Confidentiality Requested: Yes No

KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

1104227

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

Name: Address 1:	OPERATOR: License #		API No. 15
Address 2:	Name:		Spot Description:
City:	Address 1:		
Contact Person:	Address 2:		Feet from North / South Line of Section
Phone:	City: State:	Zip:+	Feet from East / West Line of Section
CONTRACTOR: License # Name:	Contact Person:		Footages Calculated from Nearest Outside Section Corner:
Name:	Phone: ()		
Name:	CONTRACTOR: License #		GPS Location: Lat:, Long:,
Wellsite Geologist:	Name:		
Purchaser:	Wellsite Geologist:		
Designate Type of Completion:	Purchaser:		
New Well Re-Entry Workover Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. Elevation: Ground: Kelly Bushing: Cathodic Other (Core, Expl., etc.): Multiple Stage Cementing Collar Used? Yes No If Workover/Re-entry: Old Well Info as follows: If yes, show depth set: Feet Operator: Well Name: Original Total Depth: Feet If Beepening Re-perf. Conv. to ENHR Conv. to SWD Deepening Re-perf. Conv. to GSW Conv. to Producer Dual Completion Permit #: Location of fluid disposal if hauled offsite: Operator Mult Depening method used: Location of fluid disposal if hauled offsite: Operator Name: Lease Name: License #: Lease Name: Spud Date or Date Reached TD Completion Date or Twp	Designate Type of Completion:		
Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Temp. Abd. CAthodic Other (Core, Expl., etc.):	New Well Re-Entr	ry 🗌 Workover	
Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Temp. Abd. Cathodic Other (Core, Expl., etc.): Cathodic Other (Core, Expl., etc.): Multiple Stage Cementing Collar Used? Yes No If Workover/Re-entry: Old Well Info as follows: Operator: Well Name: Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to GSW Conv. to BNHR Dual Completion Permit #: Dual Completion Permit #: SWD Permit #: SWD Permit #: GSW Permit #: Chioride content: ppm Fluid volume: SWD Permit #: Cation of fluid disposal if hauled offsite: Operator Name: Lease Name: Lease Name: License #: Quarter Sec. Spud Date or Date Reached TD			Producing Formation:
OG GSW Temp. Abd. CM (Coal Bed Methane) Total Vertical Depth: Plug Back Total Depth: Cathodic Other (Core, Expl., etc.): If Workover/Re-entry: Old Well Info as follows: If yes, show depth set: Operator: Original Total Depth: Well Name: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Plug Back Conv. to GSW Dual Completion Permit #: SWD Permit #: CSW Permit #: OgsW Permit #: Operator Name: Convot of Fluid disposal if hauled offsite: Operator Name: Completion Date or			Elevation: Ground: Kelly Bushing:
CM (Coal Bed Methane) Amount of Surface Pipe Set and Cemented at: Feet Cathodic Other (Core, Expl., etc.): Multiple Stage Cementing Collar Used? Yes No If Workover/Re-entry: Old Well Info as follows: If yes, show depth set: Feet Operator:			Total Vertical Depth: Plug Back Total Depth:
Cathodic Other (Core, Expl., etc.): Multiple Stage Cementing Collar Used? Yes No If Workover/Re-entry: Old Well Info as follows: If yes, show depth set: Feet Operator:			Amount of Surface Pipe Set and Cemented at: Feet
If Workover/Re-entry: Old Well Info as follows: If yes, show depth set: Feet Operator:		nl etc.):	
Operator:			
Well Name:			
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Plug Back Conv. to GSW Conv. to Producer Commingled Permit #: Chloride content: ppm Dual Completion Permit #: Devermit #: Devetering method used: Devetering method used: SWD Permit #: Doperator Name: Devetering method used: Devetering method used: GSW Permit #: Completion of fluid disposal if hauled offsite: Operator Name: Devetering method used: Spud Date or Date Reached TD Completion Date or Completion Date or Sec. Twp. S. R. East West	•		
Deepening Re-perf. Conv. to ENHR Conv. to SWD Plug Back Conv. to GSW Conv. to Producer (Data must be collected from the Reserve Pit) Commingled Permit #:			teet depth to: w/ sx cmt.
Plug Back Conv. to GSW Conv. to Producer (Data must be collected from the Reserve Pit) Commingled Permit #:	Original Comp. Date:	Original Total Depth:	
Commingled Permit #: Dual Completion Permit #: SWD Permit #: ENHR Permit #: GSW Permit #: Operator Name: Lease Name: Lease Name: License #: Quarter Sec TwpS. R East	Deepening Re-perf.	Conv. to ENHR Conv. to SWD	
Commingled Permit #: Dual Completion Permit #: SWD Permit #: ENHR Permit #: GSW Permit #: Operator Name: Lease Name: Lease Name: License #: Quarter Sec TwpS. R	Plug Back	Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
Dual Completion Permit #: SWD Permit #: ENHR Permit #: GSW Permit #: Operator Name: Lease Name: Lease Name: License #: Oput Date or Date Reached TD Completion Date or		semit #-	Chloride content: ppm Fluid volume: bbls
SWD Permit #: Location of fluid disposal if hauled offsite: ENHR Permit #: Operator Name: GSW Permit #: Date or Date Reached TD Completion Date or			Dewatering method used:
ENHR Permit #: Operator Name: GSW Permit #: Completion Date or Spud Date or Date Reached TD Completion Date or			Location of fluid disposal if hauled offsite:
GSW Permit #: Operator Name:			
Spud Date or Date Reached TD Completion Date or Lease Name: License #: Quarter Sec. Twp. Spid Date or Completion Date or			Operator Name:
Spud Date or Date Reached TD Completion Date or			Lease Name: License #:
	Spud Data or Data Pasaba	dTD Completion Date or	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
Confidentiality Requested
Date:
Confidential Release Date:
Wireline Log Received
Geologist Report Received
UIC Distribution
ALT I II III Approved by: Date:

