



KANSAS CORPORATION COMMISSION 1136699
OIL & GAS CONSERVATION DIVISION

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 # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD 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: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

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

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



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 |
|---|---|

| 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 |
| <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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 |
|-----------------------------------|-----------|---------|-------------|---------------|---------|

| | | |
|---|--|--|
| 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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____ | PRODUCTION INTERVAL: _____ _____ |
|---|--|--|

| | |
|-----------|------------------------|
| Form | ACO1 - Well Completion |
| Operator | CMX, Inc. |
| Well Name | Davis Farms 1V |
| Doc ID | 1136699 |

All Electric Logs Run

| |
|-----------------------------|
| |
| Compensated Neutron Density |
| Dual Induction |
| Microporosity |
| Accousitc |



PO Box 93999
Southlake, TX 76092

Voice: (817) 546-7282
Fax: (817) 246-3361

INVOICE

Invoice Number: 133346
Invoice Date: Oct 26, 2012
Page: 1



| |
|--|
| Bill To: |
| CMX, Inc. 1700 N Waterfront Parkway Bldg 300, Suite B Wichita, KS 67206 |

| Customer ID | Well Name/# or Customer P.O. | Payment Terms | |
|--------------|------------------------------|---------------|----------|
| CMX | Davis Farms #1V | Net 30 Days | |
| Job Location | Camp Location | Service Date | Due Date |
| KS1-01 | Medicine Lodge | Oct 26, 2012 | 11/25/12 |

| Quantity | Item | Description | Unit Price | Amount |
|----------|-------------|---------------------------|------------|----------|
| 275.00 | MAT | Class A Common | 17.90 | 4,922.50 |
| 5.00 | MAT | Gel | 23.40 | 117.00 |
| 10.00 | MAT | Chloride | 64.00 | 640.00 |
| 297.50 | SER | Cubic Feet | 2.48 | 737.80 |
| 272.00 | SER | Ton Mileage | 2.60 | 707.20 |
| 1.00 | SER | Surface | 1,512.25 | 1,512.25 |
| 20.00 | SER | Pump Truck Mileage | 4.40 | 88.00 |
| 1.00 | SER | Manifold & Head Rental | 275.00 | 275.00 |
| 20.00 | SER | Light Vehicle Mileage | 4.40 | 88.00 |
| 1.00 | EQP | 8.5/8 Wooden Surface Plug | 107.64 | 107.64 |
| 1.00 | CEMENTER | David Felio | | |
| 1.00 | OPER ASSIST | Jake Heard | | |
| 1.00 | CEMENTER | Ron Gilley | | |

| | |
|------------------------|-----------------|
| Subtotal | 9,195.39 |
| Sales Tax | 422.46 |
| Total Invoice Amount | 9,617.85 |
| Payment/Credit Applied | |
| TOTAL | 9,617.85 |

ALL PRICES ARE NET, PAYABLE 30 DAYS FOLLOWING DATE OF INVOICE. 1 1/2% CHARGED THEREAFTER. IF ACCOUNT IS CURRENT, TAKE DISCOUNT OF

2574.71

ONLY IF PAID ON OR BEFORE

NOV 20 2012

Amt to pay →

7043¹⁴

ALLIED CEMENTING CO., LLC. 32701

Federal Tax I.D.# 20-5976804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Medicine Lodge, KS

| | | | | | | | |
|--------------------------|-------------------|--|------------------|--------------------|-----------------|-----------|------------|
| DATE <i>10-26-12</i> | SEC. <i>33</i> | TWP. <i>27s</i> | RANGE <i>16w</i> | CALLED OUT | ON LOCATION | JOB START | JOB FINISH |
| LEASE <i>Davis Farms</i> | WELL # <i>1 V</i> | LOCATION <i>Hawiland, KS, 1/2, 2 1/2 mi. E/W</i> | | COUNTY <i>Reno</i> | STATE <i>KS</i> | | |
| OLD OR NEW (Circle one) | | | | | | | |

