



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> New Well | <input type="checkbox"/> Re-Entry | <input type="checkbox"/> Workover |
| <input type="checkbox"/> Oil | <input type="checkbox"/> WSW | <input type="checkbox"/> SWD |
| <input type="checkbox"/> Gas | <input type="checkbox"/> D&A | <input type="checkbox"/> ENHR |
| <input type="checkbox"/> OG | <input type="checkbox"/> GSW | <input type="checkbox"/> Temp. Abd. |
| <input type="checkbox"/> CM <i>(Coal Bed Methane)</i> | | |
| <input type="checkbox"/> Cathodic | <input type="checkbox"/> Other <i>(Core, Expl., etc.):</i> _____ | |

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

<input type="checkbox"/> Deepening	<input type="checkbox"/> Re-perf.	<input type="checkbox"/> Conv. to ENHR	<input type="checkbox"/> Conv. to SWD
		<input type="checkbox"/> Conv. to GSW	
<input type="checkbox"/> Plug Back: _____	Plug Back Total Depth _____		
<input type="checkbox"/> Commingled	Permit #: _____		
<input type="checkbox"/> Dual Completion	Permit #: _____		
<input type="checkbox"/> SWD	Permit #: _____		
<input type="checkbox"/> ENHR	Permit #: _____		
<input type="checkbox"/> GSW	Permit #: _____		

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ East West
 _____ Feet from North / South Line of Section
 _____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

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: _____
 feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

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

- | |
|--|
| <input type="checkbox"/> Letter of Confidentiality Received |
| Date: _____ |
| <input type="checkbox"/> Confidential Release Date: _____ |
| <input type="checkbox"/> Wireline Log Received |
| <input type="checkbox"/> Geologist Report Received |
| <input type="checkbox"/> UIC Distribution |
| ALT <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III Approved by: _____ Date: _____ |



1110754

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 Name Top Datum
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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: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Wilson County Holdings LLC
Well Name	Docia Bates 1S
Doc ID	1110754

Tops

Name	Top	Datum
kans city lime	293	
coal streak	398	
sand	411	
water	435	
sandy shale	456	
lime	470	
coal streak	507	
lime streak	555	
altamont lime	589	
weiser sand	605	
sand no odor	650	
coal	705	
pawnee lime	709	
oswego lime	761	
summit few bubbles	782	
mulkey coal	795	
coal	852	
croweburg	867	
black shale	910	
coal	925	
cattleman sand	930	
good lime	930	
sandy shale	936	
blue jacket coal	945	

Form	ACO1 - Well Completion
Operator	Wilson County Holdings LLC
Well Name	Docia Bates 1S
Doc ID	1110754

Tops

Name	Top	Datum
sandy shale	964	
sandy shale	985	
odor	990	
odor	995	
free oil	1000	
free oil	1040	
burgess sand	1043	
oil in tray	1080	
mississippi chat	1084	
mississippi chat	1105	
TD	1112	

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 28, 2013

Donald Missey
Wilson County Holdings LLC
111 CONGRESS AVE, STE 400
AUSTIN, TX 78701

Re: ACO1
API 15-205-28043-00-00
Docia Bates 1S
NE/4 Sec.01-29S-14E
Wilson 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,
Donald Missey



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 35505

LOCATION Eureka, KS

FOREMAN Shannon Feck

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

FIELD TICKET & TREATMENT REPORT

CEMENT 15-205-28043

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-19-12	8926	Dacia Bates 15	1	295	14E	Wilson
CUSTOMER Wilson County Holdings LLC			GOS			
MAILING ADDRESS 111 Congres Ave Ste 400			Jones			
CITY Austin			STATE TX			
			ZIP CODE 78701			
		TRUCK #	DRIVER	TRUCK #	DRIVER	
		445	Dave G			
		479	merle R			

JOB TYPE P.T.A Test Hole HOLE SIZE _____ HOLE DEPTH 1163' CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 3/8" OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Rig up to 2 3/8" Tubing Break circulation wit 5Bbl water + set
Following Plugs

Pump 4 SKS gel - 25 SKS plug @ 1160'
Pump 3 SKS gel - 25 SKS plug @ 585'
250' to surface - 75 SKS & keep hole full

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405A	1	PUMP CHARGE	475.00	475.00
5406	N/C	MILEAGE 2nd well on location	N/C	N/C
1131	125 SKS	60/40 portland cement	12.55	1568.75
1118B	430 #	Gel @ 4%	.21	90.30
1118B	350 #	Gel spacer	.21	73.50
5407	5.375 Tons	Ton mileage bulk Truck	m/c	350.00
			Sub Total	2557.55
			SALES TAX 6.3%	109.15
			ESTIMATED TOTAL	2666.70

Revin 3737

AUTHORIZATION by Don [Signature] TITLE cu/rep 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
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Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

January 31, 2013

Donald Missey
Wilson County Holdings LLC
111 CONGRESS AVE, STE 400
AUSTIN, TX 78701

Re: ACO-1
API 15-205-28043-00-00
Docia Bates 1S
NE/4 Sec.01-29S-14E
Wilson County, Kansas

Dear Donald Missey:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 09/11/2012 and the ACO-1 was received on January 30, 2013 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department