	Page Two	1104227
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East West	County:	

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken (Attach Additional Sheets)		Yes No		.og Formatic	tion (Top), Depth and Datum		Sample	
Samples Sent to Geolog	gical Survey	Yes No	Nam	e		Тор	Datum	
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No						
List All E. Logs Run:								
			RECORD Ne					
		Report all strings set-c	conductor, surface, inte	face, 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: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and Pe	ercent Additives		
Protect Casing								
Plug Off Zone								

Did you perform a hydraulic fracturing treatment on this well?	Yes
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Yes
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Yes

(If No, skip questions 2 and 3) (If No, skip question 3)

No

No No

No

(If No, fill out Page Three of the ACO-1)

Shots Per Foot		PERFORATION Specify Foo	RECOF tage of	RD - Bridge F Each Interval	Plugs Set/Typ Perforated	e	A		ement Squeeze Record d of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:		Packer	At:	Liner Ru	in: Yes	No	
Date of First, Resumed	l Producti	on, SWD or ENHR		Producing N	/lethod:	ping	Gas Lift	Other <i>(Explain)</i>		
Estimated Production Per 24 Hours		Oil Bbls	6.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
									1	
DISPOSITI	ON OF G	AS:			METHOD		TION:	_	PRODUCTION INT	ERVAL:
Vented Solo	J 🗌 t	Jsed on Lease		Open Hole	Perf.	Dually		Commingled		
(If vented, Su	bmit ACO	-18.)		Other (Specify))	(Submit)	,	(Submit ACO-4)		

	-
ph.	G
	C

DATE

MAILING ADDRESS

11-27-12 CUSTOMER

5ºdor

CIT

ONSOLIDATED

Dil Well Services, LLC

TICKET NUMBER LOCATION Eureko

38283

(0)

