

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1097803

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 #	API No. 15						
Name:	Spot Description:						
Address 1:	SecTwpS. R						
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 #	GPS Location: Lat:, Long:						
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxxx)						
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84						
Purchaser:	County:						
Designate Type of Completion:	Lease Name: Well #:						
New Well Re-Entry Workover	Field Name:						
☐ Oil ☐ WSW ☐ 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: ☐ WSW	Producing Formation: Kelly Bushing: Total Vertical Depth: Plug Back Total Depth: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet If Alternate II completion, cement circulated from: sx cmt						
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Plug Back Conv. to GSW Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)						
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls Dewatering method used: Location of fluid disposal if hauled offsite: Operator Name:						
GSW Permit #:	Lease Name: License #:						
Spud Date or Date Reached TD Completion Date or Recompletion Date	QuarterSec. TwpS. 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:	

Page Two



Operator Name:				_ Lease I	Name: _			Well #:	
Sec Twp	S. R	East	West	County	:				
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in press o surface test, along v	ures, whe	ther shut-in pre chart(s). Attach	ssure reac extra shee	hed stati	c level, hydrosta space is neede	tic pressures, b	ottom hole temp	erature, fluid recov
Final Radioactivity Lo files must be submitted						ogs must be ema	liled to kcc-well-	logs@kcc.ks.go	v. Digital electronic
Drill Stem Tests Taker (Attach Additional		Y	es No			J	on (Top), Depth		Sample
Samples Sent to Geo	logical Survey	Y	es No		Nam	е		Тор	Datum
Cores Taken Electric Log Run			es No						
List All E. Logs Run:									
				RECORD	Ne				
	0: 11.1					ermediate, product		" 0 1	T 15
Purpose of String	Size Hole Drilled		ze Casing t (In O.D.)	Weig Lbs.		Setting Depth	Type of Cement	# Sacks Used	Type and Percer Additives
			ADDITIONAL	CEMENTI	NG / SQL	JEEZE RECORD			
Purpose:	Depth Top Bottom	Туре	of Cement	# Sacks	Used		Type and	Percent Additives	
Perforate Protect Casing	Top Dottom								
Plug Back TD Plug Off Zone									
1 lug 0 li 20 lio									
Did you perform a hydrau	ulic fracturing treatment	on this well	?			Yes	No (If No, s	skip questions 2 a	nd 3)
Does the volume of the t			-		-		_ ` `	skip question 3)	
Was the hydraulic fractur	ing treatment informatio	n submitted	to the chemical of	disclosure re	gistry?	Yes	No (If No, 1	ill out Page Three	of the ACO-1)
Shots Per Foot			RD - Bridge Plug Each Interval Perl				cture, Shot, Ceme	nt Squeeze Recor	rd Depth
						(* *			200
TUBING RECORD:	Size:	Set At:		Packer A	t·	Liner Run:			
		0017111				[Yes N	o	
Date of First, Resumed	Production, SWD or EN	HR.	Producing Meth	nod:	g 🗌	Gas Lift (Other (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wat	er B	bls.	Gas-Oil Ratio	Gravity
DIODOCITI	01.05.040			4ETUOD 05	. 00145/	TION:		DDOD! ICT!	
DISPOSITION Solo	ON OF GAS: Used on Lease		N Open Hole	∥ETHOD OF Perf.			nmingled	PRODUCTION	ON INTERVAL:
	bmit ACO-18.)		Other (Specify)		(Submit		mit ACO-4)		



251198

LOCATION Barres : 16.016

FOREMAN Change william

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

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER#	WEL	NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
7-11-12	7698	fresk	2-440h					Sumney Ks	
USTOMER		M. Kusk	18-31	MS-R	20 mm			10 Sept. 10	
	source t	msy		-	TRUCK#	DRIVER	TRUCK#	DRIVER	
AILING ADDRE	:88				14-1-133				
		r	·	\	18	Bryan L.			
TY		STATE	ZIP CODE						
							<u> </u>		
		HOLE SIZE_\	3 / HOLE	DEPTH	<u> </u>	CASING SIZE & V	VEIGHT 10 2/4	40,5#	
ASING DEPTH	313	DRILL PIPE	TUBIN	NG			OTHER		
	1714.S	SLURRY VOL_	41BB1 WATE	ER gal/sk	5.9	CEMENT LEFT in		/	
SPLACEMENT	r_ 27	DISPLACEMEN	TPS 2504 MIXP	rsi1 <u>0</u> c	H	RATE 4	Bem		
MARKS: A	100 001	ec Ris	Plus	· 100 ~ ~ ~	bas of	Renthol	es, 50	s Ks.	
Mary So	wer to	0 , 0	ump 10 BB	1 4	O Ahen	2. follow	es by 4	1881	
<u> </u>	() LU C #	10-15	hut Down/	10000	Div. D	Solace	27 BB	<u> </u>	
51 4 /	un /Shu	1921	\(\alpha\)	·	7				
2 h w 1 U w	cort / JAC								
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			·····						
ACCOUNT	 					ODUOT	ANUT DRICE	TOTAL	
CODE	QUANITY	or UNITS	DESCRIP	TION of SE	RVICES or PR	00001	UNIT PRICE	101AL	
5401	1		PUMP CHARGE				Transie	and a second a second	
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	~~ 1	د م					TOTAL	*	
UTUODITION	me	6-1	/ тіты	F	<i></i>		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/

Sam Brownback, Governor

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

October 30, 2012

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

Re: ACO1 API 15-191-22647-00-00 M. Rusk 18-31 DU NE/4 Sec.18-33S-01E 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

CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	SOURCE ENERGY	State, County	Sumner , Kansas	Cement Type	<u> </u>
Customer Acct#	INTERMEDIATE	Section			CLASS A
Well No.	MACHINEDIATE		18	Excess (%)	0
Mailing Address	<u> </u>	TWP	31	Density	1.37
	M RUSK 18-31	RGE	1E	Water Required	5.68
City & State	00	Formation	0	Yeild	15
Zip Code	0	Hole Size	9.875	Slumy Weight	1,3
Contact	0	Hole Depth	4340	Slurry Volume	0
mail	0	Casing Size	7.625	Displacement	<u>U</u>
Cell	0	Casing Depth	4340	Displacement PSI	202
Office	0	Drill Pipe	APPROX 1000'COV	MIX PSI	1000
Dispatch Location	BARTLESVILLE	Tubing	SJ42	Rate	100
REMARKS		1,, 18	V342	Lyare	15

REMARKS
ARRIVE ON LOC AT 3PM, CASING CREW FINISH RUNNING PIPE. RIG UP. SAFTEY MTG. EST CIRC WITH 10BBLS H20, 10BBLS MUD
FLUSH,10BBLS H20. START CMT 200SX CLASS A CMT WITH 2%GEL, 6# KOL, 5.42#SALT, .40 PHENO.RAN AT 15PPG, YIELD 1.37,
5.8 WATER, MAKING 48BBLS SLURRY (ACTUAL RAN 56). WASH OUT PUMP AND LINES AND RELEASE PLUG PROVIDED BY SOURCE.
DISP 202.73 BBLS ADDING 25#'S SUGAR IN FIRST 10BBLS AND 7GALS CLOROX (PROVIDED BY SOURCE) THROUGH OUT DISPL.
LANDED AT 2000# AT APPROX 6:15PM. FLOAT HELD, WASH UP RIG DOWN.
THANK YOU

