

Kansas Corporation Commission Oil & Gas Conservation Division

1132734

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:	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?					
If Workover/Re-entry: Old Well Info as follows:						
Operator:	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	Chloride content: ppm Fluid volume: bbls Dewatering method used:					
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:					
□ Commingled Permit #:	Operator Name:					
GSW Permit #:	County: Permit #:					
Spud Date or Date Reached TD Completion Date or 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.

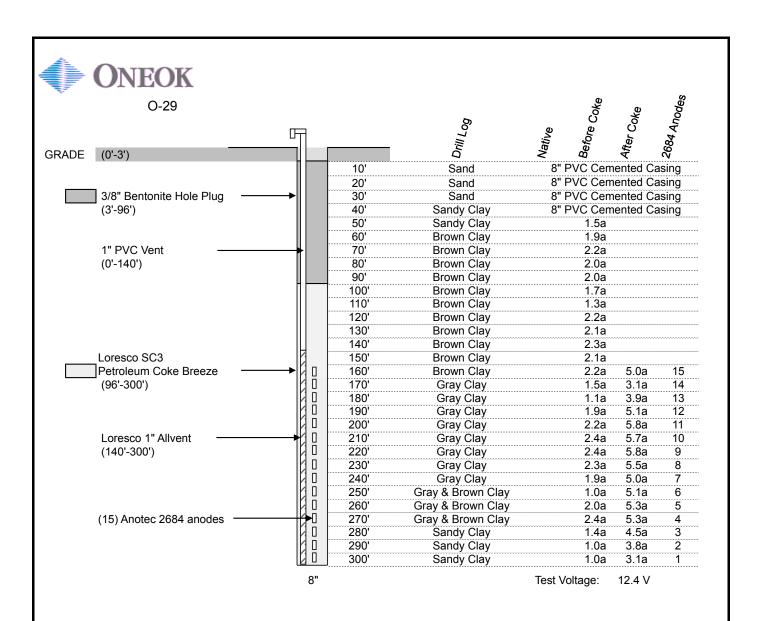
Submitted Electronically

KCC Office Use ONLY								
Letter of Confidentiality Received								
Date:								
Confidential Release Date:								
Wireline Log Received								
Geologist Report Received								
UIC Distribution								
ALT I II III Approved by: Date:								

Side Two

1132734

Operator Name:				_ Lease N	lame:			Well #:		
Sec Twp	S. R	East	West	County:						
INSTRUCTIONS: Sh time tool open and clo recovery, and flow rate line Logs surveyed. A	osed, flowing and shu es if gas to surface te	t-in pressures, st, along with f	whether sh inal chart(s	nut-in press	ure reach	ed static level,	hydrostatic pres	sures, bottom h	ole temp	erature, fluid
Drill Stem Tests Taken (Attach Additional Sheets) Samples Sent to Geological Survey Yes No					Log Formation (nd Datum	Sample	
					Name		Тор			Datum
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Copy	d Electronically	Yes Yes Yes	☐ No ☐ No ☐ No							
List All E. Logs Run:										
		Report all	CASING I		New	Used mediate, producti	on, etc.			
Purpose of String	Size Hole Drilled	Size Hole Size Casing		Weigi Lbs. /	ht	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives	
		AI	DDITIONAL	CEMENTIN	G / SQUE	EZE RECORD				
Purpose: Depth — Perforate Top Botto — Protect Casing Plug Back TD — Plug Off Zone Plug Off Zone		Type of Cement		# Sacks Used		Type and Percent Additives				
Shots Per Foot PERFORATION RECORD - Bridge Plugs Specify Footage of Each Interval Perfo					Set/Type Acid, Fracture, Shot, Crated (Amount and Kin			ement Squeeze Record d of Material Used) Depth		
TUBING RECORD:	Size:	Set At:		Packer At:		Liner Run:				
Date of First, Resumed	Production, SWD or EN		ducing Meth	od:		as Lift C	Yes No	0		
		Mcf				Gas-Oil Ratio Gravity				
DISPOSITION OF GAS:				IETHOD OF	COMPLET	ION:		PRODUCTION INTERVAL:		
Vented Sold	Used on Lease	Open	Hole (Specify)	Perf.	Dually ((Submit AC		nmingled mit ACO-4)			



CATHODIC PROTECTION HOLE COMPLETION DIAGRAM & DRILL LOG



Installed by: Installed for: Oneok NGL Pipeline, L.P.

Pipeline Integrity Resources, Inc.

P.O. Box 6916

Longview, TX 75608

(903) 663-9393 fax (903)-663-9390

Date: 3/12/13

System: KS Gathering

Rectifier: 0-29

Technician: W. Martens

ULYSSES BUILDING SUPPLY 332 SOUTH MAIN ULYSSES, KS 67880 (620) 356-3877 M#000010968349

C O P Y 03/12/2013 11:04:19 Sale:

Transaction # 1
Card Type: MasterCard
Acc: **********8702
Exp. Date: **/**
Entry: Swiped
Batch Number: 26
Amount: 1091.90

Reference No.:

307117400703 Auth.Code: 272930 Response:APPROVAL 272930 Sequence Number: 0132

Transaction ID:

0312MCFJZB7CK

Merchant Number:

000010968349

Terminal ID: 75536953 Terminal Number: 0003

CUSTOMER COPY

Ulysses Building Supply, Inc. 50081767 Salesperson:Patty WS: 21 DRW: 1 03/12/2013 11:48:56 Sold To: CASH SALE ITEM NUMBER PRICE EXTENSION QIY PORT 60.00 12.99 BAG 779.40 94LB. PORTLAND CEMENT QUIK 30.00 5.13 EA 154.04 QUICKRETE CONCRETE MIX 80# 194480 2.00 22.39 EA 44.78 #2 SQ POINT SHOVEL PALLET 2.00 15.00 EA 30.00 REFUNDABLE PALLET SUBTOTAL \$1008.22 Ticket# 50081767 SALES TAX 83.68 pos00252 TOTAL MC KJJJ 1091.90

Tendered:

1091.90