



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
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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
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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
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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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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McCANN FIELD SERVICES
1613 W 6TH St
Bartlesville OK 74006

FIELD WORK TICKET

Lease: Dearmond

Well: M-4

Date: 05/10/2013

Cement to surface

Portland cement 147 sx

34103

Elevation 776

Lease Dearmond m-4 Well #

Operator Kansas Production Inc

Show location of well in section plat below

Sec. 15 Twp. 34^S R. 12^W
 County Chautauq
 Total Depth 966
 Size of hole at bottom 6 $\frac{3}{4}$

MILEAGE AND DIRECTION FROM NEAREST TOWN OR HIGH

DEPTH IN FEET		KIND OF ROCK	REMARKS
FROM	TO		
0	2	Topsoil	
2	13	Clay	
13	20	Clay / sh	soft wet sand
20	26	Clay / gravel	very soft
26	28	Gravel	
28	34	shale	
34	104	shale	6' mc
104	116	shale	6' mc
116	160	shale	mc
160	170	sand	
170	174	sand	w/ sh / strbs
174	184	sand	
WET	174'		Injecting water
184	206	sand shale	Laminated
		Drill collar	24' 7"

DEPTH IN FEET		KIND OF ROCK	REMARKS
FROM	TO		
226	228	shale	mc w/ lms strbs
228	235	Lime	
235	250	shale	
250	257	Tan sand	w/ coal strbs
		Fairly show	250-257
257	264	shale	mc w/ sand / strbs
264	305	shale	mc w/ lms strbs
305	308	Lime	
308	314	Lime	sdg
314	326	Lime	w/ sh / strbs
326	334	shale	mc w/ lms / strbs
334	336	Lime	
336	345	shale	(mixed) lime
345	347	Lime	

DEPTH IN FEET		KIND OF ROCK	REMARKS
FROM	TO		
347	380	mg shale	w/Lm STRKS
380	415	sand	w/sh STRKS
415	438	(Laminated) sandy shale	
438	511	mg shale	w/sh STRKS
511	520	shaly shale	
520	530	shaly sand	
530	537	coal	
537	545	shale	w/white clay STRKS
545	551	mg shale	
551	573	shale	w/snd STRKS
573	580	(Laminated) sandy shale	
580	598	sand	w/coal STRKS
598	605	sand	
Bleeding oil	598-605		

DEPTH IN FEET		KIND OF ROCK	REMARKS
FROM	TO		
605	608	shaly shale	(mixed)
608	612	shaly shale	
612	670	mg shale	w/Lm STRKS
670	676	lime	w/sh STRKS
676	682	shaly shale	
682	692	shaly sand	
692	706	shaly shale	
706	734	shaly sand	
734	756	shaly shale	
756	835	mg shale	
835	841	shaly lime	(mixed)
841	856	mg shale	w/Lm STRKS
856	860	shaly lime	mixed
860	872	mg shale	w/Lm STRKS

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

September 24, 2013

MARK W. McCANN
Quito, Inc.
1613 W 6TH ST
BARTLESVILLE, OK 74003-3712

Re: ACO1
API 15-019-27303-00-00
DEARMOND M-4
NW/4 Sec.15-34S-12E
Chautauqua 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,
MARK W. McCANN

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



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Fax: 316-337-6211
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Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

September 30, 2013

MARK W. McCANN
Quito, Inc.
1613 W 6TH ST
BARTLESVILLE, OK 74003-3712

Re: ACO-1
API 15-019-27303-00-00
DEARMOND M-4
NW/4 Sec.15-34S-12E
Chautauqua County, Kansas

Dear MARK W. McCANN:

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 05/01/2013 and the ACO-1 was received on September 24, 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