

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1151998

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 Spot Description:								
						Address 1:			SecTwpS. R 🔲 East 🗌 West		
Address 2:			Feet from North / South Line of Section								
City: State: Zip:+			Feet from _ East / _ West Line of Section								
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.xxxxx)						
Wellsite Geologist:			Datum: NAD27 NAD83 WGS84								
Purchaser:			County:								
Designate Type of Completion:			Lease Name: Well #:								
New Well Re-Entry Workover			Field Name:								
☐ Oil ☐ WSW ☐ SIOW ☐ Gas ☐ D&A ☐ ENHR ☐ SIGW ☐ OG ☐ GSW ☐ Temp. Abd. ☐ CM (Coal Bed Methane) ☐ CM (Coal Bed Methane)			Producing Formation: Kelly Bushing: Total Vertical Depth: Plug Back Total Depth: Feet								
						Cathodic Other (Core, Expl., etc.):			Multiple Stage Cementing Collar Used?		
						If Workover/Re-entry: Old Well Info as follows:			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:											
Deepening Re-perf	J	ENHR Conv. to SWD	Drilling Fluid Managemer	nt Plan							
Plug Back	Conv. to G		(Data must be collected from to								
Commingled	Permit #		Chloride content:	ppm Fluid volume	: bbls						
☐ Commingled Permit #:		Dewatering method used: Location of fluid disposal if hauled offsite:									
					GSW	Permit #:		Operator Name:			
								Lease Name:			
Spud Date or Date R	eached TD	Completion Date or	Quarter Sec	TwpS. R	East West						
Recompletion Date		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 I II Approved by: Date:				

Page Two



Operator Name: Lease Name: _ _ Well #: _ County: _ INSTRUCTIONS: Show important tops 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. Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF). **Drill Stem Tests Taken** No Loa Formation (Top), Depth and Datum Sample | Yes (Attach Additional Sheets) Name Top Datum No Samples Sent to Geological Survey Yes ☐ No Yes
 Yes
 ■
 Yes
 ■
 Yes
 ■
 Nes
 Nes Cores Taken Electric Log Run ___ Yes No List All E. Logs Run: CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight Setting Type of # Sacks Type and Percent Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Depth Cement Used Additives ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone Did you perform a hydraulic fracturing treatment on this well? Yes No (If No, skip questions 2 and 3) No Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes (If No, skip question 3) Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? (If No, fill out Page Three of the ACO-1) Yes PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated Depth (Amount and Kind of Material Used) 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** Oil Bbls Gas Mcf Water Bbls. Gas-Oil Ratio Gravity Per 24 Hours METHOD OF COMPLETION: **DISPOSITION OF GAS:** PRODUCTION INTERVAL: Open Hole Perf. Dually Comp. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit 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 17, 2013

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

Re: ACO1

API 15-163-03024-00-01 BARRY LKC UNIT 6-16 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