

Kansas Corporation Commission Oil & Gas Conservation Division

1094897

Form ACO-1 June 2009 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:	SecTwpS. R 🔲 East 🗌 West
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: ()	□NE □NW □SE □SW
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
☐ New Well ☐ Re-Entry ☐ Workover	Total Depth: Plug Back Total Depth:
Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	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:
If Workover/Re-entry: Old Well Info as follows:	feet depth to:w/sx cmt.
Operator:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Conv. to GSW	Chloride content: ppm Fluid volume: bbls Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	Quarter Sec Twp S. R
☐ ENHR Permit #: ☐ GSW Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or Recompletion Date	

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:

Side Two



Operator Name:				Lease I	Name: _			_ Well #:			
Sec Twp	S. R	East	ast West County:								
INSTRUCTIONS: Shitime tool open and clorecovery, and flow rate line Logs surveyed. A	sed, flowing and shues if gas to surface te	t-in pressures st, along with	s, whether so final chart(s	hut-in pres	sure read	ched static level,	hydrostatic press	sures, bottom h	nole temp	erature, fluid	
Drill Stem Tests Taken Yes No (Attach Additional Sheets)					og Formatio	Formation (Top), Depth and Datum			Sample		
Samples Sent to Geol	ogical Survey	Yes	No		Nam	е	Тор			Datum	
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy		Yes Yes Yes	No No No								
List All E. Logs Run:											
		Report a		RECORD	Ne	w Used	ion, etc.				
Purpose of String	Size Hole Drilled		Size Casing Set (In O.D.)		ght / Ft.	Setting Depth	Type of Cement	# Sacks Used		and Percent additives	
			ADDITIONAL	CEMENTII	NG / SQL	 EEZE RECORD					
Purpose:					# Sacks Used Type and Percent Additives						
Perforate Protect Casing	Top Bottom	71	71			~					
Plug Back TD Plug Off Zone											
Flug On Zone											
	PERFORATI	ON RECORD :	- Bridge Plug	s Set/Type		Acid, Fra	cture, Shot, Cemen	t Saueeze Recor	d		
Shots Per Foot	Shots Per Foot PERFORATION RECORD - Bridge Plugs Specify Footage of Each Interval Perfor			forated			mount and Kind of Ma			Depth	
TUBING RECORD:	Size:	Set At:		Packer A	t:	Liner Run:	Yes No				
Date of First, Resumed	Production, SWD or EN	_	roducing Meth	nod:	ıg 🗌	Gas Lift C	Other (Explain)				
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er B	bls.	Gas-Oil Ratio		Gravity	
DISPOSITIO	ON OF GAS:		ħ.	METHOD OF	COMPLE	TION:		PRODUCTION	ON INTER	VAL:	
Vented Sold		Оре	n Hole	Perf.	Dually	Comp. Cor	nmingled				
(If vented, Sub			or (Specify)		(Submit A	ACO-5) (Sub	mit ACO-4)				

Form	CO1 - Well Completion				
Operator	Wilson County Holdings LLC				
Well Name	Morris 1				
Doc ID	1094897				

Tops

Name	Тор	Datum
Gas Sand	235	
Coal	270	
KC Limestone	354	
Sandy Lime	470	
Coal	480	
Limestone	525	
Weiser Sand	655	
Sandy Shale	720	
Oswego Lime	830	
Mulkey Coal	868	
Sandy Odor	1022	
Sandy Shale	1052	
Sandy Shales Sand	1100	
Riverton Coal	1132	
Mississippi	1159	



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

Sam Brownback, Governor

Mark Sievers, Chairman Thomas E. Wright, Commissioner Shari Feist Albrecht, Commissioner December 04, 2012

WILSON COUNTY HOLDINGS LLC 111 CONGRESS AVE, STE 400 AUSTIN, TX 78701

FINAL NOTICE OF VIOLATION

RE: API Well No. 15-205-28009-00-00 MORRIS 1 SWNESESE, 13-29S-14E WILSON County, Kansas

Dear Operator:

Technical review of the above referenced well shows that the well information is incomplete. The following documentation has not been received, and a first letter notice was sent to you on September 27, 2012. To date, we have not received the following information:

X All drilling and completion information. No ACO-1 has been received as of this date. Must be notarized and signed. Must have the ORIGINAL HARD COPY of ACO-1. We do not accept fax copies. Must be put on new form and typed. API # or date when original well was first drilled. Contractor License #. Designate type of Well Completion. If Workover/Re-entry, need old well information, including original completion date. Spud date. (Month, Day, Year) Other:	TD and Completion date. (Month, Day, Year) Must have Footages from nearest outside corner of section. Side two on back of ACO-1 must be filled out. Must have final copies of DST's/Charts. All original complete open and cased hole wireline logs run. A copy of geological reports compiled by wellsite geologist. A copy of all cement job logs showing type, amounts and additives used to cement casing strings, squeeze and/or to plug and abandon. (Note: Cement tickets must be from company providing the cement, not necessarily the contractor.) Any commingling information; File on the ACO-4 form. Anything HIGHLIGHTED on ACO-1.
v4 :	

This requested information must be submitted for processing as stated under K.A.R. 82-3-107(d), and K.A.R. 82-3-130 of the General Rules and Regulations for the State of Kansas. Failure to submit the requested information by December 18, 2012, shall be punishable by a \$500.00 per well administrative penalty. PLEASE RETURN THIS FORM AND ANY ENCLOSURES WITH YOUR REPLY.

Please contact me at (316) 337-6200 if you have any questions.

Sincerely,

DEANNA GARRISON

Production Department





LOCATION FUCKS

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8876

FIELD TICKET & TREATMENT REPORT

520-431-9210	or 800-467-867			CEME	TV	API NA		
DATE	CUSTOMER#		NAME & NU		SECTION	TOWNSHIP	RANGE	COUNT
5-15-12	8926	Moccis LA	ese Cr	K WEI	/3	295	146	Wilson
CUSTOMER					1.011.2014			
ALLING ADDR	11SON COUNT	y Holding	111		TRUCK#	DRIVER	TRUCK#	DRIVER
					445	Devs		
ITY ///	Congress A	STATE	710 0001		late?	Chris 6.		
			ZIP CODE					
Austi	Δ		28701					
	TA O	HOLE SIZE		_ HOLE DEPT	H //65'	CASING SIZE	& WEIGHT_	
SING DEPTH	gramman A. Service - Market Andrews and Company	DRILL PIPE	The commence of the commence o	TUBING/_	<i>,</i>		OTHER	
	IT_//#			WATER gal/	sk_ 2 *	CEMENT LEFT	in CASING //	6.5
SPLACEMENT		DISPLACEMENT	PSI	MIX PSI		RATE		
EMARKS: ム	afor madin	10- Rix w 7	6 11/42	no Rens	circulation	1 fact	inte Mixe	1 (25
SKS 40	Ina Pazmin	comet w/	490 06	P 144	200 0.11 1'	and don't	10.107. 17.14	T. L.
carolet.	Rig dom.		10 50		Sar Pull !	OUT, topped	well att.	طول

		-				Park Commence of the Commence		
		***************************************	· 72	AK You"				***
***************************************				ar in	······································			
ACCOUNT	QUANITY	DE LINITS					<u> </u>	1
CODE		JI ONIIS	וט	ESCRIPTION O	SERVICES or PR	ODUCT	UNIT PRICE	TOTAL
SYDSA		P	UMP CHAR	3E			695.00	695.00
406	40	M	IILEAGE				4.00	160.00

1131	100	5x3 6	e0/40 P	anix ceme	t		12.55	1255.00
1188	345	* 4	120 911			the second secon	.21	
							 '4	72.45
5407	4.3	1	00 11-	ise bux 1	L		1.	2
	***************************************		un zoue	SE DIAK T	7/-		mle	350.00
			**************************************				···	
				····				-
					***************************************	COLD TO SERVE THE SERVE TH		
	· · · · · · · · · · · · · · · · · · ·						-	
——————————————————————————————————————							-	***************************************
			The state of the s	Marie Hardware Processor Co. Contract Co. Company	***************************************			
								
							Subtate!	2532.4
1		1				136		
			***************************************			6.32	SALES TAX	KS / 2
1/37	BR		***************************************	649 N	63	6.2	SALES TAX ESTIMATED	83.43 2616.0

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.