Confidentiality Requested: Yes No

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

1104437

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:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	
Wellsite Geologist:	
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
	Elevation: Ground: Kelly Bushing:
	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite
ENHR Permit #:	
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West
Recompletion Date Recompletion Date	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 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 She	eets)	Yes No		Log	g Formatio	n (Top), Depth and	d Datum	Sample
Samples Sent to Geolog	jical Survey	Yes No		Name			Тор	Datum
Cores Taken Electric Log Run		Yes No						
List All E. Logs Run:								
		CASING Report all strings set-c	RECORD	New New New New	Used nediate, production	on, 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	/ SQUEI	EZE RECORD	·	· · · · · ·	
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Use	ed		Type and Pe	ercent Additives	
Protect Casing								
Plug Off Zone								
	free studies tree strees to	an this well?					a guartiana () an	<i></i>

Yes

Yes

Yes

No

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

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

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

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Ecotage of Each Interval Perforated						A	Dopth		
		Opecity For	hage of		u			(Amount and Nind	on material Oseo)	Deptil
TUBING RECORD:	Siz	ze:	Set At:	Pa	icker At:		Liner Ru	in:	No	
Date of First, Resumed	Producti	on, SWD or ENHF	} .	Producing Method:	Pumping		Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas Mcf		Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISDOSITI		240								2)/41 -
		Jsed on Lease		Open Hole	f. []	Dually	Comp.	Commingled	PRODUCTION INTER	IVAL:
(If vented, Sul	bmit ACO	-18.)		Other (Specify)	(Si	ubmit /	ACO-5)	(Submit ACO-4)		

B	A	6										TRE	ATMEN	T REPORT
Customer	By S	ρ	VIC	es,		ease No	•				Date			
Lease	Alu	Su	20		M	/ell #	2-2	Lesia d				17-7-1	2	
Field Order	# Stat	Ors	#					Casing	c' Dep	9265	County	20	Sector Sector	State
Type Job	5/8 10	- 1 m	Sta			19 19		1.74	Formatio	on Anti-	1.1.4	Legal	Description	- 9
PIF	PE DATA	" }	PER	FORA	TING	DATA		FLUID	USED		Ť	REATMEN	T RESUME	
Casing Size	" Tubing	Size	Shots/F	=t			Acid	00 0	SAL m	In Flu	RATE	PRESS	ISIP	
Depth 426	Depth		From		То		Pre-	Pad K	S A-C	Max	11.2	4	5 Min.	
Volume	Volume		From		То		Pag	SSK	· AA	Min	ente	> 15.2	AL10 Min.	
Max Press	🖌 Max Pre	9 55	From		То		Frac		3 4 4 4	Avg		_ / _ / _	15 Min.	
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Plug Depth	Packer	Depth	Erom	8	To		Fjus	h /	20	Gas Volur	ne		Total Loa	id
Customer Re	presentative	,			1 10	Station	n Mana	ger 14	6		Treat	Hiland		
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10244 NE Hiway 61 • P.O. Box 8613 • Pratt. KS 67124-8613 • (620) 672-1201 • Fax (620) 672-5383

Customer	<u> </u>	CIBB 2		Lease No			C. C		Date				
Lease D		SID	1000 3	Well #	2-	31	- 11 - 11 - 11 - 11 - 11 - 11 - 11 - 1			11.	-29	-12	
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Nell Connecti		/ol. From	То					HHP Used	1	1	A	nnulus Pres	sure
Plugpapth	Packer De	epth From	То		Flush	37	7	Gas Volur	ne		Т	otal Load	
Customer Re	presentative .	John Lo	pelly	Station	n Manag	ler Da	v2Si	++	Treater	3	tere	Orlar	00
Service Units	27283	27463	1982	193	360								
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Tavior Printing, Inc. 620-672-3656

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Scale: 5" / 100' Measured Depth Log

Well Name	Dealy SWD 2-31				
Location	Langdon				
State	Kansas			County	Reno
Country	United States			Rig Number	Duke 20
API Number	15-155-21614				
				Field	Wildcat
				Drilling Completed	12/5/2012
Surface Coordinat	N/2 N/2 NE NE, Sec	ction 3	31. T24S-R9W		
Ground Elevation	1,718			K.B. Elevation	1,730
Logged Interval	3,200	То	4,265	Total Depth	4,265
Formation	Arbuckle				

Operator

Company Dorado E&P Partners, LLC



C FISH

winerais

// ANHYDRITIC

FERRUGINOUS PELLET
 FERRUGINOUS

- SILTY

SILTSTONE STRINGER

Oil Show

- D DEAD
- EVEN
- O QUESTIONABLE
- SPOTTED STAINING

Porosity

- E EARTHY
- FENESTRAL
- F FRACTURE
- × INTERCRYSTALLINE
- INTEROOLITIC

⊅ Moldic O organic P Pinpoint V VUGGY

Engineering

- BIT
 CONNECTION (LEFT)
 CONNECTION (RIGHT)
- CONNECTION GAS
- DST INTERVAL

FAULT

Other Symbols

🔆 GAS SHOW

MINDEPTH MN DEPTH

- NORMAL FAULT
- OVERTURNED STRATA
- 🧷 REVERSE FAULT
- SIDEWALL CORE (LEFT)
- SIDEWALL CORE (RIGHT)
- SLIDE
- TRIP GAS

WIRELINE TESTED - LEFT

Rounding

ANGULAR R ROUNDED

SUBRND

Textures

BS BOUNDSTONE C CHALKY CX CRYPTOXLN

- E EARTHY
- FX FINELYXLN
- LITHOGRAPHIC
- MX MICROXLN
- MS MUDSTONE
- PS PACKSTONE
- WS WACKESTONE

Sorting

M MODERATE P POOR











CHT: wht-opa-lt tn, v hd, sb blky-sb tab-sb flky, crptxln, sli conch frac, prly-wxy lstr, sm-sl rgh txt, non calc, 20% bri yel-wht min flor, 10% slo strmg vio-bl cut flor bcmg whi

200 SH: drk gy, frm, sb plty-sb suc-mod rgh txt, dul rthy



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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

January 15, 2013

TINA MILLER Dorado E&P Partners, LLC 1401 17th ST., STE 1500 DENVER, CO 80202

Re: ACO1 API 15-155-21614-00-00 Dealy SWD 2-31 NE/4 Sec.31-24S-09W Reno 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, TINA MILLER