CONTRACTOR *Duke #7* OWNER *CMX 1.01*

| | |
|---|---|
| TYPE OF JOB <i>Surface</i> | CEMENT <i>275</i> |
| HOLE SIZE <i>10 1/4</i> | AMOUNT ORDERED <i>275 class A + 3% cc. + 2% gel</i> |
| CASING SIZE <i>8 1/4</i> | |
| TUBING SIZE | |
| DRILL PIPE | |
| TOOL | |
| PRES. MAX <i>250</i> | COMMON <i>class A 275sf @ 17.00 4922.50</i> |
| MEAS. LINE | POZMIX |
| CEMENT LEFT IN CSQ. <i>20'</i> | GEL <i>5sf @ 23.00 117.00</i> |
| PERFS. | CHLORIDE <i>10sf @ 64.00 640.00</i> |
| DISPLACEMENT <i>25% B6's Faced H 40</i> | ASC |

| | |
|--|--|
| EQUIPMENT | |
| PUMP TRUCK CEMENTER <i>D. Fedin 1</i> | |
| # <i>471-302</i> HELPER <i>S. Heard 3</i> | |
| BULK TRUCK | |
| # <i>381-250</i> DRIVER <i>R. Gilley 1</i> | |
| BULK TRUCK | |
| # DRIVER | |

| | |
|---------------------------------|----------------------|
| HANDLING <i>297.5 sf @ 2.46</i> | <i>737.10</i> |
| MILEAGE <i>19.6 x 26 x 20</i> | <i>707.00</i> |
| <i>272</i> | TOTAL <i>7124.52</i> |

REMARKS:
See Job Log

Bump log - Shut in No. Battle

Cement Did - Circ.

SERVICE

| | |
|--------------------------------|----------------|
| DEPTH OF JOB <i>421'</i> | |
| PUMP TRUCK CHARGE | <i>1512.00</i> |
| EXTRA FOOTAGE | |
| MILEAGE <i>20 @ 4.40</i> | <i>88.00</i> |
| MANIFOLD <i>head rental</i> | <i>215.00</i> |
| <i>Light Vehicle 20 @ 4.40</i> | <i>88.00</i> |

CHARGE TO: *CMX*

STREET _____

CITY _____ STATE _____ ZIP _____

TOTAL *1963.25*

PLUG & FLOAT EQUIPMENT

| | |
|-------------------------------|---------------|
| <i>1 - Wooden Sucker Plug</i> | <i>107.64</i> |
| <i>2 - Cementers</i> | |
| | |
| | |

TOTAL *107.64*

To Allied Cementing Co., LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (if Any) *432.46*

TOTAL CHARGES *9195.32*

PRINTED NAME *Calvin D. Rount*

DISCOUNT *2574.71* IF PAID IN 30 DAYS

SIGNATURE *Calvin D. Rount*

Net *6620.68*

GREAT PLAINS FLUID SERVICES, INC.
 1710 WATERFRONT PARKWAY
 WICHITA, KS 67206
 OFFICE: 316-681-0231
 DISPATCH: 620-723-2267

INVOICE

| INVOICE DATE | INVOICE NUMBER | PAGE |
|--------------|----------------|------|
| 11/30/12 | 17692 | 1 |

BILL TO: CMX INC.

1700 N. WATERFRONT PARKWAY
 BLDG 300, SUITE B
 WICHITA, KS 67206

PROJECT:

CONTRACT:

SALT WATER HAULING
 DAVIS FARMS 1-V

| | | | | |
|-------|----|---|-------|----------|
| 3.5 | HR | 11/1/12 151103 130 BBLs FREE WATER OFF RES PIT TO WATSON SWD | 85.00 | 297.50 |
| 3.5 | HR | 11/2/12 151104 260 BBLs FREE WATER OFF RES PIT TO WATSON SWD | 85.00 | 297.50 |
| 7.5 | HR | 11/21/12 139629 260 BBLs FREE WATER OFF RES PIT TO WATSON SWD | 85.00 | 637.50 |
| 4.0 | HR | 11/26/12 137109 130 BBLs FREE WATER OFF RES PIT TO WATSON SWD | 85.00 | 340.00 |
| 780.0 | BB | SWD FEE | 0.30 | 234.00 |
| | | TAX | | 0.00 |
| | | INVOICE TOTAL | | 1,806.50 |



