

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1137086

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:	SecTwpS. R East West						
Address 2:	Feet from North / South Line of Section Feet from East / West Line of Section						
City: State: Zip:+							
Contact Person:	Footages Calculated from Nearest Outside Section Corner:						
Phone: ()	□NE □NW □SE □SW						
CONTRACTOR: License #	GPS Location: Lat:, Long:						
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxxx)						
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84						
Purchaser:	County:						
Designate Type of Completion:	Lease Name: Well #:						
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:						
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:	Producing Formation: Elevation: Ground: Kelly Bushing: Feet Total Vertical 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						
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 Plug Back Conv. to GSW Conv. to Producer Commingled Permit #: Dual Completion Permit #: SWD Permit #:	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:						
☐ ENHR Permit #: ☐ GSW Permit #:	Operator Name:						
GSW Permit #:	Lease Name: License #:						
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	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



Operator Name:				Lease N	Name: _	Well #:						
Sec Twp	S. R	East	West	County	:							
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ing and shut-in pressu	ires, whe	ther shut-in pre	ssure reac	hed stati	c level, hydrosta	tic pressures, bott					
Final Radioactivity Log files must be submitte						gs must be ema	iled to kcc-well-lo	gs@kcc.ks.go	v. Digital ele	ectronic log		
Drill Stem Tests Taken Yes (Attach Additional Sheets)			es No	Log Formation (Top), Dept						Sample		
Samples Sent to Geol	_ Ye	es No		Nam	e		Тор	Dat	tum			
Cores Taken Electric Log Run		Y€	Yes □ No Yes □ No									
List All E. Logs Run:												
				RECORD	☐ Ne							
		Repo	rt all strings set-c	conductor, su	rface, inte	ermediate, producti	on, etc.					
Purpose of String	Size Hole Drilled			Weig Lbs./		Setting Depth	Type of Cement	# Sacks Used		d Percent itives		
			ADDITIONAL	CEMENTIN	NG / SQL	JEEZE RECORD						
Purpose:	Depth Top Bottom	Туре	of Cement	# Sacks Used		Type and Percent Additives						
Perforate Protect Casing	35p 2310111											
Plug Back TD Plug Off Zone												
1 ag on zono												
Did you perform a hydrau	ılic fracturing treatment o	n this well?	•			Yes	No (If No, ski	p questions 2 ar	nd 3)			
	otal base fluid of the hydra		J	,	0		_ , ,	p question 3)				
Was the hydraulic fractur	ing treatment information	submitted	to the chemical o	disclosure re	gistry?	Yes	No (If No, fill	out Page Three	of the ACO-1	<i>)</i>		
			CORD - Bridge Plugs Set/Type of Each Interval Perforated				cture, Shot, Cement		Depth			
Specify Foota								,				
TUBING RECORD:	Size:	Set At:		Packer At	t:	Liner Run:						
							Yes No					
Date of First, Resumed Production, SWD or ENHR. Producing Met Flowing			Producing Meth Flowing	nod:	g 🗌	Gas Lift C	Other (Explain)					
Estimated Production Per 24 Hours	Oil B	bls.	Gas	Mcf	Wate	er Bl	ols. G	as-Oil Ratio		Gravity		
DISDOSITIO	ON OF GAS:			METHOD OF	COMPLE	TION:		PRODUCTIO	ON INTERVAL			
Vented Sold			Open Hole	Perf.	Dually	Comp. Con	nmingled	THODOUTIC	ZIVIIVILAVAL			
(If vented, Sub			Other (Specify)		(Submit)	ACO-5) (Subi	mit ACO-4)					



10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201

FIELD SERVICE TICKET 1718 08167 A

DATE TICKET NO.

						A STATE OF THE PARTY OF THE PAR			HONE! HO!_	Arres (Nation			
DATE OF 4-18-13 DISTRICT				NEW OLD PROD INJ WDW CUSTOMER ORDER NO.:									
CUSTOMER EDISON Operating				LEASE Mills Trust WELL NO.1-13									
ADDRESS					COUNTY () STATE (S								
CITY STATE					SERVICE CREW Oflands, McGraw, P. 21500								
AUTHORIZED BY				JOB TYPE: CNW 85/8 SVISECS									
EQUIPMENT						JIPMENT#	HRS TRUCK CALLED H DATE AM TIME						
5 3 3 3 3 3	3 /2 12						ARRIVED A	T JOB			30		
3)463	3 7)							START OPERATION 4)-17-18 AM 1:30					
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become a part of the		ct withou	of and only those terms and c the written consent of an offi ATERIAL, EQUIPMENT A	cer of Basi	ic Energy Se	rvices LP.		SIGNED:	IER, OPERATOR, OUT ONLY OF THE OPERATOR, OPERA	CONTR	and a second file	SENT)	
REF. NO.				1	111020 00			10 m	ONTTHIO				
C 1 100C	- Common Coment						Su	195/		10 11 1 13 18 18	3120	31	
((109	CelloStake Calcium Chloride						1-6	552	/		579	10	
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FIELD SERVICE ORDER NO.

REPRESENTATIVE

THE ABOVE MATERIAL AND SERVICE
ORDERED BY CUSTOMER AND RECEIVED BY:

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

SERVICE

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/

Sam Brownback, Governor

Mark Sievers, Chairman Thomas E. Wright, Commissioner Shari Feist Albrecht, Commissioner

April 29, 2013

David Withrow Edison Operating Company LLC 8100 E. 22ND ST. N., BLDG 1900 WICHITA, KS 67226

Re: ACO1 API 15-063-22096-00-00 Miller Trust 1-13 SW/4 Sec.13-15S-31W Gove 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, David Withrow