

Confidentiality Requested:

☐ Yes ☐ No

Kansas Corporation Commission Oil & Gas Conservation Division

1150900

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:			Sec.	Twp S. R	_			
Address 2:			Feet from North / South Line of Section					
City: S	State: Z	ip:+	Fe	eet from East / We	est Line of Section			
Contact Person:			Footages Calculated from	Nearest Outside Section Corr	ner:			
Phone: ()			□ NE □ NW	V □SE □SW				
CONTRACTOR: License #			GPS Location: Lat:	, Long:				
Name:			(e.g. xx.xxxxxx) (e.gxxx.xxxxxx)					
Wellsite Geologist:			Datum: NAD27	NAD83 WGS84				
Purchaser:								
Designate Type of Completion:			Lease Name:	Well	#:			
New Well Re	e-Entry	Workover	Field Name:					
	SWD	□ SIOW	Producing Formation:					
Gas D&A		☐ SIGW	Elevation: Ground:	Kelly Bushing:				
☐ OG	GSW	Temp. Abd.	Total Vertical Depth:	Plug Back Total Dep	th:			
CM (Coal Bed Methane)			Amount of Surface Pipe Set and Cemented at: Feet					
Cathodic Other (Co	re, Expl., etc.):		Multiple Stage Cementing	Collar Used? Yes N	o			
If Workover/Re-entry: Old Well In	nfo as follows:		If yes, show depth set:		Feet			
Operator:			If Alternate II completion, c	cement circulated from:				
Well Name:			feet depth to:	w/	sx cmt.			
Original Comp. Date:	Original T	otal Depth:						
Deepening Re-perf.	Conv. to E	NHR Conv. to SWD	Drilling Fluid Managemer	nt Plan				
☐ Plug Back	Conv. to G	SW Conv. to Producer	(Data must be collected from to	he Reserve Pit)				
Commission of a d	De wasit #		Chloride content:	ppm Fluid volume:	bbls			
_	☐ Commingled Permit #: ☐ Dual Completion Permit #: ☐ SWD Permit #:			Dewatering method used: Location of fluid disposal if hauled offsite:				
SWD								
☐ ENHR			Location of haid disposal if fladied offsite.					
GSW	Permit #:		Operator Name:					
_				License #:				
Spud Date or Date Reached TD Recompletion Date		Completion Date or	QuarterSec	TwpS. R	East West			
		Recompletion Date	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 Approved by: Date:						

Page Two



Operator Name:				Lease I	Name: _			Well #:	
Sec Twp	S. R	East	West	County	:				
open and closed, flow and flow rates if gas to	ring and shut-in press o surface test, along v	ures, whe	ther shut-in pre chart(s). Attach	ssure reac extra shee	hed stati	c level, hydrosta space is neede	tic pressures, b	ottom hole temp	erature, fluid recov
						ogs must be ema	liled to kcc-well-	logs@kcc.ks.go	v. Digital electronic
Drill Stem Tests Taker (Attach Additional		Y	es No			J	on (Top), Depth		Sample
Samples Sent to Geological Survey				□No		е		Юр	Datum
Cores Taken Electric Log Run			es No						
List All E. Logs Run:				County:					
	0: 11.1					1		" 0 1	T 15
Purpose of String	Size Hole Drilled		ze Casing t (In O.D.)						
			ADDITIONAL	CEMENTI	NG / SQL	JEEZE RECORD			
Purpose:	Depth Top Bottom	Туре	of Cement	# Sacks	Used		Type and	Percent Additives	
Perforate Protect Casing	Top Dottom								
Plug Back TD Plug Off Zone									
1 lug 0 li 20 lio									
Did you perform a hydrau	ulic fracturing treatment	on this well	?			Yes	No (If No, s	skip questions 2 a	nd 3)
			-		-		_ ` `	,	
Was the hydraulic fractur	ing treatment informatio	n submitted	to the chemical of	disclosure re	gistry?	Yes	No (If No, 1	ill out Page Three	of the ACO-1)
Shots Per Foot			RD - Bridge Plug Each Interval Perl						
						(* *			200
TUBING RECORD:	Size:	Set At:		Packer A	t·	Liner Run			
		0017111				[Yes N	o	
Date of First, Resumed	Production, SWD or EN	HR.	Producing Meth		g 🗌	Gas Lift (Other (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wat	er B	bls.	Gas-Oil Ratio	Gravity
DIODOCITI	01.05.040			4ETUOD 05	. 00145/	TION:		DDOD! ICT!	
DISPOSITION Solo	ON OF GAS: Used on Lease		N Open Hole	_			mminaled	PRODUCTION	JIN IIN I ERVAL:
	bmit ACO-18.)		Other (Specify)						

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

July 29, 2013

Liana Ramirez Citation Oil & Gas Corp. 14077 Cutten Rd PO BOX 690688 HOUSTON, TX 77269-0688

Re: ACO1

API 15-163-23240-00-00 BARRY LKC UNIT 6-41 SW/4 Sec.02-09S-19W Rooks 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, Liana Ramirez