PO Box 93999
Southlake, TX 76092

Voice: (817) 546-7282

Fax: (817) 246-3361

INVOICE

Invoice Number: 133492

Invoice Date: Nov 5, 2012

Page: 1



| Bill To: |
|--|
| CMX, Inc. 1700 N Waterfront Parkway Bldg 300, Suite B Wichita, KS 67206 |

| Customer ID | Well Name/#. or Customer P.O. | Payment Terms | |
|--------------|-------------------------------|---------------|----------|
| CMX | Davis Farms #1V | Net 30 Days | |
| Job Location | Camp Location | Service Date | Due Date |
| KS1-02 | Medicine Lodge | Nov 5, 2012 | 12/5/12 |

| Quantity | Item | Description | Unit Price | Amount |
|----------|----------|------------------------|------------|----------|
| 30.00 | MAT | Class A Common | 17.90 | 537.00 |
| 20.00 | MAT | Pozmix | 9.35 | 187.00 |
| 2.00 | MAT | Gel | 23.40 | 46.80 |
| 225.00 | MAT | ASC Class A | 20.90 | 4,702.50 |
| 1,125.00 | MAT | Kol Seal | 0.98 | 1,102.50 |
| 105.00 | MAT | FL-160 | 18.90 | 1,984.50 |
| 56.00 | MAT | Defoamer | 9.80 | 548.80 |
| 12.00 | MAT | Super Flush | 58.70 | 704.40 |
| 8.00 | MAT | KCL | 34.40 | 275.20 |
| 347.86 | SER | Cubic Feet | 2.48 | 862.69 |
| 286.80 | SER | Ton Mileage | 2.60 | 745.68 |
| 1.00 | SER | Production Casing | 2,765.75 | 2,765.75 |
| 20.00 | SER | Pump Truck Mileage | 7.70 | 154.00 |
| 1.00 | SER | Manifold & Head Rental | 275.00 | 275.00 |
| 20.00 | SER | Light Vehicle Mileage | 4.40 | 88.00 |
| 2.00 | EQP | 4.5 Basket | 315.90 | 631.80 |
| 12.00 | EQP | 4.5 Centralizer | 56.16 | 673.92 |
| 1.00 | EQP | 4.5 Float Shoe | 382.59 | 382.59 |
| 1.00 | EQP | 4.5 Latch Down Plug | 272.61 | 272.61 |
| 1.00 | CEMENTER | Jason Thimesch | | |
| 1.00 | CEMENTER | David Felio | | |

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1 1/2% CHARGED
THEREAFTER. IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF

\$

ONLY IF PAID ON OR BEFORE

Nov 30 2012

| | |
|------------------------|------------------|
| Subtotal | Continued |
| Sales Tax | Continued |
| Total Invoice Amount | Continued |
| Payment/Credit Applied | |
| TOTAL | Continued |



PO Box 93999
Southlake, TX 76092

Voice: (817) 546-7282
Fax: (817) 246-3361

INVOICE

Invoice Number: 133492
Invoice Date: Nov 5, 2012
Page: 2



| |
|--|
| Bill To: |
| CMX, Inc. 1700 N Waterfront Parkway Bldg 300, Suite B Wichita, KS 67206 |

| Customer ID | Well Name# or Customer P.O | Payment Terms | |
|--------------|----------------------------|---------------|----------|
| CMX | Davis Farms #1V | Net 30 Days | |
| Job Location | Camp Location | Service Date | Due Date |
| KSI-02 | Medicine Lodge | Nov 5, 2012 | 12/5/12 |

| Quantity | Item | Description | Unit Price | Amount |
|----------|-------------|--------------|------------|--------|
| 1.00 | OPER ASSIST | Brandon Boor | | |

| | |
|------------------------|------------------|
| Subtotal | 16,940.74 |
| Sales Tax | 879.62 |
| Total Invoice Amount | 17,820.36 |
| Payment/Credit Applied | |
| TOTAL | 17,820.36 |

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1 1/2% CHARGED
THEREAFTER. IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF

~~\$1043.21~~

ONLY IF PAID ON OR BEFORE

Nov 30 2012

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

April 26, 2013

Leah Kasten
CMX, Inc.
1700 N WATERFRONT PKWY Bldg 300B
WICHITA, KS 67206

Re: ACO1
API 15-097-21739-00-00
Davis Farms 1V
SW/4 Sec.33-27S-16W
Kiowa 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,
Leah Kasten



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

CMX INC
1700 N Waterfront
Pkw y Bldg 300 E
Wichita Ks 67206
ATTN: Leah Kasten

33-27s-16w

Davis Farms 1-v

Job Ticket: 44307

DST#: 1

Test Start: 2012.11.04 @ 15:33:51

GENERAL INFORMATION:

Formation: **Viola**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 17:58:51
 Time Test Ended: 00:05:21
 Interval: **4797.00 ft (KB) To 4815.00 ft (KB) (TVD)**
 Total Depth: 4815.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Good
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Jeff Brown
 Unit No: 44
 Reference Elevations: 2155.00 ft (KB)
 2142.00 ft (CF)
 KB to GR/CF: 13.00 ft

