABBOTT	Station Manager D. SCOTT	Treater K. LESLEY
Service Units 37586 19889 19843 19910 19918		
Driver Names LESLEY MARQUEZ — McGRAN —		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
5:00AM		141.00			ON LOCATION - SAFETY MEETING
10:00AM					SPOT TRUCKS ON LOC.
10:45AM					RUN 105 JTS. 7" x 23# CSG. W/PACKER SHOE
5					CENT-1,2,3,5,7,9,11,13,15,17,19,21,23,25,27
5					5' FROM SHOE
3:00PM					CSG. ON BOTTOM -
3:30PM					HOOK UP TO CSG. / BREAK CIRC. W/ PUMP TRUCK
6:00PM	150		5	3	H2O AHEAD W/ PUMP TRUCK
6:02PM	150		12	3	SUPERFLUSH
6:06PM	150		5	3	H2O SPACER
6:07PM	150		76	3	MIX 175SKS. A-CON @ 12.0 PPG
6:32PM	100		39	3	MIX 125SKS A-CON @ 13.5 PPG
6:45PM					CLEAR PUMP & LINE - DROP T.R. PLUG
6:52PM	0		0	5	START DISPLACEMENT - 1ST 10BBL SUGARH
7:12PM	150		100	5	LIFT PRESSURE
7:20PM	550		140	3.5	SLOW RATE
7:25PM	1000		749.65	3.5	PLUG DOWN - HELD
			5,3		PLUG R.H. & M.H.
JOB COMPLETE,					
THANKS -					
KEVEN LESLEY					

BASIC

energy services, L.P.

TREATMENT REPORT

Customer <i>SOURCE ENERGY MIDCON LLC</i>	Lease No. <i>7-11</i>	Date <i>2-18-2012</i>	
Lease <i>HOMER SWD</i>	Well # <i>7-11</i>		
Field Order # <i>09639</i>	Station <i>PRATT, KS.</i>	Casing <i>9 5/8"</i>	Depth <i>312'</i>
Type Job <i>CNW - 9 5/8" S.P.</i>	Formation <i>TD - 312'</i>	County <i>SUMNER</i>	State <i>KS.</i>
		Legal Description <i>1-335-2W</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <i>9 5/8"</i>	Tubing Size <i>3 1/2"</i>	Shots/Ft <i>CMT -</i>	Acid <i>165SK 60/40 POZ</i>	RATE	PRESS	ISIP		
Depth <i>310.30</i>	Depth	From	To	Pre Pad <i>@ 1.21 CUFT</i>	Max	5 Min.		
Volume <i>23.98 BBL</i>	Volume	From	To	Pad	Min	10 Min.		
Max Press <i>300</i>	Max Press	From	To	Frac	Avg	15 Min.		
Well Connection <i>P.C.</i>	Annulus Vol.	From	To		HHP Used	Annulus Pressure		
Plug Depth <i>200.19'</i>	Packer Depth	From	To	Flush <i>20.73 BBL</i>	Gas Volume	Total Load		

Customer Representative <i>JOHN ABBOTT</i>	Station Manager <i>D. SCOTT</i>	Treater <i>K. LESLEY</i>
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Service Units <i>37586 19829 19843 19831 19862</i>	Driver Names <i>LESLEY MARQUEZ PERSON</i>
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Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>8:00pm</i>					<i>ON LOCATION - SAFETY MEETING</i>
<i>3:00pm</i>					<i>RUN 7 JTS. 9 5/8" CSG X 36"</i>
					<i>CENT - 10' FROM BOTTOM, 1, 2, 4, 6</i>
<i>4:06pm</i>					<i>CSG. ON BOTTOM</i>
<i>4:20pm</i>					<i>HOOK UP TO CSG. - BREAK CIRC. W/ RIG</i>
<i>5:13pm</i>	<i>300</i>		<i>5</i>	<i>6</i>	<i>H2O AHEAD</i>
<i>5:14pm</i>	<i>150</i>		<i>35.5</i>	<i>6</i>	<i>MIX 165SKS. 60/40 POZ @ 14.8 PPG</i>
<i>5:20pm</i>					<i>SHOT DOWN - RELEASE WOOD PLUG</i>
<i>5:25pm</i>	<i>0</i>		<i>0</i>	<i>4</i>	<i>START DISPLACEMENT</i>
<i>5:26pm</i>	<i>50</i>		<i>5</i>	<i>4</i>	<i>LIFT PRESSURE</i>
<i>5:28pm</i>	<i>100</i>		<i>15</i>	<i>3</i>	<i>SLOW RATE</i>
<i>5:30pm</i>	<i>200</i>		<i>20.7</i>	<i>3</i>	<i>PLUG DOWN - PLUG CLOSE IN MANIFOLD</i>
					<i>CIRC. 10 BBL TO PIT</i>
					<i>CIRC. THRU JOB</i>
					<i>JOB COMPLETE,</i>
					<i>THANKS -</i>
					<i>KEVEN LESLEY</i>

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