



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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- 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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

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



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

Sec. _____ Twp. _____ S. 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 <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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> 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 | | | | |
| | | | | |

| 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 (Specify) _____ | PRODUCTION INTERVAL: _____ _____ |
|--|--|---|

| | |
|-----------|----------------------------|
| Form | ACO1 - Well Completion |
| Operator | Wilson County Holdings LLC |
| Well Name | Morris 1S |
| Doc ID | 1092619 |

Tops

| Name | Top | Datum |
|---------------------|-----|-------|
| Gas Sand | 220 | |
| Coal | 270 | |
| Laten Sand | 285 | |
| KC Lime Dull | 335 | |
| KC Lime Brite | 354 | |
| Sand | 359 | |
| Lime | 385 | |
| Sand | 405 | |
| Sandy Lime | 470 | |
| Coal | 480 | |
| Lime | 525 | |
| Sand | 565 | |
| Lenapah Lime | 609 | |
| Altamont Lime | 645 | |
| Weiser Sand | 655 | |
| Weiser Sand no free | 660 | |
| Weiser Sand | 665 | |
| Coal Gas Bubbles | 700 | |
| Sandy Shale | 720 | |
| Sand | 736 | |
| Dull | 737 | |
| Sandy Shale | 750 | |
| Pawnee Lime | 772 | |
| Oswego Lime | 830 | |

| | |
|-----------|----------------------------|
| Form | ACO1 - Well Completion |
| Operator | Wilson County Holdings LLC |
| Well Name | Morris 1S |
| Doc ID | 1092619 |

Tops

| Name | Top | Datum |
|-----------------|------|-------|
| Slight Oil show | 846 | |
| Summit | 848 | |
| Mulkey Coal | 868 | |
| Bevier Coal | 927 | |
| Verdi GBES Lime | 938 | |
| Crowburg | 945 | |
| Fleming Coal | 970 | |
| Sand odor | 1022 | |
| Odor 70 | 1022 | |
| odor 10 | 1027 | |
| odor 5 | 1030 | |
| 0 | 1033 | |
| sandy shale | 1052 | |
| Sandy Shale | 1095 | |
| increase sand | 1109 | |
| increase sand | 1112 | |
| increase sand | 1117 | |
| increase sand | 1127 | |
| riverton coal | 1132 | |
| mississippi | 1159 | |
| T D | 1162 | |

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
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

January 28, 2013

Donald Missey
Wilson County Holdings LLC
111 CONGRESS AVE, STE 400
AUSTIN, TX 78701

Re: ACO1
API 15-205-28036-00-00
Morris 1S
SE/4 Sec.13-29S-14E
Wilson 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,
Donald Missey



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 37904
LOCATION Exera
FOREMAN Rick Ledford

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-487-8676

FIELD TICKET & TREATMENT REPORT

CEMENT

API # 15-205-28036

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|-----------------|------------|--------------------|---------|----------|---------|--------|
| 9-5-12 | 8926 | Morris 13 | 13 | 293 | 14E | Wilson |
| CUSTOMER | | | TRUCK # | DRIVER | TRUCK # | DRIVER |
| Mailing Address | | | 520 | John | | |
| CITY | | | 515 | Calin | | |
| STATE | | | | | | |
| ZIP CODE | | | | | | |

JOB TYPE P.T.A Core HOLE SIZE 6 3/4" HOLE DEPTH 1155' CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 3/8" OTHER _____
 SLURRY WEIGHT 14" SLURRY VOL _____ WATER gal/sk 7.0 CEMENT LEFT IN CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting. Ran 2 3/8" tubing to 1150'. Mixed 80 sacks 60/40 Permian cement w/ 4% gel @ 14"/gal. pull up to 1065'. Mixed 125 sacks 60/40 Permian cement w/ 4% gel @ 14"/gal. pull tubing out. topped well off. Job complete. Rig down.

Thank You

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|------------------------------------|-----------------|---------|
| 5405N | 1 | PUMP CHARGE | 1030.00 | 1030.00 |
| 5406 | 40 | MILEAGE | 4.00 | 160.00 |
| 1131 | 205 sacks | 60/40 Permian cement | 12.55 | 2572.75 |
| 1138 | 705 gal | 4% gel | .21 | 148.05 |
| 5407A | 8.82 | tax mileage bulk truck | 1.34 | 472.75 |
| | | | Subtotal | 4383.55 |
| | | | SALES TAX | 171.41 |
| | | | ESTIMATED TOTAL | 4554.96 |

Revin 3737

050193

6.3%

AUTHORIZATION [Signature] TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

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
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

January 31, 2013

Donald Missey
Wilson County Holdings LLC
111 CONGRESS AVE, STE 400
AUSTIN, TX 78701

Re: ACO-1
API 15-205-28036-00-00
Morris 1S
SE/4 Sec.13-29S-14E
Wilson County, Kansas

Dear Donald Missey:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 8/21/2012 and the ACO-1 was received on January 30, 2013 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department