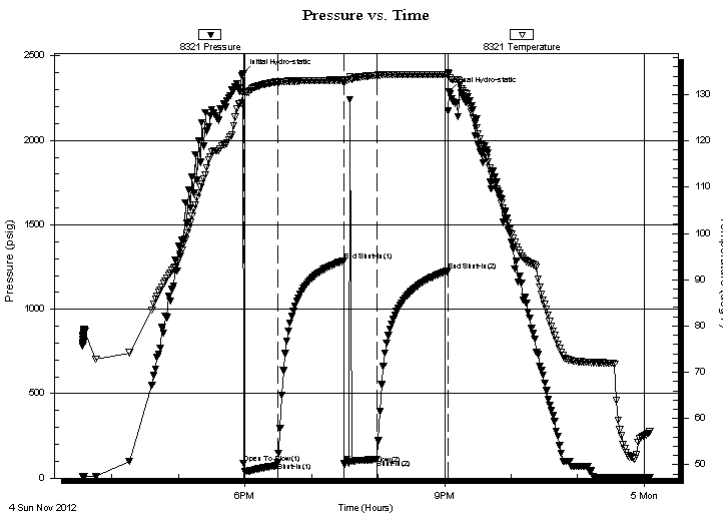
Serial #: 8321

Inside

Press @ Run Depth: 112.28 psig @ 4798.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2012.11.04 End Date: 2012.11.05 Last Calib.: 2012.11.05
 Start Time: 15:33:52 End Time: 00:05:21 Time On Btm: 2012.11.04 @ 17:58:21
 Time Off Btm: 2012.11.04 @ 21:03:51

TEST COMMENT: IFP=Good blow built to 10 1/4 In
 ISI=Dead no blow back
 FFP=Dead-Fluher tool then weak blow built to 6 in
 FSI=Dead no blow back

PRESSURE SUMMARY



| Time (Min.) | Pressure (psig) | Temp (deg F) | Annotation |
|-------------|-----------------|--------------|----------------------|
| 0 | 2397.51 | 130.44 | Initial Hydro-static |
| 1 | 87.61 | 130.48 | Open To Flow (1) |
| 31 | 93.00 | 132.78 | Shut-In(1) |
| 91 | 1286.93 | 133.15 | End Shut-In(1) |
| 91 | 84.62 | 132.69 | Open To Flow (2) |
| 121 | 112.28 | 134.19 | Shut-In(2) |
| 185 | 1226.64 | 134.32 | End Shut-In(2) |
| 186 | 2286.28 | 134.57 | Final Hydro-static |

Recovery

| Length (ft) | Description | Volume (bbl) |
|-------------|---------------------------------|--------------|
| 124.00 | MW with a scum of oil 20%M 80%W | 0.61 |
| 15.00 | Mud with oil spots | 0.07 |
| 62.00 | V SOCGMW 3%O 5%G 35%M 57%W | 0.51 |
| 0.00 | 140-GIP | 0.00 |
| | | |
| | | |

Gas Rates

| Choke (inches) | Pressure (psig) | Gas Rate (Mcf/d) |
|----------------|-----------------|------------------|
| | | |



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

CMX INC

33-27s-16w

1700 N Waterfront
Pkw y Bldg 300 E
Wichita Ks 67206
ATTN: Leah Kasten

Davis Farms 1-v

Job Ticket: 44307

DST#: 1

Test Start: 2012.11.04 @ 15:33:51

Mud and Cushion Information

Mud Type: Gel Chem
Mud Weight: 9.00 lb/gal
Viscosity: 51.00 sec/qt
Water Loss: 8.79 in³
Resistivity: ohm.m
Salinity: 5500.00 ppm
Filter Cake: inches

Cushion Type:
Cushion Length: ft
Cushion Volume: bbl
Gas Cushion Type:
Gas Cushion Pressure: psig

Oil API: deg API
Water Salinity: ppm

Recovery Information

Recovery Table

| Length ft | Description | Volume bbl |
|--------------|----------------------------------|---------------|
| 124.00 | MW w ith a scum of oil 20%M 80%W | 0.610 |
| 15.00 | Mud w ith oil spots | 0.074 |
| 62.00 | VSOCGMW 3%O 5%G 35%M 57%W | 0.514 |
| 0.00 | 140-GIP | 0.000 |