COUNTY

DRIVER

FOREMAN STRUCK MCG

A supplier

- Alle

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

Jack

FIELD TICKET & TREATMENT REPORT

or 800-467-8676	67-8676 CEMENT API 15-019-27264						
CUSTOMER #	WELL NAME & NUMBER	h	SECTION	TOWNSHIP	RANGE		
s and support	Butcher #4	ie -	1 250 01 0	335	JOENI 2010		
de to guarantee	furnished by others, COWS is unal	19					
Fack Hori	of any chart interpretative	TO	TRUCK #	DRIVER	TRUCK #		
SS O vd boden	recontinendation or other data fun	SF	485	Alonm	n rate allowed		
× 97	personnet with use their acs	b	667	Chrisb			
enotivic respond	STATE ZIP CODE	E.	452/7103	·Jim 2110) ye harmesti es		
Fack Heriensen 2000 and the set of the set o			inse occupatio	ite on issent sale	ble federat su		

	2001	112 0.20	· · · · · · · · · · · · · · · · · · ·	
	JOB TYPE Long String 6	HOLE SIZE 6 314	HOLE DEPTH 1277	CASING SIZE & WEIGHT 4/2 9.5
	CASING DEPTH	DRILL PIPE	TUBING	OTHER
	SLURRY WEIGHT	SLURRY VOL		_ CEMENT LEFT in CASING
	DISPLACEMENT 2012	DISPLACEMENT PSI 600	MIXPSI plug 1/00 th	RATE
	REMARKS: Safry meetin	y. Rig up To 4	2 cosing. Break	Circulation W/SphleFresh.
1				or spaceF, MAIN 140 Sts
				Elsk. Washour pumpt
	Lines. Shui down	Release plug.	Displace W/	20/2 bbls Fresh Ligter,
2	Final pumping P	ressure 6007	Bump plug :	To 1100th Wolt 2min
	Release prossure	Plupheld.	Job Comple	T Big down. 10+100 ble voor
	Good coment Return	To Sufface 10	bhl JU Pij	responsible representative of the challenge and
				- specify depths, prossures, or material-funed 'fi

Thank Yoik

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5461	a of whith of otherwise, a	PUMP CHARGE	103000	1030.00
5406	50	MILEAGE	4.00	200.00
n to COWS	interfals or services or their retur	anage and surface damage arising a products, supplies,	o sub-surface o	oot limited
1126	140sks	Thick Spicement	19.20	2688.00
1110A	7605	Holl 'soal 5 # perisk	.46	322.00
1107A	1405	Pheno seal At periski	1.29	180.60
		or property damage resulting from	loss or damage	noviasai (1)
1118B	400±	Gel Flush flow a tobas lieve and to lottico	121	84.00
1105	45 [±]	Hulls Footer to source a non grister 3	. 44	19.80
		njury to or death of persons, other	y COWS; (3)	performed b
3H07	7.7 Jone	Jonmileage Bulk Truck.	1.34	515.90
a an	and the second sec	ause, growing out of or in any way	inespective of	whatsoever,
53016	4hrs .	Water Transport	112.00	4141 8.00
1123	5000 gallons	City Water Louison nonsolation dennes	16.50/1000	82.50
		m wells with less of circulation,	tement plugs	coment or
44041	1	41 1/2 Top Rubber Pluy	45.00	45.00
		nding deby-training of communication	oni milo mom	<u>cement or o</u>
		Total 5899.82 and to another entropy and	SubToTal	3613.80
D. 1.0707	5% Dis 10	unt - 794.99 8.3%	SALES TAX	284.02
Ravin 3737	, 7.M	(3604.83)	ESTIMATED TOTAL	5899.82
AUTHORIZTION	~ marti	m TITLE	DATE	minered by the second

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

December 10, 2012

Jack Horton Horton, Jack PO BOX 97 SEDAN, KS 67361-0097

Re: ACO1 API 15-019-27264-00-00 Butcher 4 SE/4 Sec.25-33S-10E Chautauqua 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, Jack Horton