

1094897

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 <div style="display: flex; justify-content: space-between;"> Name Top Datum </div>
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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
____ Perforate				
____ Protect Casing				
____ Plug Back TD				
____ 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: <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 <i>(Explain)</i> _____		
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. <i>(Submit ACO-5)</i> <input type="checkbox"/> Commingled <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Wilson County Holdings LLC
Well Name	Morris 1
Doc ID	1094897

Tops

Name	Top	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	

AD ASTRA PER ASPERA
Kansas
Corporation Commission

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

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 I
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:

- | | |
|--|---|
| <input checked="" type="checkbox"/> All drilling and completion information. No ACO-1 has been received as of this date. | <input type="checkbox"/> TD and Completion date. (Month, Day, Year) |
| <input type="checkbox"/> Must be notarized and signed. | <input type="checkbox"/> Must have Footages from nearest outside corner of section. |
| <input type="checkbox"/> Must have the ORIGINAL HARD COPY of ACO-1. | <input type="checkbox"/> Side two on back of ACO-1 must be filled out. |
| <input type="checkbox"/> We do not accept fax copies. | <input type="checkbox"/> Must have final copies of DST's/Charts. |
| <input type="checkbox"/> Must be put on new form and typed. | <input type="checkbox"/> All original complete open and cased hole wireline logs run. |
| <input type="checkbox"/> API # or date when original well was first drilled. | <input type="checkbox"/> A copy of geological reports compiled by wellsite geologist. |
| <input type="checkbox"/> Contractor License #. | <input type="checkbox"/> 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.) |
| <input type="checkbox"/> Designate type of Well Completion. | <input type="checkbox"/> Any commingling information; File on the ACO-4 form. |
| <input type="checkbox"/> If Workover/Re-entry, need old well information, including original completion date. | <input type="checkbox"/> Anything HIGHLIGHTED on ACO-1. |
| <input type="checkbox"/> Spud date. (Month, Day, Year) | |
| <input type="checkbox"/> Other: | |

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

DEANNA GARRISON

Production Department



ENTERED

TICKET NUMBER 34608

LOCATION Guinea

FOREMAN Rick Ledford

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT *APT*

API = NA

DATE	CUSTOMER #	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
5-15-12	8926	Morris Lease Core well		13	29S	14E	Wilson
CUSTOMER Wilson County Holding LLC							
MAILING ADDRESS 111 Congress Ave Ste 440							
CITY Austin	STATE Tx	ZIP CODE 78701		TRUCK # 445	DRIVER Dave	TRUCK # 6607	DRIVER Chris B.

JOB TYPE <u>P.T.A</u> <u>0</u>	HOLE SIZE _____	HOLE DEPTH <u>1165'</u>	CASING SIZE & WEIGHT _____
CASING DEPTH _____	DRILL PIPE _____	TUBING <u>1"</u>	OTHER _____
SLURRY WEIGHT <u>11"</u>	SLURRY VOL _____	WATER gal/sk <u>20</u>	CEMENT LEFT in CASING <u>1165'</u>
DISPLACEMENT _____	DISPLACEMENT PSI _____	MIX PSI _____	RATE _____

REMARKS: Safety meeting- Rig up to 1" tubing Break circulation w/ fresh water. Mixed 100 SKS 60/90 Permix cement w/ 4% sel @ 14#/gal. Pull 1" out, topped well off. Job complete. Rig down.

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405A	1	PUMP CHARGE	695.00	695.00
5406	40	MILEAGE	4.00	160.00
1131	100 SK#	600/40 Premix cement	12.55	1255.00
118B	345 #	4% gal	.21	72.45
5407	4.3	ten mileage busk tax	m/c	350.00
			Subtotal	2532.45
			SALES TAX	83.63
			ESTIMATED TOTAL	2616.08

6.3%

RR

049823

Revint 3/737

AUTHORIZATION

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.