Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

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: sx cmt
Operator:	
Well Name:	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 Plug Back: Plug Back Total Depth Commingled Permit #: Dual Completion Permit #: SWD Permit #:	Chloride content: ppm Fluid volume: bbls Dewatering method used: Location of fluid disposal if hauled offsite: Operator Name: License #: Quarter Sec Twp S. R East West
ENHR Permit #:	County: Permit #:
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date 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 Approved by: Date:			

Operator Name:			Lease	Name:			Well #:	
Sec Twp	S. R	East West	County	y:				
INSTRUCTIONS: Sh time tool open and clorecovery, and flow rate line Logs surveyed. A	osed, flowing and shu es if gas to surface te	t-in pressures, whethe st, along with final cha	er shut-in pres	ssure read	thed static level,	hydrostatic press	sures, bottom h	ole temperature, fluid
Drill Stem Tests Taken (Attach Additional S		Yes No		Lc	og Formation	n (Top), Depth an	d Datum	Sample
Samples Sent to Geol	logical Survey	Yes No		Name	Э		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy		Yes No Yes No Yes No						
List All E. Logs Run:								
		CASII Report all strings s	NG RECORD	☐ Ne		on etc		
Purpose of String	Size Hole	Size Casing	We	ight	Setting	Type of	# Sacks	Type and Percent
	Drilled	Set (In O.D.)	LDS.	/ Ft.	Depth	Cement	Used	Additives
		ADDITION	NAL CEMENT	ING / SQU	EEZE RECORD			
Purpose: Depth Type of Cement Top Bottom Type of Cement		# Sack	# Sacks Used Type and Percent Additives					
Protect Casing Plug Back TD								
Plug Off Zone								
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated				cture, Shot, Cement nount and Kind of Ma		Depth	
TUBING RECORD:	Size:	Set At:	Packer A	At:	Liner Run:	Yes No		
Date of First, Resumed	Production, SWD or EN	HR. Producing N		ng	Gas Lift C	other (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls. Gas	Mcf	Wate	er Bl	ols. (Gas-Oil Ratio	Gravity
DISPOSITIO	ON OF GAS:		METHOD O	F COMPLE	TION:		PRODUCTIO	ON INTERVAL:
Vented Sold	Used on Lease	Open Hole	Perf.	Dually		nmingled		
(If vented, Sul	bmit ACO-18.)	Other (Specify))	(Submit A	(Subi	mit ACO-4)		

Form	ACO1 - Well Completion
Operator	Palomino Petroleum, Inc.
Well Name	Shanline Trusts 1
Doc ID	1095793

Tops

Name	Тор	Datum
Anhy.	1995	+ 600
Base Anhy.	2030	+ 565
Heebner	3745	-1150
Lansing	3781	-1186
ВКС	4107	-1512
Marmaton	4137	-1542
Pawnee	4202	-1607
Ft. Scott	4284	-1689
Cherokee Sh.	4311	-1716
Miss.	4385	-1790
LTD	4449	-1854

Summary of Changes

Lease Name and Number: Shanline Trusts 1

API/Permit #: 15-101-22389-00-00

Doc ID: 1095793

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	10/01/2012	10/03/2012
Producing Formation	LKC, Marmaton, Mississippian	None
Purchaser's Name		None
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=10 93878	//kcc/detail/operatorE ditDetail.cfm?docID=10 95793