

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1137880

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: | |
| Address 2: | Feet from North / South Line of Section |
| City: State: Zip:+ | Feet from Fast / West Line of Section |
| Contact Person: | Footages Calculated from Nearest Outside Section Corner: |
| Phone: () | |
| 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.): If Workover/Re-entry: Old Well Info as follows: | 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 |
| Operator: | Defilie a Finite Management Dise |
| Well Name: | 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: |
| Dual Completion Permit #: SWD Permit #: | Lease Name: License #: |
| ENHR Permit #: | Quarter Sec TwpS. R East West |
| GSW Permit #: | County: Permit #: |
| Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date 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 | 1137880 |
|-----------------------|-------------|---------|
| Operator Name: | Lease Name: | Well #: |
| Sec TwpS. 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 (Attach Additional Sheets) | | Yes No | | Log Formation (Top), Depth a | | | Sample Datum | |
|---|----------------------|--|--------------------------|------------------------------|-------------------|-----------------|-------------------------------|--|
| Samples Sent to Geolog | gical Survey | Yes No | Nam | C | | Тор | Datum | |
| Cores Taken Electric Log Run Electric Log Submitted Electronically <i>(If no, Submit Copy)</i> | | <pre> Yes □ No Yes □ No Yes □ No</pre> | | | | | | |
| List All E. Logs Run: | | | | | | | | |
| | | CASING | | ew Used | | | | |
| | | Report all strings set- | conductor, surface, inte | ermediate, producti | 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 / SQUEEZE RECORD

| Purpose: Perforate | Depth Top Bottom | Type of Cement | # Sacks Used | Type and Percent Additives |
|-----------------------------|---------------------|----------------|--------------|----------------------------|
| Protect Casing Plug Back TD | | | | |
| Plug Off Zone | | | | |

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated | | | | | | ement Squeeze Record I of Material Used) | Depth | | |
|--------------------------------------|---|------------------|------------|--|---------|--------------------|---|------------------------------|---------------|---------|
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| | | | | | | | | | | |
| TUBING RECORD: | Siz | ze: | Set At: | | Packer | r At: | Liner R | un: | No | |
| Date of First, Resumed I | Product | ion, SWD or ENHF | λ . | Producing N | 1ethod: | ping | Gas Lift | Other (Explain) | | |
| Estimated Production Per 24 Hours | | Oil Bb | ls. | Gas | Mcf | Wate | ər | Bbls. | Gas-Oil Ratio | Gravity |
| | | | | | | 1 | | | | |
| DISPOSITION OF GAS: | | | | METHOD OF COMPLETION: PRODUCTION INTERVA | | ERVAL: | | | | |
| Vented Sold | | Jsed on Lease | | Open Hole | Perf. | Dually (Submit) | Comp. ACO-5) | Commingled (Submit ACO-4) | | |
| (If vented, Sub | omit ACC |)-18.) | | Other (Specify) | | | | | | |

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Franklin County, KS Well: I - 16 Lease Owner: Triple T

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WELL LOG

| Thickness of Strata | Formation | Total Depth |
|---------------------|----------------|-------------|
| 0-49 | Soil/Clay | 49 |
| 24 | Lime | 73 |
| 7 | Shale | 80 |
| 10 | Lime | 90 |
| 7 | Shale | 97 |
| 5 | Lime | 102 |
| 10 | Shale & Shells | 112 |
| 39 | Shale | 151 |
| 4 | Sandy Lime | 155 |
| 2 | Shale | 157 |
| 20 | Lime | 177 |
| 76 | Shale | 253 |
| 22 | Lime | 275 |
| 18 | Shale | 293 |
| 6 | Shale & Lime | 299 |
| 8 | Lime | 307 |
| 19 | Shale | 326 |
| 2 | Lime | 328 |
| 21 | Shale | 349 |
| 2 | Lime | 351 |
| 13 | Shale | 364 |
| 4 | Lime | 368 |
| 3 | Shale | 371 |
| 13 | Lime | 384 |
| 8 | Shale | 392 |
| 23 | Lime | 415 |
| 5 | Shale | 420 |
| 4 | Lime | 424 |
| 4 | Shale | 428 |
| 4 | Lime | 432 |
| 123 | Shale | 555 |
| 6 | Sand | 561 |
| 9 | Sandy Shale | 570 |
| 40 | Shale | 610 |
| 6 | Lime | 616 |
| 8 | Shale | 624 |
| 7 | Lime | 631 |
| 28 | Shale | 659 |
| 3 | Lime | 662 |
| 18 | Shale | 680 |

Franklin County, KS Well: I - 16 Lease Owner: Triple T

Town Oilfield Service, Inc. (913) 837-8400

| 2 | Lime | 682 |
|---------------------------------------|--------------|--|
| 18 | Shale | 700 |
| 4 | Shale & Lime | 704 |
| 5 | Shale | 709 |
| 2 | Sandy Shale | 711 |
| 1 | Sand | 712 |
| 4 | Sand | 716 |
| 6 | Sand | 722 |
| 2 | Sand | 724 |
| 6 | Sand | 730 |
| 70 | Sandy Shale | 800 |
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Consolidated Qil Well Services, LLC

257269

TICKET NUMBER LOCATION CHawa KS FOREMAN Casey Kenned

38834

| -10-4 | |
|-----------------|----------------|
| PO Box 884, Cha | nute, KS 66720 |
| 620-431-9210 or | 800-467-8676 |

FIELD TICKET & TREATMENT REPORT

| 620-431-9210 C | or 800-467-8676 | | C | EMENT | | | | |
|----------------|---------------------------------------|--------------|------------------------|-------------|---|-----------------|-------------|---------------------------------------|
| DATE | CUSTOMER# | WELL | NAME & NUMBER | | SECTION | TOWNSHIP | RANGE | COUNTY |
| 3/8/13 | 7966 | Beckene | yer # I- | -16 5 | E 32 | 15 | 21 | FR |
| CUSTOMER | 110 | | 7 | | to a second s | | | |
| Triple | 2 | | | - | TRUCK# | DRIVER | TRUCK# | DRIVER |
| MAILING ADDRE | SS | | | | 481 | Casken | V Satiety | Leefing_ |
| 105 | EAmity | | | | (dala | KeiCar_ | V. | |
| CITY | | STATE | ZIP CODE | | 558 | Bre Man | <u></u> | |
| Louisb | ura | KS | Laco53 | | 675 | Kei Det | iv | |
| JOB TYPE / c | | HOLE SIZE | 5/8" HOI | LE DEPTH | 8001 | CASING SIZE & V | VEIGHT_P7/8 | · Eve |
| CASING DEPTH | 786 | DRILL PIPE | | BING bacf | be - 72 | <u>56'</u> | OTHER | , , |
| SLURRY WEIGH | | SLURRY VOL | WA | ATER gal/sk | | CEMENT LEFT In | | · · · · · · · · · · · · · · · |
| | - Al-Schle | DISPLACEMENT | PSI MIX | < PSI | | RATE 4-54 | m | |
| REMARKS: | No cotal | martin | stabilitized r | icculat | on mitre | 1 t pumped | 2 100 # t? | empia |
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| ACCOUNT | | or UNITS | DESCF | | SERVICES or PF | ODUCT | UNIT PRICE | TOTAL |
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| <u></u> | | | <u> </u> | | i di wa | |
| | | | 7.8% | SALES TAX | 105.20 | |
| avin 3737 | | L | | ESTIMATED TOTAL | 3183.98 | |
| | 1. Con Pro 1 | | | DATE | | |

No Co. Ros. on location TITLE_ AUTHORIZTION_

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