Total Length: 201.00 ft Total Volume: 1.198 bbl

Num Fluid Samples: 0

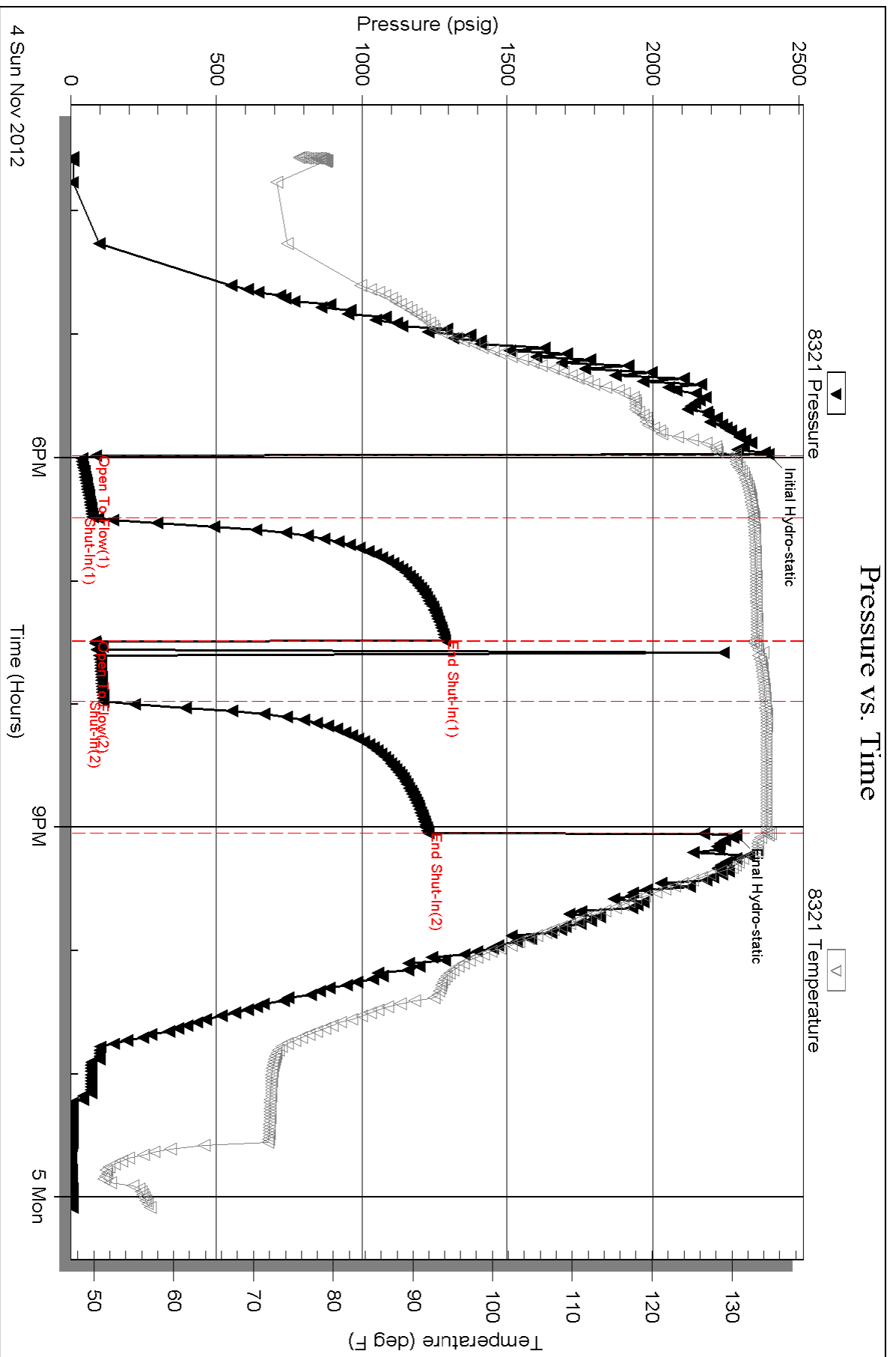
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:



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

April 29, 2013

Leah Kasten
CMX, Inc.
1700 N WATERFRONT PKWY Bldg 300B
WICHITA, KS 67206

Re: ACO-1
API 15-097-21739-00-00
Davis Farms 1V
SW/4 Sec.33-27S-16W
Kiowa County, Kansas

Dear Leah Kasten:

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 10/25/2012 and the ACO-1 was received on April 26, 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